

# City Care Partnership Limited

# Yew Tree

## Inspection report

Fairy Lane  
Sale  
Trafford  
Cheshire  
M33 2JT

Tel: 01617111853

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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

### About the service

Yew Tree is a residential care home providing accommodation and personal care. Yew Tree is registered for up to 2 people; however, the home is set up to meet the needs of 1 person. The service provides support to a person with complex needs who has a learning disability and autism.

### People's experience of the service and what we found:

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

**Right Support:** Yew Tree is located in a rural location, within easy reach of local shops and amenities. There were enough staff to meet the person's care and support needs and support them to take part in activities of their choice. Staff were safely recruited and completed the training required to carry out their roles.

The person was 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. Staff knew how people communicated their needs and choices.

**Right Care:** The person's support needs were assessed and regularly reviewed. Person-centred care records identified people's preferences, support needs and potential risks. Guidance was provided to manage these risks. A specialist in positive behaviour support supported the staff team to understand the person's behaviours and agree strategies to reduce their anxieties.

People were supported to maintain their health and wellbeing. People received their medicines as prescribed. The home had been adapted to better meet the needs of the person, as staff now did not have to go through their living space when accessing other parts of the home.

Relatives were positive about the care and support provided and said the staff team were extremely dedicated to the person's support and wellbeing. Staff respected people's privacy and dignity. They understood and responded to people's individual needs.

**Right Culture:** Relatives were involved in agreeing and reviewing the person's care. Relatives said there was good communication with the home. An advocate supported the person and was able to advocate on their behalf. Staff enjoyed working at Yew Tree and felt listened to by the registered manager. A quality assurance system was in place. Actions were completed where any issues had been identified.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good published 11 November 2017.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Yew Tree

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 1 inspector.

#### Service and service type

Yew Tree is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Yew Tree is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

The person using the service had limited verbal communication. We observed and heard interactions between them and the support staff during the inspection. We spoke with the person's relative.

We spoke with 7 members of staff including the registered manager, team leader, support workers, the providers quality director and health and safety manager. We also spoke with 3 professionals who worked with the service.

We reviewed a range of records, including care plans and medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance, complaints, incident reports and safeguarding were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks. A risk assessment management plan (RAMP) was used to identify potential risks. Guidance was in place to manage the identified risks. All risk assessments were regularly reviewed.
- A detailed positive behaviour support (PBS) plan was in place. This identified the person's baseline presentation and proactive staff actions to maintain this. Potential triggers to heightened anxieties were identified, with associated strategies for staff to manage this. In the event physical restraint was needed, the techniques to be used were clearly identified.
- An external PBS specialist visited Yew Tree weekly to observe the support provided and support the staff team to reduce the person's anxieties. The provider's PBS practice manager was also involved in supporting the staff team. Staff were positive about this support and said it was having a beneficial impact for the person living at Yew Tree and the staff team. The PBS specialist said, "Staff know [Name], what they like at each stage of the arousal cycle and know to reduce demands or increase engagement to try to reduce [Name's] anxieties."
- A member of staff said, "The support from [PBS specialist] has really helped. The whole team are on the same page, which means [Name] has got trust in the staff."

### Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong. All incidents were recorded and reviewed by the registered manager, external PBS specialist and the provider's PBS practice manager.
- All lower-level incidents were also recorded and analysed to try to identify what the person was communicating to the staff team through their behaviours. The case manager said, "Staff get the meaning of [Name's] behaviours."
- Staff said they felt well supported following an incident, with debrief meetings being held where all staff could discuss what happened and ideas to change the support provided to reduce the person's anxieties in future. A member of staff said, "We work closely with the behavioural support team and have more frequent team meetings. All team members have a voice, and we can give our own opinions on how we can improve."

### Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm. The person's relative said they thought the person was safe living at Yew Tree.
- Staff knew how to report any safeguarding concerns. All staff completed training in safeguarding vulnerable adults. They said they were able to raise any concerns with the team leader or registered manager.

### Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff. There was a stable staff team, who had supported the person living at Yew Tree for several years and knew them well.
- Staff were safely recruited, with all pre-employment checks completed before a new member of staff starting work.

### Using medicines safely

- People were supported to receive their medicines safely. Medicines administration records (MARs) were fully completed. The medicines stock balance was checked after every medicines round.
- Guidance for when the person may need an 'as required' medicine to be administered, for example for pain relief, was recorded on the computer system. We discussed with the registered manager that this information should also be in the medicines file, so it was easily accessible when staff were administering the medicines. They said they would ensure this was completed.

### Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices. The home was clean throughout. Cleaning schedules were flexible as the person did not always want staff in their space. Staff wore appropriate PPE when needed.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in Care Homes

- Due to the small nature of the service, there were not many visitors to the home. The person's family visited the home when they were picking up or dropping off the person.



# 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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received the training and support to carry out their role. Training compliance was high. Training was adapted to meet the needs of the person living at Yew Tree, for example positive behaviour support (PBS) and learning disability and autism training.
- Staff said they felt well supported in their role. They had regular supervision meetings (called job consultations) with the team leader or registered manager. Regular staff meetings and debrief sessions were held, with staff saying they were encouraged to raise any issues or ideas to change the supported provided.
- A member of staff said, "I have the correct support and team around me, with the right training and understanding of the job."

Staff working with other agencies to provide consistent, effective, timely care

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment. The staff team worked with a range of professionals, including the PBS specialist, psychiatrist and case manager. The PBS specialist said, "The staff are open to my suggestions and also put their own ideas forward to shape the agreed policy." The case manager said, "The provider's commitment to [Name] is shown through them working so well with the external PBS specialist."

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

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes. The person had lived at Yew Tree for several years. The assessments of their support needs were regularly reviewed.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to live healthier lives, access healthcare services and support. A health action plan recorded the person's physical and mental health needs.
- People were supported to maintain their fluid and nutrition intake. People's nutritional needs were identified in their support plans.
- The person was encouraged to say what they wanted to eat for each meal. Staff offered a choice of meals each day. A member of staff said, "[Name] likes to say what they have for lunch and tea."

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

- People's individual needs were met by the adaption, design and decoration of the premises. The layout of the home had been changed so staff did not have to go through the person's space when accessing the staff

sleep-in rooms. This had reduced potential incidents as the person did not always want staff in the same room as them.

- Repairs were scheduled for when the person was visiting their family, as they would not be able to tolerate work being completed when they were in their house.

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 MCA 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act. A DoLS was in place, detailing all the restrictions that were in place.
- The advocate told us the staff team engaged well with them and the staff team were open to ideas to reduce the restrictions in place. The case manager said, "Restrictions are in place to ensure [Name's] safety. We've looked at how we can have less restrictive options."

# 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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

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

- People were well supported. Staff knew the person and their needs, including how to support them to reduce their anxieties. Staff spoke positively about the person living at Yew Tree and said they enjoyed supporting them. We observed and heard positive interactions between people and support staff.
- Relatives and professionals were also positive about the staff team at the service. A professional said, "I've observed when [Name's] been horse riding. There are positive interactions with staff and it just looks like a young person having a horse ride, not someone out with staff." A relative said, "The support is outstanding, they (the staff team) are so committed to [Name]."

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

- The person was supported to express their views and make decisions about their care. Staff provided them with choices in their day to day life, including what they wanted to do. The person had an independent advocate who was able to advocate on their behalf. The advocate said, "The staff are really open to what I suggest and work well with me."
- Staff observed the person's behaviour and responses to activities as a guide to if they enjoyed them or not.
- Relatives said they were invited to people's review meetings to discuss their care and support. A relative said, "I'm involved in [Name's] reviews and I'm asked for my thoughts, opinions and advice."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted. Support workers explained how they maintained people's privacy and dignity whilst supporting them. When people wanted time on their own, this was respected. A member of staff said, "[Name] will say 'bye bye' when they want to be on her own."
- Staff encouraged the person to be involved in their care where possible, for example buttering their own toast and making their own bed. The provider's PBS lead said, "We have an outcomes meeting each month to go through skills we could promote with [Name] to try to promote their independence and to maintain skills." Daily notes reflected staff prompting and supporting the person to do things for themselves.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met.

