

Chosen Care Limited

Yew Tree House

Inspection report

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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 

Overall summary

This inspection took place on 22 May 2015 and was unannounced. Yew Tree House provides accommodation and personal care for up to nine people with a learning disability or autistic spectrum disorder. There were nine people living at the home at the time of our inspection. The home comprises of nine bedrooms and a communal lounge and dining room with a secured back garden.

A registered manager was in place as required by their conditions of registration. 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 and associated Regulations about how the service is run.

People were cared for by staff who had been trained and supported to work with people with complex physical and emotional needs. Staff were caring and compassionate towards people and were able to adapt their approach to communicate with people who had communication difficulties. The care and support provided by staff was focused around people's individual needs. People's care records provided staff with guidance

Summary of findings

about their independence levels, achievements and goals as well as the support they required with day to day activities. People's privacy, dignity and decisions were respected and valued by staff.

Some people helped to plan and prepare the meals. They told us they enjoyed the meals and snacks provided. There were individual and group activities provided in the home and also in the community. The home had good links with the local community. People's medicines were ordered, stored and administered in a timely and appropriate manner. When required, people were referred to specialist health care services. The home maintained good links with the local GP surgery.

Staff were appropriately recruited and trained to carry out their role. There were sufficient staff available to meet

people's needs. The staffing levels were flexible to allow some people to have individual support if they became unwell. Staff had received regular formal and informal support and were supported with their personal development.

The registered manager kept up to date with local and nationally recognised practices and legislation. The home had piloted new systems which helped to monitor people's well-being. All complaints and concerns were acted on immediately. Any incidents or poor practices were reported, investigated and actions had been put in place to help eliminate it occurring again. Monitoring systems were in place to ensure the service was operating effectively and safely.

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?

This service was safe.

Staff had been effectively recruited and trained to carry out their role. Staffing levels were suitable and flexible to meet the needs of the people who stayed in the home.

Staff were knowledgeable about their role and responsibilities to protect people from harm and abuse. Staff were proactive to support people and reduce individual risks

People's finances and medicines were managed, regularly checked and stored safely.

Good



Is the service effective?

This service was effective.

Staff were trained to support people who had complex needs. Staff understood the importance in providing choice to people and acting in their best interests. Some people were continuously supported but in the least restrictive way.

People's health and emotional needs had been assessed, recorded and regularly reviewed. There were good links with the local GP. People were supported to access health care services when needed. People's dietary needs and preferences were planned and catered for.

Good



Is the service caring?

The service was caring.

People were relaxed and calm around staff. Staff adapted the approach and used different methods to communicate with people.

People and their relatives were positive about the care they received.

People's privacy, dignity and decisions were respected and valued by staff. They were encouraged to express their choices and preferences about their daily activities.

Good



Is the service responsive?

This service was responsive.

People received care which was centred on their needs and preferences. Staff knew people well and were able to offer a choice of activities in the home and the community. Staff monitored people to ensure their needs were being met and to detect if they were unhappy about the support they received.

Relatives were able to raise concerns openly with staff and were listened to and acted on.

Good



Is the service well-led?

This service was well-led.

Quality assurance systems were in place to monitor the quality of care and safety of the home. Systems were in place to report and review any significant incidents to the relevant authorities.

Good



Summary of findings

The registered manager kept up to date with local and national changes relating to health and social care. There were good links with the local community and the GP surgery.

Staff demonstrated good care practices and the core values of the organisation.

Yew Tree House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 May 2015 and was unannounced. The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, we examined other information that we held about the provider including previous inspection reports and statutory notifications. Statutory notifications are information which the provider is required to send us about significant events and incidents.

On the day of our inspection, the registered manager was able to provide us with their own document which identified some key information about the service including what the service does well and improvements they plan to make.

We looked around the home and talked with three members of staff and the registered manager. We spoke with three people; most people were unable to talk with us due to their complex needs. However, we sat with people during the day and observed how staff interacted with them. We looked at the care records of four people and records which related to staffing including their recruitment procedures and the training and development of staff. We inspected the most recent records relating to the management of the home including quality assurance reports.

After the inspection we spoke with two relatives by telephone and one health and social care professional.

Is the service safe?

Our findings

People who lived at Yew Tree House were safe because processes and systems were in place to protect them. The registered manager and staff understood their responsibility in protecting people from harm and recognising signs of abuse. Staff were knowledgeable about people who were at risk of being abused and told us the actions they would take if they suspected a person was being harmed. People who were able to express their feelings told us they felt safe living at the home. One person was positive about the home and went on to say “Staff look after me, staff are friendly.” Another person said, “I like it here. I feel safe.” Relatives also confirmed this, as we received comments such as, “I have no concerns about the home.” and “Staff are good at Yew Tree. I would know by his behaviour if he was not happy there.” People’s finances were being managed safely. A system was in place to ensure there was a record trail for each person’s income, expenditures and savings. The balance of people’s money was checked daily and was frequently audited by the registered manager.

Safeguarding policies and procedures were in place to give staff guidance and direction. An easy read and pictorial safeguarding policy was also displayed. The registered manager had responded appropriately to a recent safeguarding incident. Referrals to the appropriate safeguarding authorities had been made. The person involved in this incident had been given additional support to help reduce the risk of the incident occurring again which was reflected in their care records.

