

Caretech Community Services (No.2) Limited

Yewdale Farm

Inspection report

West Fen, Willingham
Cambridge
Cambridgeshire
CB24 5LP

Tel: 01954261307

Date of inspection visit:
20 June 2022
23 June 2022

Date of publication:
19 July 2022

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Yewdale Farm is a residential care home providing accommodation and personal care for up to nine people as well as supported living accommodation and personal. At the time of the inspection there were four people using the service. Each person had their own room and shared a kitchen and other communal areas. The service can also support people with personal care in their own home and one other person was using this service.

People's experience of using this 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 assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Based on our review of is the service safe, responsive and well-led questions, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support

The service gave people care and support in a safe environment that was clean and suitably equipped to meet people's physical and emotional needs. Staff complied with measures designed to reduce the risk of COVID-19 spreading within the service. Staff focused on people's strengths and promoted what they could do, enabling the opportunity for people to lead fulfilling and meaningful lives.

Staff supported people to pursue their interests inside and outside the home, and to achieve their aspirations and goals. The service worked with people to plan for when they experienced periods of distress; to minimise any restrictions and to ensure people had as much freedom, choice and control over their lives as possible.

Staff received training in the use of restraint and were confident in their ability to deploy this training. At the time of our inspection no person required restraint. Any restraint would be in an emergency situation as a last resort and for the shortest time possible.

Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. Staff enabled people to access the community and pursue their interests in their local area. People were administered their medicines in a way that respected their independence and achieved positive health outcomes.

Right Care

Staff promoted people's equality and diversity, supporting and responding to their individual needs.

People's care plans were an accurate reflection of the support they needed and what people could do independently.

Staff had training on how to recognise and report abuse, and had the skills protect people from poor care and abuse, or the risk of this happening. The service worked with other agencies to do so. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Staff had a thorough understanding of people's individual ways of communicating and this enabled people to be listened to. People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice.

Right Culture

People were supported by staff who understood best practice in relation people's strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. Staff knew people well and responded to their needs and wishes. This helped people achieve their aspirations and live a meaningful life.

Staff put people's wishes, needs and rights at the heart of everything they did. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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 requires improvement (published 13 December 2019).

Why we inspected

We received concerns in relation to people's safety and the management of the service. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Yewdale Farm on our website at www.cqc.org.uk.

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 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 ●

Yewdale Farm

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

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

Yewdale Farm also provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced for both site visit dates.

Inspection activity started on 20 June 2022 and ended on 23 June 2022. We visited the 20 and 23 June 2022.

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 safeguarding 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

We visited the service location on 20 June 2022 and again in the evening on 23 June 2022. We spoke or communicated with three people, four relatives and an advocate. We also received feedback from a relative by e-mail. We used staff to help us understand what people told us.

We also spoke with six staff including the registered manager, senior care staff and care staff. We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision.

A variety of records relating to the management of the service were also reviewed, including incident records, compliments, complaints, quality assurance processes and various policies and procedures.

What we did after the inspection

We continued to seek clarification from the provider to validate evidence found. We sought assurance about people's care records.

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; Assessing risk, safety monitoring and management

- Staff safeguarding training was effective and staff understood how to identify and act on any potential concerns. One staff member said, "I look out for (changes in) people's tone of voice or the look on their face if they are unhappy about something or someone. I record any incidents and report these to the (registered) manager."
- The registered manager identified and reported incidents to the appropriate organisations, took any actions required, and this helped keep people safe. All people and relatives we spoke with felt people were safe. Our observations also showed how staff knew what any triggers for behaviours, anxieties and emotions were, and how to prevent escalation of these before an incident could occur.
- Staff knew how to identify and manage risks to people's safety, such as choking, malnutrition or skin integrity. One person expressed their pleasure when staff supported them with their favourite items they collected. This helped the person to be happy and free of anxieties.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. One staff member told us, "It took me a while to get to know [person]. They like (activity) and using [certain] words. I have learned and now know how to respond and keep people safe and minimise any risks."
- Staff worked safely and minimised risks, such as adhering to speech and language therapist's advice for people's consistency of food and thickeners required for drinks to support safe swallowing.

