

Yew House Limited

# Yew Tree Cottage Domiciliary Care

## Inspection report

65 Beechwood Avenue  
Bottisham  
Cambridge  
Cambridgeshire  
CB25 9BG

Tel: 01223290600

Date of inspection visit:  
13 June 2017  
14 June 2017

Date of publication:  
13 July 2017

## 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 Domiciliary Care provides personal care and support for people living with learning difficulties in their own homes.

At the last inspection, on 14 and 17 July 2015, the service was rated as good overall. However, as a result of our findings we asked the provider to make improvements to the processes where people did not have the mental capacity to make decisions for themselves. We received an action plan detailing how and when the required improvements would be made.

This announced inspection took place on 13 and 14 June 2017. At this inspection we found the provider had made the improvements they had described to us and the service remained good. At the time of this inspection there were five people receiving the service. They all lived together in the same property.

People felt safe receiving the service. 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.

Staff were well trained and well supported. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's nutritional needs were met and 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 caring and respectful towards people. They respected people's privacy and dignity. People were involved in planning and reviewing their care. People were referred for advocacy when this was required.

People's care plans were personalised and gave staff clear guidance on meeting each person's needs. Staff supported people to be as independent as possible and access a range of hobbies 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.

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 continued to be safe.

### Is the service effective?

Good ●

The service was effective.

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

People received care from staff who were well trained and well supported.

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

### Is the service caring?

Good ●

The service continued to be caring.

### Is the service responsive?

Good ●

The service continued to be responsive.

### Is the service well-led?

Good ●

The service continued to be well-led.

# Yew Tree Cottage Domiciliary Care

## **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 inspection took place on 13 and 14 June 2017 and was announced. We told the provider the day before our visit 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.

As part of the inspection, 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.

During our inspection we spoke with the five people who received care from the service, the registered manager and one support worker. We also spoke by telephone with three people's relatives and three social care professionals who have regular contact with the service. 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 continued to feel safe being supported by staff. One person said, "I feel very safe [with staff]. I know the staff come in to check up on us." Another person explained that they trusted the staff. A third person described a time when they felt unsafe while travelling. They told us they telephoned staff who talked with them and supported them until they felt safer.

Staff continued to support people to be as safe as possible. Staff understood how to minimise the risks that may occur. Staff focused on what each person could do, and the support they needed so that activities were carried out safely. We saw that risk assessments were carried out to help reduce the risk of harm occurring to people. These included, environmental risks, risks associated with people's care and support needs such as supporting people to maintain a healthy weight and accessing the community.

Staff were trained to recognise and respond to safeguard people from harm. The staff member we spoke with was knowledgeable about safeguarding and described how to escalate any concerns to protect people from harm.

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 they "didn't start here until my DBS [criminal records check] and references were back."

There continued to be sufficiently knowledgeable, skilled and experienced staff available to safely meet people's needs and support them with a variety of activities. The registered manager explained that staff continued to work 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 all confirmed there continued to be sufficient staff to meet their needs.

Systems were in place that ensured medicines were administered in line with the prescriber's instructions. Staff had a good knowledge of the medicines people were prescribed. Staff continued to assess the risk of people administering their own medicines and supported them where this was appropriate. The registered manager regularly carried out checks of medicines and the associated records to help identify and resolve any discrepancies. Errors or discrepancies had been investigated and action taken to reduce the risk of future occurrences.

# Is the service effective?

## Our findings

At our inspection in July 2015 we found that people were not protected against the risks of unlawful restrictions on their freedom. This was a breach of the Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection the registered manager sent us an action plan detailing how and when the required improvements would be made.

At this inspection on 13 June 2017, we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 11 described above.

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. Applications for people living in their own homes are made to the Court of Protection (CoP).

The registered manager and staff were knowledgeable in relation to the application of the MCA and told us they had received further training in this area. This had increased their knowledge and led to them carrying out their responsibilities. For example, 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 to the CoP. We saw that any restrictions on a person's liberty were minimal and were a considered element of the care that people needed.

The registered manager was familiar with the process for assessing whether people had the mental capacity to make specific decisions. Processes were in place for making best interest decisions for those people who lacked the mental capacity to make specific decisions about their care. Records showed that relatives and relevant professionals had been consulted to ensure that people's best interests were upheld. For example, in relation to the management of people's medicines and finances.

People were encouraged to make choices about their everyday lives. For example, people confirmed their care plan was accurate and staff placed no restrictions on them. They told us they chose the time they got up and went to bed and how they spent their time. A relative told us, "[My family member] has as much space as she needs [to make decisions]. [Staff] help and advise, but I've never felt they take over."

Staff supported people to make informed choices about their care in a way each individual could understand. For example, the registered manager explained to us that one person found it more difficult to make decisions when they were upset. Staff were aware of this and provided additional support with decision making at that time.

People told us they liked the staff who supported them and got on well with them. One person said, "[Staff] do training before they start working here. [The registered manager] goes through things with them. I feel comfortable with [the staff]."

