

Yew House Limited

# Yew Tree Cottage

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Yew Tree Cottage provides accommodation and personal care for up to 11 people who have learning difficulties. The service was also registered to provide personal care to people living in their own homes. This service was not provided at the time of our inspection.

This is the first inspection since the provider added the service to their registration in June 2016.

This inspection took place on 11 July 2017. At the time of this inspection there were 11 people receiving the service.

People who received the service felt safe because systems were in place to manage risks appropriately and to protect people from avoidable harm. There were enough staff to meet people's needs and staff recruitment procedures ensured that only suitable staff were employed. Medicines were managed safely and people received their medicines as prescribed. Where it was safe to do so, staff supported people to manage their own medicines.

People received care from staff who were well trained, well supported and felt valued. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People were supported to have enough to eat and drink. People were supported to manage their health and wellbeing and to access a range of healthcare professionals.

Staff were kind, caring and respectful towards people. They respected people's privacy and dignity. People benefitted from good relationships with the staff and registered manager. People were involved making decisions about their day to day lives. People were referred for advocacy when this was required.

People's health and welfare were met by staff who were responsive to people's needs. People's care plans were being reviewed to make them more personalised reflect clear goals. Staff supported people to be as independent as possible and access a range of hobbies, interests and activities, including work placements. People and their relatives knew who to speak to if they were not happy with the service and were confident that the registered manager and staff would listen to them.

The registered manager was approachable. People, relatives and staff were encouraged to put forward their views about the service. The registered manager monitored the quality of the care by a range of audits that they regularly carried out and acted on suggestions to improve the service. The registered manager sought advice from experts where they did not have the necessary skills or knowledge.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

There were systems in place to ensure people's safety was managed effectively. Staff were aware of the actions to take to report their concerns.

People were supported to manage their prescribed medicines safely.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were sufficient staff to ensure people's needs were met safely.

### Is the service effective?

Good ●

The service was effective.

Staff knew the people they cared for well and understood, and met, their needs. People received care from staff who were trained and well supported.

People's rights to make decisions about their care were respected. Where people did not have the mental capacity to make decisions, they had been supported in the decision making process.

People's health and nutritional needs were effectively met and monitored.

### Is the service caring?

Good ●

The service was caring.

People received care and support from staff who were kind, caring and respectful.

People and their relatives had opportunities to comment on the service provided. People were involved in every day decisions about their care.

Staff treated people with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People's health and welfare needs were met by staff who were responsive to people's changing needs.

People were supported to access the local and wider community and develop and maintain hobbies and interests.

There was a system in place to receive and manage people's compliments, suggestions or complaints.

### Is the service well-led?

Good ●

The service was well led.

The registered manager was experienced and staff were managed to provide people with safe and appropriate care.

People were encouraged to provide feedback on the service. People's comments were listened to and acted on.

The service had an effective quality assurance system that was used to drive and sustain improvement.

# Yew Tree Cottage

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 11 July 2017. We told the provider earlier in the day that we would be coming. We did this because the registered manager is sometimes out of the office at other services that they manage and we needed to be sure they would be present for our inspection. One inspector carried out this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information available to us about the service, such as correspondence we had received since our last inspection. We also contacted stakeholders, such as Healthwatch, commissioners and healthcare professionals for their views of the service. We used all this information to help us plan our inspection.

During our inspection we spoke with the five people who received care from the service, the registered manager, the general manager, the deputy manager and two support workers. We also spoke with four people's relatives and one external social care professional who had regular contact with the service. We also received written feedback about the service from two healthcare professionals. In addition, we checked three people's care records and records relating to how the service is run and monitored, such as audits, training and health and safety records.

# Is the service safe?

## Our findings

People told us they felt safe at the service. One person said, "Safe? Yes [I feel safe] because I've got a bedroom to myself. I watch TV and listen to music and watch DVDs." A relative described their family as "feeling secure" living at Yew Tree Cottage.

Staff told us they had received training to safeguard people from harm or poor care. They showed us they had understood and had knowledge of how to recognise, report and escalate any concerns to protect people from harm. One member of staff said, "[I would] report to management. They are always on call." Another staff member told us, "We have the number in the office [to make referrals]. Any issues I would dial through to [the local authority]." Staff told us they felt confident that their managers would act on any concerns they raised. Records showed that the registered manager had reported concerns to the appropriate external agencies including the local authority and the Care Quality Commission (CQC).

Systems were in place to identify and reduce the risks to people who used the service. In the PIR the registered manager told us, 'Regular safety checks are carried out as part of monthly quality assurance and fire testing is done along with twice yearly fire drills. PAT [portable appliance] testing and fixed wire testing is carried out along with legionella testing.' Records showed this to be the case and included fire drills involving the people who use the service.

