Yew House Limited

Yew Tree Cottage Domiciliary Care

Inspection report

65 Beechwood Avenue, Bottisham,
Cambridgeshire, CB25 9BG
Tel: 01223 812999
Website: not available

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Yew Tree Cottage Domiciliary Care is an agency that provides care to people who have learning disabilities who live in their own homes. At the time of our inspection care was provided to three people who lived together in one house, and a fourth person who lived in a flat in the grounds of the house.

The service had a registered manager in place. 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.

During our previous inspection which took place on 25 July 2013 we found the provider was meeting all the standards that we assessed.

This unannounced inspection took place on 14 July 2015.

Summary of findings

Staff were only employed after the provider carried out satisfactory pre-employment checks. Staff were trained and well supported by the registered manager. There were sufficient staff to meet people's assessed needs. Systems were in place to ensure people's safety was effectively managed. Staff were aware of the procedures for reporting concerns and of how to protect people from harm.

People's health and care needs were effectively met. People were supported to have a balanced diet. People received their prescribed medicines appropriately and medicines were administered in a safe way.

The CQC monitors the operations of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. We found people's rights to make decisions about their care were respected. However, where people did not have the mental capacity to make decisions, processes were not in place to protect people from unlawful restriction and unlawful decision making.

People received care and support from staff who respected people's views and were kind, caring and respectful. Staff respected people's privacy and dignity. People and their relatives were encouraged to express their views on the service and to provide feedback on the service in various ways both formally and informally.

People, and their relatives, were involved in their care assessments and reviews. Care records were detailed and provided staff with sufficient guidance to provide consistent care to each person that met their needs. Changes to people's care was kept under review to ensure the change was effective. Staff supported and encouraged people to develop and maintain hobbies, interests and relationships.

People and their relatives confirmed that the service was well run and that staff were approachable. People's views were listened to and acted on.

We found a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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.

There were systems in place to ensure people's safety was managed effectively.

People receiving a service were kept safe from harm because staff were aware of the actions to take to report their concerns. People were supported to manage their prescribed medicines safely.

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

Good

Is the service effective?
The service was not always effective.

People's rights to make decisions about their care were respected. However, where people did not have the mental capacity to make decisions, processes were not in place to protect people from unlawful restriction and unlawful decision making.

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

People's health needs were effectively met.

Requires improvement

Is the service caring?
The service was caring.

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

People and their relatives had opportunities to comment on the service provided and be involved in the care planning process.

Staff were respectful of people's religious and cultural values and beliefs.

Good

Is the service responsive?
The service was responsive.

People were supported to develop and maintain hobbies, interests and relationships.

People's views were listened to and acted on. People, and their relatives, were involved in their care assessments and reviews.

People's care records were detailed and provided staff with sufficient guidance to provide consistent care to each person.

Good

Summary of findings

Is the service well-led?

Good

The service was well led.

The service was well run and feedback on the service was encouraged in various ways.

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

The registered manager looked to develop the service and had plans in place for development over the next 12 months.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 14 July 2015 and was undertaken by one inspector. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office providing care. We needed to be sure they would be present for our inspection.

Before our inspection we looked at all the information we held about the service. This included the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We also received survey responses from two people who use the service, two of their relatives or friends and one community social care professional.

We looked at other information that we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about.

During our inspection we spoke with four people and two people's relatives. We also spoke with the registered manager, one senior support worker and two support workers. During our visit with people we observed how the staff interacted with the people they provided care to.

We looked at two people's care records, staff training records and two staff recruitment records. We also looked at records relating to the management of the service including audits, meeting minutes and records relating to compliments and complaints.

Good

Is the service safe?

Our findings

The people we spoke with said that they felt safe with staff and did not have any concerns about the way staff treated them. When we asked one person if they felt safe they said, "Yes. I tell [the staff] everything that goes on." One relative told us, "I never worry about [my family member] as I know [my family member] is in safe care."

Staff told us they had received safeguarding training and refresher training within the last 12 months. Records verified this. Staff had easy access to information about reporting abuse. They showed a good understanding and knowledge of how to recognise, report and escalate any concerns to protect people from harm. This showed us that the provider took steps to ensure that people were kept as safe as practicable.