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

- People were supported as individuals, in line with their needs and preferences. An essential lifestyle plan identified the person's individual support needs, likes and dislikes, and provided guidance for staff on how to meet these needs.
- Support routines were discussed openly within the team and with the PBS specialist and changes were made in response to changes in the person's behaviours.

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 were supported to follow their interests and take part in activities that were relevant to them. A plan of activities was in place, including horse riding and hiking. The advocate said, "A lot of work is trying to look at ways to increase activities so [Name] remains calm."
- Staff were also offering games and activities in the house, for example, table tennis or puzzles to increase the engagement they had with the person. A member of staff said, "Some days there's more engagement than others and we can tell if [Name's] not as enthusiastic. They will sign 'finish' and go into the lounge."
- The person had daily phone calls with their family, which was important to them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard. People's communication needs were understood. The PBS and essential lifestyle plan included information about how the person communicated their needs and wishes and how staff should respond.
- The staff team were supporting the person to use their words and communication methods more where possible. They felt this helped the person remain calm as they had some control over what they were doing. A member of staff said, "We try get [Name] to verbalise what they want rather than trying to anticipate what it is. We've also restarted using a now and next board again. We show [Name] the board and will point to what they have just done and what is happening next."

Improving care quality in response to complaints or concerns

- A complaints policy was in place. There had been no formal complaints made in the last 12 months.
- Relatives said they were able to raise any issues or queries with the management team and these would be responded to. A relative said, "Any concerns I go to the house first and they would take my concerns on board."

#### End of life care and support

- The person living at Yew Tree was a young person. Their family would be involved in any decisions about their end of life care.

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

### Continuous learning and improving care

- A quality assurance system was in place, including regular audits for medicines, care plans and reviews of any incidents. Planned daily, weekly and monthly checks were clearly assigned to named members of staff. The team leader or registered manager completed a weekly observation of the support provided.
- Regular staff meetings discussed all incidents, including low level behaviours, to review the support routines and agree any changes required in order to try to reduce these in future. The case manager said, "Staff understand the meaning of [Name's] behaviours."
- A periodic service review was completed each month. This checked a range of areas of the service, including activities were taking place, care plans were up to date and reviewed and staff were supported with team meetings and job consultations.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive and open culture at the service. The staff were positive about working at Yew Tree and spoke positively about the person they supported. Staff felt listened to and involved in the service, being asked to contribute to regular discussions about what was working and what changes were needed to improve the support they provided.
- Communication with the person's relatives and other professionals was open and honest. A relative said, "The communication is good. They keep me informed and I'm involved in everything." The case manager said, "The manager is open to ideas and suggestions."
- The provider had systems to provide person-centred care that achieved good outcomes for people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery. The team leader managed the service on a day-to-day basis. They were supported by the registered manager and the provider's central functions, for quality director and health and safety manager.
- A quality assurance and governance framework detailed who was responsible for completing the audits and oversight, including at provider level, for example for training and recruitment and annual medicines and food hygiene checks.

#### Working in partnership with others

- The staff team worked in partnership with the person's family and a range of professionals, including case manager, PBS specialist, psychiatrist, advocate and medical professionals. The case manager said, "The staff team have worked closely with the PBS specialist to support staff to have consistent strategies for [Name] which has been beneficial for [Name] and the staff team." The PBS specialist told us, "There's a positive culture, with the staff being open to new ideas."

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 provider understood their responsibilities under the duty of candour. They had policies in place to ensure they were open and transparent when things went wrong.