

Ambridge Estates Limited

Yew Tree Cottage Residential Home

Inspection report

Yew Tree Cottage Residential Home
Hornsbury Hill
Chard
Somerset
TA20 3DB

Tel: 0146064735

Website: www.ambridgeestates.co.uk

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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

Yew Tree Cottage Residential Home is registered to provide care and accommodation for up to five people. The service specialises in the care of older people. At the time of this inspection, there were five people living at the service.

At the last inspection the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good:

People remained safe at the service. People told us there were sufficient staff on duty to meet their needs and to spend time socialising with them. Recruitment procedures were safe. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People received their medicines safely and as prescribed.

People continued to receive effective care. Staff received training to ensure they had the skills and knowledge required to effectively support people. People's healthcare needs were monitored by staff. People said they had access to healthcare professionals when needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People received support to eat and drink sufficient amounts.

The service continued to provide a caring service to people. People told us, and we made observations, that staff were kind and patient. People and staff referred to the service as being like an "Extended family" and spoke positively about all aspects of the service. People said they were involved in decisions about the care and support they received.

The service remained responsive to people's individual needs. Care and support was personalised to each person which ensured they were able to make choices about their day to day lives. Staff understood the needs and personal histories of the people they supported to aid in delivering person centred care.

The service continued to be well led. People and staff told us the management within the service were open and approachable. The registered manager was actively involved in giving care and support to people. There were systems that monitored the health, safety and welfare of people at the service.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Yew Tree Cottage Residential Home

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 was a comprehensive inspection.

Before the inspection, we looked at the information we held about the service. At our last inspection of the service in January 2016 we did not identify any concerns with the care provided to people.

During this inspection, we spoke with four people who lived in the service and one person's relative. We also spoke with three members of staff. The registered manager was available throughout the inspection. We also spent time observing care and support practices in communal areas of the service.

We looked at a number of records relating to individual care and the management of the service. These included two care and support plans, staff files and records relating to medication administration and the quality monitoring of the service.

Is the service safe?

Our findings

The service was safe. People said they felt safe and happy. One person we spoke with commented, "I'm happy, it's like home from home. You can do what you like here – it's like a family and quite social."

The provider had policies and procedures in place for safeguarding vulnerable adults. The new policies within the service had all been produced just prior to our inspection. The policies contained guidance on what staff should do in response to any concerns identified. Staff received training in safeguarding vulnerable adults and told us they would raise concerns with the management in the service or contact external agencies if needed.

Individual risk assessments identified potential risks to people and gave guidance to staff on how to support people safely. Assessments included risks such as falls, nutrition, manual handling and skin breakdown. Risk assessments detailed how to reduce identified risks and also promoted people's independence by detailing what they could do for themselves and where support from staff was required.

The service followed appropriate recruitment process before new staff began employment. Staff files showed photographic identification, employment or character references, employment history and a Disclosure and Barring Service (DBS) check. A DBS check helps employers to make safer recruitment decisions. People barred from working with certain groups of people, such as vulnerable adults, are identified during these checks.

The registered manager had a system to audit reported incidents or accidents. People in the service were independent with mobility and only a small number of falls and incidents had occurred since our last inspection.

Staff told us that staffing levels were safe and enabled them to be responsive to people's needs. People we spoke with told us there was always a staff member available to support them if required. We observed that staff had time to sit and talk with people, or spend time with people writing letters for them or to complete a crossword together.

We reviewed records which showed that regular checking and testing of equipment and the environment had been conducted. This ensured equipment was maintained and safe for the intended purpose. Fire alarms and associated equipment was regularly tested.

People received their medicines safely. There were systems in place to audit medication practices and clear records were kept to show when medicines had been administered. The service had recently been audited in February 2017 by the dispensing pharmacy. The pharmacist's audit did not raise any significant areas of concern.

Is the service effective?

Our findings

The service continued to provide effective care and support to people. Throughout the inspection we found staff had the skills required to effectively support people. People at the service required minimal support from staff. One person told us, "The staff have been here a long time, they know what they are doing." Another person said, "The girls always look after you, if I can't do it they will help."

Records showed staff received the training they required to keep people safe and to meet people's individual needs. Staff received training via an external training provider in topics such as administering medicines, safeguarding, food hygiene, infection control and first aid. Staff we spoke with all told us they felt they received sufficient training and could meet people's needs effectively. There was an internal induction and one member of staff was completing the Care Certificate. This is an identified set of induction standards that health and social care workers should adhere to when performing their roles. The registered manager completed supervision with staff to observe and discuss care practice.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA). 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. People at the service had capacity and made decisions for themselves or with their family if support was needed. No person at the service was subject to Deprivation of Liberty Safeguards (DoLS) and was being lawfully deprived of their liberty.

People had access to health professionals according to their individual needs. People told us staff arranged for them to see relevant professionals when they required it. All of the people we spoke with commented on how staff at the service arranged for their GP to see them if requested, or if staff thought there may be a need. People were also supported by chiropodists, the district nursing team and dental professionals when required.

People had their nutritional needs assessed and monitored. People told us they chose their daily meals at the service between them and were always involved in what they ate. We received positive feedback on the standard of the food. Everyone told us they ate well and joked how they were never hungry. All of the people we spoke with requested their breakfast in bed and this was done by the staff. People were offered drinks by staff throughout the day and people told us staff always ensured they had access to a drink.

Is the service caring?