Care and other records showed that risk assessments were carried out to reduce the risk of harm occurring to people, whist still promoting their independence. These included risks such as using a cooker, bathing, the environment and being left alone.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. The registered manager audited accident and incident reports and identified where action was required to reduce the risk of recurrences. For example, in order to reduce a person's anxiety a clear routine had been instigated when one person's relative left them after a visit.

Staff considered ways of planning for emergencies. Each person had a recently reviewed evacuation plan within their care plans. Records showed that staff had discussed people's personal emergency evacuation plan with them to help them understand what to do in an emergency. Each had been individualised to meet each person's needs. For example, one said that the person "has no sense of urgency" and explained how the staff helped this person to stay safe. This helped to ensure that appropriate support would be given in the event of an emergency.

People and their relatives made positive comments about the staff who provided care. One person who used the service said, "The staff are great. They're nice." Another person's relative told us that the registered manager "does a good job of picking the staff."

The staff we spoke with told us that the required checks were carried out before they started working with people. Records verified that this was the case. The checks included evidence of prospective staff member's experience and good character. This showed that there was a system in place to make sure that staff were only employed once the provider was satisfied they were safe and suitable to work with people who used the service.

The staff team had sufficient knowledge, skills and experience. The registered manager told us the agency was fully staffed. The rota showed that the registered manager worked one shift each week providing direct care to people. In addition they were available to cover any planned or short notice absence. Some people were allocated some time to work individually with a member of staff. We saw the service was flexible about how this time was allocated. For example, one person's relative arranged to visit them on a day they had planned to have one to one time with staff. In order to enable the person to meet with their relative, the service rearranged the staff member's work pattern so they could accommodate the one to one time on another occasion. Annual reviews were held with the service's commissioners. The amount of staff support for each person was monitored as part of that review to ensure it met the person's needs. This showed there were sufficient staff to meet people's assessed needs and keep them safe.

People were safely supported with their medicines. Where possible, people were supported to administer their own medicines. People and staff described systems that were in place to ensure this was done safely. One person told us, "The staff check to see if I'm doing it alright." Where staff administered people's medicines they and their relatives told us they always received their medicines on time. When we asked one relative about this they told us, "Yes, [my family member] does get [their medicines] at certain times." They went on to describe how this was part of the person's, now established, routine.

Staff told us that senior staff had trained them to administer medicines and assessed their competency to do this. Appropriate arrangements were in place to assess the risk of people administering their own medicines, for the storage, and recording, of medicines received and administered. Checks of medicines and the associated records were made to help identify and resolve any discrepancies promptly.

Requires improvement

Is the service effective?

Our findings

We found that people may not be protected from unlawful restriction and unlawful decision making processes. The provider had procedures in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). However, although staff told us they had received training in this, their knowledge varied. In addition, the registered manager had not been aware of a ruling by the Supreme Court in March 2014 which may affect people using the service. Staff told us that they felt it was not safe for two people to leave their home without staff supervision and that they would intervene if the people attempted to do so. Although this was recorded in risk assessments, no mental capacity assessments had been carried out in relation to this. In addition, the staff had not suggested to the commissioners of the service that an application may be needed to the court of protection to lawfully deprive these people of their liberty.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, relatives and professionals made positive comments about the staff and the care provided. One relative told us, "I have always found that the care given … has been of a very good standard." People and relatives felt that their and their family member's care needs were met and that the staff were competent. Staff members were knowledgeable about people's individual needs and preferences and how to meet these. They told us that they had received sufficient training suitable for their roles. One member of staff told us, "I enjoy working here. Staff really care about the people." They told us their induction had lasted six weeks during which time they received training and worked with experienced workers. They told us, "It was really good. In the six weeks I got to see everything."

Staff members told us they had a received a variety of training including, moving and handling, safeguarding and food hygiene. Records showed that staff regularly received refresher training to ensure they kept up to date with current knowledge All staff working for this service had vocational qualifications. Two staff had achieved National Vocational Qualification (NVQ) level three in health and social care, and the remaining staff had achieved level two. This meant that staff were trained to meet the needs of the people they provided care to.

Staff members told us they enjoyed their work and were well supported. They said they attended staff meetings and received supervision and annual appraisals. Records showed this to be the case. One member of staff told us that their supervisor "asks how we feel about things here and asks how I am. I have a chance to raise things [with them]."

People told us that staff supported them to eat healthily and were aware of their dietary preferences. Staff assisted people to devise menus, shop for food, manage the stock of food so that it was eaten within the 'eat by' date and to cook their meals. Staff ate meals with the people they supported to promote social interactions at mealtimes.