Staffing and recruitment

- A robust process was in place to help ensure there were enough staff who were suitable and safely recruited. Relatives and people were satisfied with the effectiveness of staff's skills and how they knew how and when to support people. One relative said, "[Staff] do encourage my [family member] to be active. They would sit all day without this support."
- Various checks had been undertaken on new staff, including Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The service had enough safely recruited staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. The provider ensured risks assessments were in place for staff including checks for staff who had recently moved to the UK from abroad.
- Checks included previous employment references, photographic identity, proof of a right to work in the UK and evidence of good character. Records viewed confirmed these had been verified. All staff we spoke with told us there was always enough staff with skills matched to people's needs.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Staff received training and support to help ensure they were competent to safely administer medicines, including medicines that required additional checks. One staff member said, "I had to complete several learning sessions, before being observed so that I was competent to administer medicines. For medicines requiring two staff signatures, both staff have to be competent."
- Audits were effective in identifying issues, such as ensuring replenishment of new stocks were obtained, or chased up, in a timely manner. People told us and we saw they had their medicines as prescribed. One staff member said, "[Person] will ask for their medicines. We have clear guidance for as and when medicines."
- Medicines were recorded, audited, stored and disposed of safely in line with the provider's medicines administration policy. Records for each person's prescribed medicines were kept up-to-date and were accurate.

Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider's policies around visiting ensured they supported visiting in line with the latest guidance. Relatives and people's advocates all confirmed visiting was enabled. The service supported visits for people living in the home in line with current guidance.

Learning lessons when things go wrong

- The registered manager supported staff to learn when things went wrong. For example, if people experienced anxieties or emotions they needed help to understand. For example, any unplanned events, such as people's health conditions in the community or incidents in the service.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. One staff member told us, "We always have a debrief after any incidents. We look for trends and any potential learning. For instance, the gender of staff people responded better to."
- The registered manager used a positive approach to improving staff performance. Learning was shared in a variety of ways, such as staff meetings and with staff who worked night shifts for incidents that occurred during this time. One person's care and overall health had improved, as staff's learning of strategies to manage people's anxieties had ensured that the person no longer needed medicines except in specific situations.

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 Requires improvement. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care

- Staff knew people's support needs well and how to respond to their preferences. For example, people's favourite pastime, community activity or exercise whilst supporting people to live a normal life. Some people enjoyed doing jigsaws, others liked games associated with water and some people liked to collect favourite films and other items. This focus on person-centred care helped people live a better life.
- Staff respected each person's individual communication styles and relatives were positive about the support provided. We saw how staff always included people in general conversations about interests people spoke of. We also found how staff had been matched to people's age, gender and preferences, such as arts and craft skills and being able to share a joke and have fun in a respectful way.
- One staff member showed us how they used a person's individual communication style to understand what the person said, such as hot food, a staff member, a magazine or a drink. This meant people's behaviours and emotions had reduced significantly and the need for restraint was no longer required.
- People's care plans, social stories (social stories are a series of pictures and words that support people to communicate their preferences) and communication strategies were in appropriate formats. These gave staff the mechanisms needed to meet people's needs. Staff were knowledgeable about these, including people's oral healthcare and details for supporting people in the community.

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.

- Staff ensured people had access to information in formats they could understand to help ensure people were listened to. There were visual structures, including objects, photographs, use of gestures, symbols, people's individual sign language and other visual cues which helped people know what was likely to happen during the day and who would be supporting them. People lived a better and more fulfilling life because the service focused on them.
- One staff member told us, "If [person] is upset they can sometimes express their anxieties in a [physical way]. To calm them we use various strategies including just using female staff. They calm down quickly and this prevents any escalation or risk of harm. [Person] likes this as they then say sorry. This also helps them understand and promotes a safer and better life."
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. One staff member described

how they used a combination of words, facial expressions, body language, gestures and objects of reference to respond in a way people understood. Our observations showed this meant a lot to people as they were able to undertake tasks and learn living skills because of staff's patience and doing things in achievable steps.

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.

- Staff supported people with a wide and varied range of options for pastimes, hobbies, interests, exercise and independent living skills.
- One staff member told us about people's individual pastimes, hobbies and interests, including arts and crafts, sensory items, baking and gardening, and there was time to do these. The staff member said, "We have had to use body language with trial and error and what people seem to like spending time doing including using an iPad. One person loves the music videos, rocking in motion to the music and lyrics, they are definitely much calmer as a result.
- For another person they had been supported to live more independently in a quiet and accessible room and garden of their own. This had only been possible due to the strategies and planning to ensure people's goals were not limited. Staff described the person's communications as a way of expressing happiness and we heard how happy they were.
- The registered manager was dedicated to ensuring each person lived a life they wanted, whilst enabling the staff team to explore all possibilities. These included, dancing and singing with staff, going for a walk or cycle ride, and using distraction techniques so people had a sense of achievement.