Care plans contained a range of assessments that evaluated the risks of people accessing the community, the kitchen, and using transport. These assessments gave staff clear direction as to what action to take to minimise risk. They focused on what each person could do, and the support they needed so that activities were carried out safely and sensibly. For example, one person had been assessed as able to stay alone at the service for up to three and a half hours. The person had a pendant that linked through to the on call staff member's mobile telephone. The person's relative told us, "If [my family member] needed anything [they] can talk to [a staff member] and they can be with [my family member] in minutes. [My family member] likes to be on her own. [My family member] feels responsible for the place." Robust systems were in place to monitor how staff supported people with their finances and safeguard people from financial abuse.

Only staff suitable to work with people were employed. Staff told us and records showed that the required checks were carried out before they started working with people. One staff member told us, "I had an informal chat with [the registered manager], filled in an application form and was then offered a formal interview where I was asked lots of questions. I met the [people] and [the registered manager] asked them what they thought of me. I was offered the post subject to clear references and DBS [criminal records check]." They, and records, confirmed they did not start work at the service until the registered manager had received satisfactory checks.

There were sufficiently knowledgeable, skilled and experienced staff available to safely meet people's needs and support them with a variety of activities. People all confirmed there were sufficient staff to meet their needs at all times. The registered manager told us they did not have a specific tool to assess staffing levels, but constantly reviewed people's needs and the staffing levels to meet these. They explained that they and

staff worked flexibly to ensure people's needs were met. For example, people told us that staff were supporting them with holidays in addition to their regular support.

People were satisfied with the way staff supported them to take their prescribed medicines and said they received these as prescribed. There were appropriate systems in place to ensure people received their medicines safely. These included systems to ensure people could safely administer their own medicines and or the level of support they needed. Staff told us that their competency for administering medicines was checked regularly. We found that medicines were stored securely and at the correct temperatures. Medicines were administered in line with the prescriber's instructions. Appropriate arrangements were in place for the recording of medicines received and administered. Staff were aware of when to give medicines that were prescribed to be administered 'when required'. Although protocols were in place, these did not provide sufficiently detailed guidance to ensure staff consistency administered these medicines as prescribed. The registered manager regularly checked medicines and the associated records to help identify and resolve any discrepancies promptly. Errors or discrepancies had been investigated and action taken to reduce the risk of future occurrences.

## Is the service effective?

### Our findings

People told us they liked the staff who supported them and got on well with them. One person said, "[Staff] are good to me. [They help me with] my tablets, [going to the] cinema, [and with] my money." Relatives praised staff and told us they thought they were well trained.

We found staff were sufficiently skilled, experienced and supported to enable them to meet people's needs effectively. New staff received induction training and were working through the Care Certificate (this is a set of standards that social care and health workers must apply in their daily working life. It is the minimum standards that should be covered as part of their induction training as a new care or support worker). One staff member told us they were shown, "absolutely everything to do with Yew Tree Cottage: medicines, health and safety, mandatory training such as infection control. The time period [for the induction and training] was not set in stone, it was what was comfortable for me." New staff told us they "shadowed" an experienced staff member for several shifts prior to supporting people on their own which helped them gain confidence when providing care.

Staff received regular supervision and work appraisal. All staff said they felt the registered manager and other staff were approachable. One staff member said that senior staff were, "very good here." We asked if they felt supported and they told us, "Yes, very much so. [Senior staff] do spot checks and supervision. They are quite willing to sit down and talk with you. Any problems you can always go to them or ring them." Another staff member said, "The support is amazing. The staff made me feel really welcome. They're really, really good. [The registered manager and general manager] are amazing and supportive... They do their utmost to support me... It's an absolute joy to work here."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). One person receiving care had restrictions imposed on them for their own safety and well-being. We saw that an appropriate application had been made and that restrictions on a person's liberty were minimal and were a considered element of the care that people needed.

We found the service was working within the principles of the MCA. People were supported by staff who had a good knowledge and understanding of the MCA. Both staff and managers we spoke with had a good level of knowledge about their duties under the MCA and how to support people with decision making. Where people had been assessed as not having the mental capacity to make specific decisions, we saw that decisions were made in their best interest. Records showed that the views of appropriate people had been



taken into consideration. This included people who knew the person well or the person's legal representative. This showed that consideration had been taken to ensure the service was provided in people's best interest and in the least restrictive manner.