People and their relatives told us that people's health care needs were met. One person described how staff supported them to make an appointment with their dentist and GP. Another person's relative told us that staff, "soon take [my family member to the GP] if they think there is anything medically wrong."

We saw that health passports were in place. Health passports provide information to health professionals and services such as hospitals so that they can provide the appropriate support to people. Records confirmed that people were supported to access the services of a range of healthcare professionals, such as the GP, optician, chiropodist and psychiatrist. Staff made referrals to the healthcare professionals that were appropriate to each person's needs. One healthcare professional commented "insightful and incredibly useful" when they were treating the person. This meant that people were supported to ensure their healthcare needs were effectively met.

Good

Is the service caring?

Our findings

People and their relatives praised the staff. One person said, "Staff they listen to me so much." The person told us that staff made sure they understood what they were telling them. They said, "[The staff] ask me to explain [what I mean]." Another person said, "The staff treat me great respect." A relative told us about the "good relationship" that had been built between the staff, their family member and them. They told us the service was "family orientated" and that it felt like their family member was "part of a new family." The said the staff, "look out for" the people who received a service. Another relative said "[The staff] are very caring and understanding. They've been very supportive in difficult circumstances."

A healthcare professional also provided positive comments about the caring nature of the staff. They said, "[The staff] show a great deal of care for the client I work with, are attuned to [the person's] needs and give [the person] the time and attention that [the person] requires."

During our visits to people in their own homes we saw pleasant and friendly interactions between staff and the people receiving care. Staff were polite and addressed people using their preferred name. Staff showed patience and were encouraging when supporting people. They spoke calmly to people and did not rush them.

People told us that the staff understood them and encouraged them to be as independent as possible. One person told us, "Staff have trained me to be independent, cooking and things." They went on to tell us that staff had arranged a dental appointment which they had attended on their own, but that they had arranged their own GP appointment. A relative said the staff "treat them as adults helping to make informed choices and decisions."

Staff told us about the importance of involving people to make every day and informed decisions. One staff member said, "We don't tell [people] what to wear. They choose." The people we spoke with verified this. One person told us, "Staff help me write ideas down but I choose what to do." Care plans also reflected this. For example, one person's care plan reflected that the person liked to stay up late but that they needed reminding that on week days they should go to bed before 10pm so they "felt good in the morning." Care records showed that staff had discussed people's end of life wishes with them and involved their family where appropriate. Consideration had been given to whether the person wanted any friends or relatives with them if they were very ill and if they had any wishes about the content of a service to be held after their death. These had been prepared in an "easy read" format that helped people to understand the topics that had been discussed. The registered manager told us they had not had the need to refer anyone for advocacy, but they knew how to do this if the need arose.

Staff were aware of people's religious and cultural values and beliefs. This information had been incorporated into people's care plans and was taken into consideration when care was delivered. Care plans were written in the first person and clearly showed that the person they related to had been involved in their preparation and review. They contained information about each person's preferences, for example "I enjoy a glass of beer or a glass of wine." And "I don't like holidays anymore."

Staff told us that they treated people as they would like a family member to be treated. One staff member told us that they would be happy for their family member to be supported by staff from this service.

We saw examples of staff respecting people's privacy and dignity. Staff members knocked on people's front doors and bedroom doors and waited for a response before entering. We asked people if this was always the case and they told us it was. One person said, "Yes, they don't just burst in." We saw that care records encouraged this, for example, "[person] likes staff to knock on the door and enter when [person] tells them."

People's relatives told us that staff always treated people with respect. One relative said, "[Staff] always treat [my family member] with great respect from what I've seen." Another relative said, "[Staff] respect [my family member] so much."

Good

Is the service responsive?

Our findings

People, and or their family members, said that staff met people's care needs. One person told us, "[Staff] have all been looking after me well." A relative said "I am so happy with the way [my family member]…has been looked after."

People's care records were detailed and included clear guidance for staff to follow so they could provide care safely and in the way the people preferred. Examples included guidance on assisting people with their personal hygiene, communication and maintaining family contact. This helped staff provide individualised care based on the things that were important to each person. People told us, and records verified, that staff involved people and, where appropriate, their relatives in writing and reviewing their care plans.