Our findings

The service continued to provide a caring service to people. Interactions we observed between people and staff were kind and caring and demonstrated that staff knew people very well. People told us staff were always kind and respectful. During our conversations with people, all of the comments we received were positive. People expressed they were very happy at the service. One person, when asked about their relationship with staff told us, "We get on well, they are all very kind and lovely." Another person said, "They are a happy crew. Always willing to help when needed."

We observed that staff had good relationships with people and knew people well. Staff spoke with people in a friendly and caring manner. Staff spent time with people engaging them in different ways. For example, staff spent time speaking with people about current affairs which people said they enjoyed. Some people enjoyed crosswords and staff spent time doing this with them, knowing their preferred time of day to do this. One person told us how staff always helped them write letters to friends, which we observed being done during the inspection.

People's privacy was respected. We observed that people's daily choices were respected by staff. People explained how they had their own preferred routines during the morning and afternoons and that staff understood and respected these. When we spoke with staff, the information they gave us about how people spent their day reflected that which we received from people. This showed staff understood people living at the service well.

Family and friends could visit whenever they wished. People told us their visitors were always welcomed. All of the people we spoke with told us how their visitors could visit at any time and were always made to feel at home with drinks and biscuits. People's visitors or relatives were always welcomed at the service for lunch. One person's relative said, "I can pop in whenever I want, I am very happy with Mum's care."

The provider encouraged people or their relatives to use a national website to give feedback on the service. There were four reviews since our last inspection, all of which were positive. A comment from one review read, "Friendly and helpful staff and warm, relaxing country home atmosphere made the move so much easier for my friend. She feels safe and secure in their hands and this has led to a great improvement in her overall health and disposition."

At our last inspection, the registered manager explained the service was working towards the Gold Standard Framework for end of life care. The Gold Standards Framework (GSF) is a nationally recognised framework to improve palliative care for people nearing the end of their life. The service had finished the required elements to achieve the accreditation and was in the process of submitting it to the GSF for review. We saw that the GSF records had been implemented into people's care records and detailed their advanced preferences for end of life care.

Is the service responsive?

Our findings

The service continued to be responsive. People received care and support which was responsive to their needs and respected their individuality. People told us that the staff at the service met their needs and they were happy with the care and support they received. One person said, "I've brought things from home. They've helped me. I came to realise I couldn't manage alone." Another person commented, "There's nothing we need. We are well looked after here."

Care plans we read were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. In addition to care plans that detailed the support people needed, there were sections in people's records entitled, 'My life so far' that showed people's life history. Care records also showed information that was personalised and important to people. For example, it showed information about how people liked to be supported and what foods and drinks they liked. Staff had a good knowledge about each person and were able to tell us about people's likes and dislikes.

We saw that where required, the service was responsive to people's needs and followed directions given by healthcare professionals. For example, one person required their blood pressure and pulse observations to be taken prior to receiving a certain medicine. Supporting records showed this had been completed as required to meet the person's needs. Staff were observed being responsive to people during the inspection, for example we saw people received the support they needed when a call bell was pressed.

Support plans were reviewed regularly or if people's care and support needs changed. Reviews included ensuring risk assessments were current and accurate and that personalised information was correct. People told us they were involved in reviews and no concerns were raised about how care and support was provided to people. We saw that people's relatives were also invited to be a part of the care reviews when they took place.

We discussed with people how they spent their day. People told us they were very happy with things. If they wished people could be involved in artwork, drawing or painting. People also undertook activities personal to them such as knitting. People told us they preferred following their own routines, and that they enjoyed spending time socialising and speaking with staff and other people. The service benefitted to having two lounges, with one having a television and the other being used to sit and socialise. Throughout the inspection, people were observed socialising in the quiet lounge area or in the garden of the service.

The provider had a complaints procedure available to people. We reviewed the complaints policy that had just been reviewed. There service had not received any complaints since our last inspection. We spoke with people about raising concerns at the service. All of the people we spoke with said they would feel comfortable in raising anything with the registered manager or staff but hadn't currently needed to.

Is the service well-led?

Our findings

The service continued to be well led. There was a registered manager in post. 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.

People were positive when they spoke of the management of the service and told us the registered manager was very open and approachable. It was evident the registered manager was actively involved in people's care and support and people knew them well. One person said, "[Registered manager's name] is very good. If you ask or need anything it's done." Another person said the registered manager was, "Always willing to help when needed."

Staff spoke positively about their employment and the leadership at the service. Staff told us they received support through supervision and training. Staff also told us they received support from the registered manager and all said they were happy in their employment. One staff member said, "I'm very happy here, they are really good to work for." Another commented, "They are good to work for. It's a bit like an extended family, we want people here to have the best time they can."

Information was communicated effectively to staff through a variety of systems. For example, through a verbal handover at the commencing of a shift and by using a communication book. A daily list of allocated tasks ensured that staff maintained and checked different areas of the service. Staff meetings were held periodically, however due to the service and staff team being small the registered manager told us that communication was frequent. Staff confirmed this was the case and said communication was good.

There were effective governance arrangements in place. We saw that care records were reviewed monthly to monitor the health, safety and welfare of people. There were systems to audit medication. A six monthly audit was completed by a Director. This included a review of any maintenance required at the service, a review of records including personnel files together with care records and staff training completion.

The registered manager understood the legal obligations in relation to submitting notifications to the Care Quality Commission and under what circumstances these were necessary. A notification is information about important events which affect people or the home. We saw that where required, notifications had been received.