People were encouraged to make choices about their everyday lives. For example, what they wore, ate and how they spent their time. A relative told us, "[People are] given choices, they can make their own choices as much as they are able. Relatives confirmed that staff and the registered manager consulted them about their family member's care where appropriate.

People were supported to maintain a healthy diet. Staff supported people to be involved with menu planning and cooking of meals. People told us they enjoyed the food that was prepared and some people told us they were involved with meal preparation.

People's individual dietary needs were catered for. For example, one person was at risk of weight loss. Their diet included high protein foods. Another person was supported to access a diabetic diet. Records demonstrated that people's nutritional needs were being monitored and kept under review. Staff referred people to healthcare professionals where appropriate.

People were supported to monitor their health and access healthcare professionals, such as opticians and dentists. Two relatives praised staff and the registered manager for the care their family members had received when they had been unwell. One relative told us that as soon as their family member became unwell the staff and the registered manager "were on it and the doctor was there." Another family member said, "[The registered manager] has been excellent regarding [my family member's] medical care and appointments. He's been there all the way. The quality of care is very good indeed." Both healthcare professionals praised the service people received. One healthcare professional said, "The support [people] have had from the staff at their home has been excellent. In particular, I would like to highlight the involvement of [the registered manager] who has always gone an extra mile in supporting my patients. Without reservation, I can only give positive feedback [about the service]."

People's care plans contained completed, current 'hospital passports' that accompany a person if they attended the hospital. This contained clear information for hospital staff on the care and support the person needed. For example, how to calm the person if they were anxious.

## Is the service caring?

### Our findings

Everyone we spoke with about the service praised the registered manager and staff. One person said, "It's alright. I like living here." A relative told us, "[My family member] feels totally at home. You can tell by [my family member's] manner." A healthcare professional told us, "The staff are warm and welcoming but are able to put appropriate boundaries into place."

We asked people how staff treated them. One person said, "They are kind to me" and named specific staff members. A family member said, "People are treated fairly. Staff have [people's] best interests at heart." Another relative said, "[The staff] all care so much." An external social care professional described a situation where the staff were working hard to ensure a person got the therapeutic input they needed to enhance the person's wellbeing. They told us, "[The staff] are putting [the person's] best interests first."

During our inspection we saw caring and respectful interactions between staff and the people using the service. We saw staff support people to carry out various tasks, such as making a packed lunch for the following day. The staff member chatted with the person, asking questions about the person's day, helping to make it a pleasant experience.

Staff told us they would be happy with a family member receiving care and support from this service. One staff member said this was because, "The staff are very intuitive with the needs of [people]. They are very supportive of [people's] choices and are very well trained."

In the PIR the registered manager told us that all people using the service had an identified keyworker. A staff member told us, "[A keyworker] is essential. They make it their job to look into things in a more in-depth and personal way. [People's] family background etc. [People] feel there's someone there for them. [People] understand the role gives them the support." People knew who their keyworkers were and indicated they had positive relationships with them. One person told us how much they enjoyed shopping for clothes with their keyworker.

Staff supported people to be as independent as possible and access a range of hobbies and activities, including work placements. One staff member told us, "We're here to support [people], not do everything for them. It's all about promoting people's independence." People were encouraged to be involved in maintaining the service. For example, people had allocated jobs to help keep the home clean. Some people were involved in preparing meals and gardening. One person told us they liked to cut the lawn and said, "I've got a vegetable patch. I'm growing potatoes and beans." A relative said, "[My family member] helps prepare vegetables for meals and bakes with staff. It gives [my family member] a great boost and makes her feel important." Relatives told us they felt involved in their family member's care. They all said they regularly had contact with the staff and registered manager and were informed of any changes in their family member's well-being.

The general manager told us that staff were reviewing people's care plans and exploring ways to involve them in the process. They told us they were looking into pictorial formats where this was more appropriate

than written documents.

People and relatives told us that staff treated them with respect and dignity. People were involved in decisions about their everyday lives. For example, what they ate, wore and how they spent their day.

The registered manager referred people for advocacy when this was required. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.

# Is the service responsive?

## Our findings

People and relatives felt that staff understood and responded to people's needs. One relative told us, "I think [staff] do a brilliant job. All the staff understand [my family member] and [my family member] relates to them. They are lovely people and lovely to [my family member]." Healthcare professionals praised the service. One healthcare professional said, "I think it is a great example of good care. The staff follow guidance given by the team and update their support plans [and] risk assessments as appropriate."