The care plans contained information about people strengths, what support they needed and their likes and dislikes. The care plans provided sufficient detail so that staff could provide consistent care. For example, one person's care plan described situations that sometimes made the person anxious. It described the behaviours the person exhibited when they were becoming anxious and provided clear directions for staff about how to respond to the person to help reduce their anxiety. The staff were aware of this information which meant the person's anxiety levels were kept to a minimum. The support plans and risk assessments were up to date and kept under review.

Staff wrote daily notes to describe how each person had spent their day and the care they had been offered. The notes gave a picture of how each person was feeling and what they had done each day.

Staff supported and encouraged people to develop and maintain hobbies, interests and relationships. For example, one relative told us how staff supported their family member to telephone them regularly. Each person's care record detailed regular groups or activities that they attended. For example, the local college and various clubs. People were also supported with interests in their home. For example, one person was supported to care for a pet. Another person was interested in music and was supported to download music onto their phone and go to concerts. People told us they had enjoyed a holiday to a holiday camp in England last year and that staff were supporting them to organise a holiday abroad this winter.

People and their relatives told us that they knew who to speak to if they had any concerns. They said that staff listened to them and dealt with any concerns they had. One person told us, "I'd talk to staff or my family." Another person said, "If I've got worries I can ring [the registered manager] anytime." A relative told us, "The staff are always ready to listen to any problems I have and deal with them in a professional way."

People were provided with information about who to contact if they were not happy with the service. For example, people showed us they had a "service user guide" which contained this information. The registered manager told us that two complaints had been received in the last 12 months. These had been investigated and the registered manager had taken appropriate action.

Good

Is the service well-led?

Our findings

People and their relatives were all very complimentary about the service, the staff and the way the service was run. One relative told us they thought the service was "fantastic" and that they felt "very lucky to have found [the service]." Another relative described the service as "amazing." A care manager told us, "[The service is] professional, caring and responsive. [It is] a well-managed service."

A registered manager was in post. They told us they had a level four national vocational qualification (NVQ) in leadership and management and were planning to start the level five course shortly. They were supported by a team of support workers. Staff were clear about the reporting structure in the service. From discussion and observations we found the registered manager and staff had a very good knowledge and understanding of the care needs and preferences of the people supported by this service.

The registered manager monitored the quality of people's care and the service provided in various ways. They had frequent contact with the people who used the service because they worked with them at least once a week. They also covered short notice staff absence. People's and relative's views were sought more formally, through surveys, each year. The results of the last survey were very positive.

Regular meetings were held with the people to gain their feedback about the service they received and how improvements could be made. The last meeting was held the week before our inspection and various topics were discussed included menus, and supporting one person to care for their pet and another to manage their food so items did not go out of date. Regular staff meetings were also held. Minutes showed these were used to cascade information and discuss any issues that arose.

The registered manager carried out various audits to check the quality of the service. These included weekly audits of people's medicines, checks of electrical equipment and the service's vehicle. Monthly checks were carried out of people's finances, accident and incident reports and food hygiene. The registered manager carried out annual audits of policies and procedures and formal reviews of people's care. This showed that the registered manager actively sought feedback about the service and mad e changes to improve the quality of care provided.

All the staff we spoke with were familiar with the procedures available to report any concerns within the service's organisation. They all told us that they felt confident about reporting any concerns or poor practice to their manager. They all said they felt able to question practice, both formally through staff meetings and supervisions, or more informally. Staff told us they felt well supported by their manager. They told us that they received regular formal supervision. In addition, they said that senior staff were always available by telephone. One staff member told us, "[The managers] always respond straight away. You can pick up the phone and they are always there." Another said, "It's a good company to work for and there's a really good staff team."

There were strong links with the local community as people attended college courses, used local shops and health centres, and participated in social and leisure activities such as swimming and going to the pub.

Records were maintained as required and kept securely when necessary. Records we held about the service, and looked at during our inspection, showed that the provider had not sent all required notifications to the Care Quality Commission (CQC). A notification is information about important events that the provider is required by law to notify us about. However, the provider had subsequently notified us of relevant events.

The registered manager explained the various improvements they planned to make over the next 12 months. These included developing easy read care plans that were more accessible to the people who used the service, and further staff training in the Mental Capacity Act 2005. This showed the registered manager continually sought to improve the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Consent Where people did not have the mental capacity to make decisions, processes were not in place to protect people from unlawful restriction and unlawful decision making. Regulation 11.