

Ambridge Estates Limited

Yew Tree Cottage Residential Home

Inspection report

Hornbury Hill
Chard
Somerset
TA20 3DB

Tel: 0146064735
Website: www.ambridgeestates.co.uk

Date of inspection visit:
18 December 2019
02 January 2020

Date of publication:
10 January 2020

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

About the service

Yew Tree Cottage is a residential care home providing personal care and accommodation to older people. The home is registered to support up to seven people. At the time of the inspection five people were living at the home.

The main house is able to accommodate five people and there is a separate annexe which is able to accommodate a single person or a couple.

People's experience of using this service and what we found

People felt safe at the home and with the staff who supported them. Staff had received training in protecting people from abuse and knew how to report concerns.

The staff carried out risk assessments to make sure people could maintain their independence and receive support in a way that minimised risks to them and others.

People were supported by sufficient numbers of staff who were well trained and competent in their roles. People told us staff were always kind and friendly.

People had access to a range of professionals according to their individual needs. Staff supported people to attend appointments outside the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were able to follow their own routines and staff respected people's individual choices. People could choose what time they got up, when they went to bed and how they spent their day. People had formed relationships with staff and other people which helped them to avoid social isolation.

The registered manager and provider had systems in place to monitor quality and identify where improvements needed to be made. People and staff told us the registered manager and provider were very open and approachable which enabled them to discuss issues or seek advice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 20 May 2017.)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Yew Tree Cottage Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Yew Tree Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This first day of the inspection was unannounced. The registered manager and nominated individual were not available on the first day. We therefore arranged to return to the home when they were able to be present. This enabled us to meet with them and view some records which had not been available on the first day of the inspection.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

What we did before the inspection

We looked at all the information we had received from and about the home since the last inspection. We also used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with two members of care staff.

We reviewed a range of records. This included two people's care records and multiple medication records.

We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service including health and safety records and risk assessments.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the home and with the staff who supported them. One person told us, "I feel absolutely safe. I'm well looked after, and everyone is kind."
- Risks of abuse to people were minimised because staff received training in safeguarding. This helped to make sure they knew how to recognise and report any concerns to ensure people were protected.

Assessing risk, safety monitoring and management

- Risk assessments were completed to identify and minimise risks to people. Where risks to people were highlighted, such as being at high risk of pressure damage to their skin, appropriate equipment was made available.
- The provider acknowledged people had the right to take some risks and there was evidence in care plans that these were discussed and agreed with people.
- People lived in a home which was safe and well maintained. Regular checks were carried out to maintain people's safety. These included regular checks of the fire detection system, in house and by outside contractors.

Staffing and recruitment

- People said there were enough staff to meet their needs. One person, who told us they liked to stay in their room said, "If I ring the bell, they come straight away."
- Staff told us staffing levels were adapted to meet the needs of people. For example, we were told if anyone was receiving end of life care, additional staff would be made available to make sure staff had time to care for the person.

Using medicines safely

- People received their medicines safely from staff who had received training to carry out the task. Staff said they were only able to administer medicines once they had undertaken the relevant training.
- Clear records were kept of all medicines administered or refused. This enabled the effectiveness of prescribed medicines to be monitored.
- The last medicines audit by the dispensing pharmacy was carried out in April 2019. No concerns were identified, and the summary of the audit stated, 'Good medicines management.'

Preventing and controlling infection

- All areas of the home were clean and fresh which helped to minimise the risks of infection to people.
- Staff had access to personal protective equipment which also helped to minimise the spread of infection.

Learning lessons when things go wrong

- The registered manager audited all accidents and ensured people had the support they required. For example, the provider had a protocol that if anyone had three unexplained falls in a twenty-four period, that did not result in injury, they sought advice and support from medical professionals.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- Yew Tree Cottage is a large domestic dwelling which provides homely accommodation for people. There is a main house and a small annexe which can accommodate one person or a couple. One person told us, "It's a very comfortable place to live."
- Accommodation was arranged over two floors. A stair-lift between floors, enabled people with mobility issues to access all areas of the home. Other adaptations such as raised toilets and grab rails, were also in place.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed before they moved to the home. This helped to make sure the care home was able to meet their needs and expectations.
- People's care was provided in accordance with their wishes and preferences. From initial assessments, care plans were written to give staff details of how people wanted to be cared for. Care plans we saw were comprehensive and reflective of the people we met.
- Staff knew people extremely well and how they liked to be supported. Staff we met were able to tell us about people's personal needs and choices. One person told us, "They put up with my little ways and do things how I like them."

Staff support: induction, training, skills and experience

- People had confidence in the staff who supported them. One person said, "Staff are very competent. Know what they are doing."
- Staff were happy with the training they received. All staff had opportunities to take part in training in health and safety and subjects relevant to people's needs. This helped to make sure they had the skills required to effectively care for people.