We found staff continued to be 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.) They told us that "shadowed" another staff member several times prior to supporting people on their own. They said they "felt confident" by the time they started providing support alone.

Staff told us they continued to feel supported by the registered manager and other staff. Staff received regular supervision and work appraisal. All staff said they felt the registered manager and on-call staff were approachable. One staff member told us, "If you have an issue you can ring the on call [staff] and they talk you through situation." They told us they could raise concerns with the senior staff and were confident they would be listened to and their concerns addressed.

People continued to be supported to maintain a healthy diet. Staff supported people to be involved with menu planning and cooking of meals. One person told us, "I've made three quiches today. I like cooking with [staff member]. I get to cook new things. Me and [staff member] look on the internet together for new things to cook."

People were supported to access healthcare appointments and monitor their health. Staff knew people very well supported the people appropriately with maintaining their health and well-being. One person told us how the registered manager had supported them too access dental care. A relative explained how the registered manager had supported both their family member and them prior to, during and after a minor operation.

## Is the service caring?

### Our findings

People and their relatives continued to praise the staff. People used words such as, "lovely", "caring", and "helpful" to describe the staff. A relative, responding to the provider's survey, described staff as "super friendly" and "excellent".

Staff looked for ways of reducing people's anxiety. A relative told us about times when their family member became anxious. They said that staff were aware of this and followed guidelines in the person's care plan to reduce the person's anxiety. They told us, "The staff are very good."

People and relatives told us that staff continued to treat people with respect and dignity. People were involved in decisions about their everyday lives. One person told us, "The staff are nice and friendly. They're never bossy." Another person said, "We tell [the staff] how we like things done." People told us that staff had supported them access the hair and clothing styles they preferred.

The registered manager and staff supported people to voice their opinions and exert their rights. For example, a person told us that the registered manager had supported them to complain about a service. In addition, a relative told us how impressed they were that staff discussed current affairs with people and presented the information in ways their family member could understand. They said their family member had an increased understanding of current affairs because, "The staff talk about things on the news and programmes... and voted in the last general election."

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's health and welfare continued to be met by staff who remained responsive to their needs. Staff spoke knowledgeably about people, their preferences and their care needs. This information corresponded with that recorded in people's care plans which provided staff with sufficient guidance to provide consistent care and support to each person. Staff told us they were given time to read people's care plans before they provided care to people.

Staff continued to meet people's needs in ways that suited each person. An external care professional told us, "[People] are well supported. I have no concerns [about the service provided]." A relative said that their family member went to a club a few times with staff and other people that used the service. However, their family member didn't like the club so staff now supported their family member to "go off and do something else" while the other people were at the club. Relatives told us people were supported with their interests. One relative said, "Everyone gets out and there's much more choice [of where to go and what to do]. I'm really pleased with the service."

Staff supported people to be as independent as possible and access a range of hobbies and activities, including work placements. People told us that staff promoted their independence. One person said, "[The staff are] lovely to us. They make us do stuff independently. They go through it with me first so I can learn to do [things] independently... It's really good... They've supported me really well to make me do things on my own." A relative told us, "Staff support [my family member] with everything and give [my family member] every bit of encouragement they can. [My family member] has independence."

Staff told us, and records showed, that people were regularly supported to access the community, both to join in with groups or on their own. People told us staff were supporting them to go on a short break and were clearly excited about this. They said staff had supported them with all aspects, including packing and choosing various activities to take part in while they were away.

People continued to be supported to maintain relationships that were important to them. People provided us with examples of how staff supported them to keep in contact with their family and friends. One person explained that the registered manager had helped them build a garden of remembrance for their pet that had died.

The provider continued to have a robust complaints procedure in place. People and their relatives told us they could talk with the registered manager or another staff member if they had any concerns. They were confident they would be listened to and that their concerns would be taken seriously. One person said, "I could talk to [the registered manager] or a staff member. They really listen."

## 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, 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.

We received positive comments about the management of the service from people, relatives, the staff member and the care professionals we had contact with. A person told us, "The staff are really supportive. I'd be in trouble [without them]. I'd not wash or have nice clothes or a nice bedroom." One relative told us, "[The registered manager] is always available. Any queries I phone up and they help sort it out. I can't speak highly enough of them and the staff." Staff told us they felt supported both informally and through more formal supervision and staff meetings.

The provider 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. External care professionals praised the staff and management. One described the management as "really good" and said they had "open communication" with them.

The provider and registered manager continued to use effective quality assurance systems to monitor and improve the service. Audits had been completed in areas including medicines, people's finances and equipment safety. The registered manager had recently sent a quality assurance questionnaire to people and their relatives. The two responses received from people were both very positive. One relative had also responded with very positive comments, including that they felt their family member was "doing brilliantly" since they had received support from this service.

People continued to have strong links with the local community and accessed local services regularly. For example, local shops, healthcare and leisure facilities.