Improving care quality in response to complaints or concerns

- Staff were skilled in enabling people's concerns to be acted on. This was through the use of social stories, electronic devices, and observing behaviours and body language. We observed staff responding positively to people when they appeared unhappy. For people, this meant there were opportunities for daily living skills and activities to help prevent concerns from occurring.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- The provider used compliments to identify what worked well. Relatives praised how well a consistent approach to boundaries, healthy eating and lifestyle choices had led to increased health benefits. One relative had praised staff for being consistent in setting and adhering to boundaries. The relative said staff knew how to recognise any signs of concern and the best way to support their family member.

End of life care and support

- At the time of our inspection no person was in receipt of end of life care. However, on previous occasions the staff team ensured people's end of life wishes were respected. For one person this meant staff had dressed up in outfits of the person's favourite film heroes.
- Staff had received training in end of life care. The registered manager told us how they responded to decisions about stopping treatment and preparing staff for end of life care including involvement of health professionals, such as a GP to make people as comfortable as possible.
- The registered manager ensured people's end of life care needs had been determined, such as best interest decisions for people and involving relatives and advocates should any person suddenly become unwell. One staff member told us their end of life care skills could be called upon when and if needed.

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 Requires improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 ensured effective oversight, leadership and sought to continuously improve the service. They understood and implemented their responsibilities under the Duty of Candour. Concerns, incidents and accidents were reported to the Care Quality Commission and other organisations. Staff gave honest information and suitable support, and applied duty of candour where appropriate.
- The registered manager said, "One of the key achievements has been for [person]. We used to have many safeguarding incidents and this was affecting other people. We created a separate garden area, living room, bedroom and kitchen for them. Their whole wellbeing has improved. It is the first time ever they have lived in one place for more than six months. Their quality of life is significantly better, more settled, learning skills and being able to just be themselves."
- Staff were supported in their roles with training based on best practise, supervision, coaching and being mentored by experienced staff. One staff member said, "I have had specific training around non-physical interventions. The face to face training and role play made it interesting and it works. Each person has (care plan) to support them achieve their goals. All staff knowing people well helps as a team to keep people safe."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A range of procedures and systems were in place for people, relatives and staff to feedback and influence how the service is run. People told us or communicated how well their views were acted on including speaking with people, observing staff's quality of care and support, and also formal meetings. The registered manager had responded positively in a return to a more normal life following the recent pandemic. This had been of benefit for people in identifying which strategies worked best, as staff had had time to focus on success.
- Information and any learning was shared with staff through handover meetings and support from the management team. One staff member said, "I feel supported, we have a really good team. [Registered] manager cares for everyone. He never brushes things off, he sits down and talks with you. He gives you the time you need."
- The registered manager told us how they ensured every staff member knew how to communicate well with people, so people were listened to. We saw how one staff member had helped a person go shopping for a new watch battery and some new DVDs. This was what the person wanted and they were over the moon

being able to live more healthily doing exercise and also being able to relax.

- Staff told us the management team encouraged and supported them to always put people first and foremost and provide the best possible care.

Continuous learning and improving care

- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. These processes included audits, of care plans, medicines and staff care practises. This helped inform the most appropriate course of action.
- The registered manager undertook reviews of records including safeguarding incidents. Analysis of information from audits and records was undertaken. This enabled the provider to make improvements to help prevent recurrences.
- People, relatives and staff found the management team approachable and open to suggestions to improve the quality of service provision. One person spoke highly of the registered manager responding to their concerns and another of a staff member they had a good bond and rapport with.
- The registered manager acted promptly about improvements when needed. For instance, by ensuring people were safeguarded when incidents occurred and improvements to the environment. They said, "I do lots of different checks. I cross reference if anyone had an incident or accident. We can share learning through a (messaging App) staff group. We respect confidentiality and ensure it is professional."

Working in partnership with others

- The service worked well in partnership with advocacy organisations, other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing. A proactive approach helped ensure better outcomes.
- The provider worked with behavioural support specialists, health professionals and safeguarding teams. Where incidents occurred, effective joined up working helped ensure people were supported by the most appropriate organisation.
- The registered manager told us the involvement of an external professional had enabled people to improve their health, wellbeing and quality of life. This was a positive and common theme from all those we spoke with. A behavioural therapist had fed back positively to the provider of how well the registered manager and staff team worked well with others during people's transition to the service.