People's health and welfare were met by staff who were responsive to people's needs. Most people had lived at the home for many years. The registered manager and general manager had identified that people's care plans needed to be updated to be more person centred and include goal setting and they were in the process of engaging each person in this process. They told us they anticipated that this work would be completed within six months. Staff knew people well and spoke knowledgeably about people's preferences and their needs. They told us they had a system where the staff communication book "signposted" them to any changes to the support people need or anything they needed to be aware of. They told us that this, together with the verbal handover when they came on shift, meant they were kept up to date with people's current care and support needs.

Staff responded to people's changing needs. For example, one person required support with their mobility during an illness. Staff had supported the person to access aids to help maintain their mobility and independence.

The service is in a small village some 13 miles from Cambridge. One relative told us that the rural location had particularly appealed to their family member. They said, "[My family member] loves it there. It's a real home from home. [My family member] is always happy to go back after visiting us."

Although the service is in a rural location, people were supported to access the local and wider community. For example, some people regularly visited the local pub. Staff also drove the service's vehicles to access facilities that were further away. For example, on the evening of our visit some people were going to see a film at the cinema in Cambridge. One person told us, "I'm happy because I'm going to the cinema in the car to see [a film]." Another person said, "I chose what to do. I like the cinema." People also told us about shopping trips, meals out and holidays they had taken with staff support. One person said, "Every day we went somewhere different. One day we went to a sea life park and looked at the animals." They became animated when they were telling us about these things and had clearly enjoyed the experiences.

People were supported to maintain relationships that were important to them. One relative commented, "[My family member] can ring us anytime [they] like. The staff dial the number [when asked]." Staff told us they supported people to remember relatives' and friends' birthdays with cards and gifts.

The provider had a robust complaints procedure in place. People and their relatives told us that if they were worried about anything, they could talk with the registered manager or another staff member. When asked if the registered manager listened to them, one person told us, "Of course he does!" Everyone we spoke with

was confident of this and that their concerns would be taken seriously by the registered manager and other staff. A relative said, "If we've got a problem we pick up the phone and [the staff] do the same for us."

## Is the service well-led?

### Our findings

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager managed another service in addition to this one. However, people and staff told us that they saw the registered manager regularly and could contact him at any time. From discussion and observations we found the registered manager and staff had a good knowledge and understanding of the support needs and preferences of the people supported by this service.

From the interactions we observed, people clearly had a good relationship with the registered manager and other staff. Relatives praised the registered manager and the service provided. One relative told us, "I have a very good relationship with [the registered manager and staff] I go across regularly. I have high standards. I'm constantly in touch with [the registered manager] by email." Other relatives said, "The service is excellent." And, "I can't fault [the service]." The only improvement that relatives thought could be made to the service was providing more downstairs bedrooms.

The registered manager sought advice from experts where they did not have the necessary skills or knowledge. For example, they employed the services of an external company to provide advice on health and safety and employment law matters. They referred people appropriately to other health or social care professionals when the need arose. All three external care professionals praised the staff and management for the service they provided, the way the staff communicated with them and the relationships staff and management fostered. One external care professional told us, "This is one of the best care homes our team has been working with."

The registered manager used effective quality assurance systems to monitor and improve the service. Audits had been completed in areas including medicines, people's finances and equipment safety. We saw that where areas for improvement were identified, the registered manager had taken action. For example, we saw staff had been reminded in staff meetings to wear appropriate footwear while working, and of the importance of accurate recording.

Responses to the provider's quality assurance survey were very positive and we saw the registered manager acted on suggestions. For example, one relative had suggested a newsletter updating them with changes in the service. The first newsletter had been produced and was ready for circulation. Survey responses contained comments such as, 'The staff and particularly the [registered] manager went above and beyond to sort out the problems and care for [my family member].' And, '[There is a] very happy and caring atmosphere. Staff are always helpful and kind.' People and relatives were consulted and aware of improvements that had been made and were planned for the service. For example, staff ensuring people had increased control over decisions affecting their day to day lives. One relative told us, "[The staff] are trying to improve things. For example, more detailed illustrations of menu so those who can't read can see

the pictures. [They are introducing] lots of things that makes the residents the best that they can be and make their own decisions."

Staff felt valued and well supported. The registered manager held regular staff meetings, supervision sessions and annual appraisal where staff could voice their opinion about the service. One staff member said, "I can't praise the service enough. I've been in the care industry for 17 years and worked at several establishments. It can be hard work and mentally draining, but it's an absolute joy to come into work. It's a great workforce, lovely manager and people who live here. There is nothing that worries me. People are safe and well looked after, living a fulfilled life."

People were supported to have links with the local community and accessed local services regularly. For example, the local pub. People were also supported to access facilities in the nearby city, such as the cinema and restaurants.