Supporting people to eat and drink enough to maintain a balanced diet

- People had their nutritional needs assessed and met. Everyone we asked praised the standard of food provided at the home. One person said, "We are certainly well fed here and there is always tea and coffee whenever you want it." Another person told us, "I have no complaints about the food. It's always lovely."
- Staff monitored people's weight and sought advice and support where they identified concerns. For

example, one person had lost weight and staff identified they had a reduced appetite. In response to this they sought medical advice and the person was prescribed food supplements. Records showed the person was now maintaining a stable weight.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to make and attend medical appointments. One person said, "They take me to any appointments. Usually [registered manager's name.]"
- People's health was monitored, and staff sought advice when they had concerns about a person's mental or physical health. Records showed people had been seen by a range of healthcare professionals including, district nurses, community psychiatric nurses, dentists and GPs.
- Staff worked with other professionals to make sure long-term conditions were monitored and treated. For example, one person was seen regularly by district nurses.
- Care plans showed how staff supported people with good oral hygiene to promote their health and well-being.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People received care and support with their consent. One person told us, "They don't force me into anything."
- Some people at the home were living with dementia and the registered manager had carried out assessments of their capacity to make sure they were able to consent to their care and treatment.
- No one living at the home was subject to a deprivation of their liberty, but senior staff were aware of the actions they needed to take if anyone required this level of protection to keep them safe.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were kind and friendly. During the inspection we observed staff and people chatting together happily. One person told us, "We have some fun." Another person commented, "It's very nice here. Everyone is very kind."
- People's lifestyle choices were respected by staff. People's care plans contained detailed personal histories which ensured staff knew what was important to people. For example, one person's care plan said their religion was important to them and the staff ensured they were visited by an appropriate religious representative.

Supporting people to express their views and be involved in making decisions about their care

- People were able to express their views and wishes on a day to day basis. Due to the size of the home, staff were able to be flexible to changes in people's wishes and responded to people's requests. One member of staff said, "We want people to please themselves. It's their home."
- People were involved in planning and reviewing their care. Care plans showed discussions had been held with people and they had signed to say they had read and understood their care plans.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. Some people liked to spend time in their rooms and pursue their own interests and this choice was respected. One person told us, "I'm happy with my own company. Staff come up with drinks and whenever I want them."
- People were supported to maintain their independence. People told us staff assisted them when they required help but also encouraged them to be independent if they wanted to be.
- People who required help with personal care were supported in a way that promoted their dignity. One person told us, "They are always so considerate and careful with you."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received very personalised care. The size and nature of the home meant staff knew people well and were able to provide care and support which was tailored to each individual and their needs.
- People told us they were able to follow their own routines and decide how they spent their time. One person told us they very much followed their own routine but felt reassured staff were on hand if they needed help. Another person commented, "You can more or less do what you like here."
- Staff responded to changes in people's needs. Some people had lived at the home for a number of years and during that time their needs had changed. Care plans showed how their changing needs continued to be met, sometimes with the support of other professionals.

End of life care and support

- Staff said they aimed to care for people until the end of their lives if they were able to meet their needs. This meant people would be cared for in familiar surroundings by staff they knew.
- Staff worked with other professionals to make sure people were comfortable and pain free at the end of their lives. Staff said they worked with district nurses to make sure people received the care and treatment they required.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- All information provided was in an appropriate format for people using the service at the time of the inspection. Everyone was able to read and understand information in written format in English.
- People's communication needs were identified in their care plans. The care plans reminded staff to ensure people had glasses and hearing aids as required to support them with their communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had built relationships with staff and other people who lived at the home which helped them to

avoid social isolation. Some people sat together and happily chatted.

- People were supported to maintain contact with friends and family outside the home. People told us they were able to have visitors at any time. One person told us, "Visitors are always made welcome. My family come whenever." Another person said their family were joining them for Christmas lunch at the home.
- People continued to follow their own interests. During the inspection we saw people read, did crosswords, watched television and joined in with a quiz. One person said, "We have a lot of quizzes I enjoy that."

Improving care quality in response to complaints or concerns

- People told us they had no complaints about the service they received. All said they would not hesitate to raise issues if they were not happy with something. One person said, "I can't imagine having anything to complain about but if I did I would talk to [registered manager's name.] You can definitely talk to her. She really listens to you." One person said in the past they had discussed something with the registered manager and it had been promptly addressed.
- The registered manager investigated concerns and responded to complaints made. Records were kept when complaints were made so any themes could be addressed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and nominated individual were very involved in the day to day running of the home which enabled them to seek people's views and oversee standards of care.
- The size of the home meant staff and people knew each other well. There were good relationships between everyone which helped to promote an open and inclusive environment.
- People felt able to express their individuality and their views. One person told us, "I feel very at home here." Another person said, "Everything here is very comfortable. They do everything to make you and your family feel welcome."
- The provider understood their legal responsibilities and had notified the Care Quality Commission of incidents where required to do so. People described the registered manager and provider as very accessible and approachable.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People lived in a home where the provider monitored quality and planned on-going improvements. Audits were carried out to identify shortfalls in the service and highlight good practice. These included; three monthly medication and accident audits and an annual directors audit.
- Audits were used to identify issues and make improvements. For example, an audit of accidents highlighted that most accidents happened in the evening. In response to this an additional member of staff was made available each evening to make sure people had more support at this time.
- People always had access to experienced staff who were able to monitor their well-being and respond to their concerns. There was always a senior member of staff on duty and a member of the management team on call overnight.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager welcomed people to the home. We were told that family members often shared Sunday lunch with people living at the home. During the summer the gardens had been opened to the

public to raise money for a local hospice.

- People were involved in decisions about the home and their personal needs. People's care needs and wishes were discussed with them on an on-going basis and more formally when their care plans were reviewed. During the inspection we heard staff offering people choices about what they wanted to do and about food and drink.
- The staff worked in partnership with other professionals such as district nurses and doctors, to make sure people's health needs were met.