People’s individual risks had been assessed and where possible discussed with them. Risk assessments provided staff with instructions on how to support people safely to ensure they were protected. For example, guidance was given to staff about the triggers which may cause somebody to become upset or frustrated. Strategies were in place to help to de-escalate and support people if they became upset. If incidents had occurred, staff were encouraged to discuss the situation and reflect on their practices and how it could have been better managed. Some people were provided with individual support to

help reassure them and monitor their well-being when their health had deteriorated. People’s risk assessments were reviewed regularly to ensure people’s needs and risks were effectively being managed.

People were supported by staff who had been checked by safe recruitment systems to ensure they were suitable to work with people with complex needs. Employment and criminal checks had been carried out on all new staff. References had been sought from previous health care employers to ensure they were suitable for the position. Disciplinary records showed that recommendations had been made and completed when staff’s conduct had fallen short of expected behaviours.

There were suitable numbers of staff to support people with their physical, emotional and recreational needs during our inspection. Staffing levels were planned around people’s needs. For example, some people went out with staff and others were supported in the home with activities. Increased staff had been provided as one person needed additional support as they had recently become unwell. Any unplanned short falls in the staff levels were appropriately managed so people were supported by familiar members of staff. Staff were supported by senior staff and the registered manager if there were any out of hours emergencies. Relatives told us they felt there were enough staff to meet people’s care and activities needs such as trips to visit their family home. One relative said “They make staff available to support me if he wants to come home to see me.”

People were given their medicines as prescribed to them. People’s medicines were ordered and managed by senior staff who had been trained in administering and managing medicines. Staff were observed and their knowledge of managing people’s medicines was robustly assessed before they were approved by the registered manager to administer people’s medicines. Medicines were stored securely in line with guidance. Records and protocols were in place to give staff guidance on when people should be administered over the counter medicines for minor ailments or medicines which were only needed when required. A best interest decision had been made for one person with their GP to receive their medicines hidden in food.

Is the service effective?

Our findings

People were cared for by staff who had been supported and trained in their role. Staff carried out training considered as mandatory by the provider, such as safeguarding people and health and safety training. Systems were in place to monitor when staff required training updates in these subjects. Some staff had attended additional training to support their role. Others had been encouraged to undertake additional national qualifications in health and social care. Staff were positive about the support they received from the team and the registered manager. Records showed they were regularly supported and mentored to carry out their role. They were encouraged to give and receive feedback about their conduct and quality of care which they delivered. In addition they also received annual appraisals to reflect on their practices and personal development.

New staff were given a period of time to shadow an experienced member of staff and get to know people who lived in the home. They carried out an induction course and were supported and mentored for a period of time depending on their previous health and social care experience. Their level of competency and understanding of people's needs were checked before they started to care for people. A new member of staff said "The staff here have been wonderful, really supportive. I love working here."

Staff received regular support meeting during their probation period. The registered manager was aware of the new care certificate which would help them to monitor the competencies of staff against expected standards of care. A plan was in place to ensure that all staff would be assessed and competent in all the modules of the care certificate. All staff were positive about the support and training they received. One staff member said, "Training here is very good. If we want additional training we can just ask." Staff who showed potential leadership qualities were mentored and trained to become the lead of a shift which would enable them to guide and direct staff in the care they delivered.

People who were able to make decisions for themselves were involved in the planning of their care and gave consent to the care and support being provided. Where people lacked capacity to understand, other significant people such as social workers and some families had been involved in helping them to understand the care and

support they should expect at Yew Tree House. People's care records detailed when people had been able to give or refuse consent to their care. For example, one person had chosen not to have bed rails on the side of their bed but had agreed to have their bed lowered and a mattress placed next to the bed in case they rolled out of bed.

The registered manager and staff understood their role and legal responsibilities in assessing people's mental capacity and supporting people in the least restrictive way. Most staff had completed training in the Mental Capacity Act (2005) (MCA) and the Deprivation of Liberty Safeguards (DoLS) and were clear on how this applied to their practice and people living in the home. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and relevant professionals. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

The registered manager had applied to the local authority for authorisation to continually supervise people at Yew Tree House. People had been assessed and it had been authorised that seven out of the nine people who lived in the home could be continuously supervised and supported. For example to provide continuous support and restrict them from doing certain activities which may cause them harm such as being alone in the community. People were given an opportunity to be supported by an advocate if they were required to make more significant decisions.

People told us they enjoyed the meals and were encouraged to maintain a balanced diet. One person said, "Yeah the food is good. I like it when we have chips." Staff knew people's food preferences well. One person was offered an alternative food to meal option of the day during our inspection. People who required a special diet were catered for. Their care records reflected their dietary needs and gave staff guidance. There was a four week rolling programme of meal options. Food was ordered on line and delivered to the home weekly. People had the option to buy extra food items and shopping at the local shops during the week. A recent 'service user' meeting had addressed the options for a new menu. Together people and staff had planned for a new summer menu. Picture menus were available but we noted the pictures and

Is the service effective?

wording on the menu was not in the recommended size and format for people with visual impairments. This was raised with the registered manager who told us this would be addressed immediately.

The home had good contacts with the local surgery and the GPs visited people regularly to review their needs. Records showed people had been supported to maintain their health and well-being by attending the dentists, opticians or other specialised health care services as needed. People had a pictorial 'My health action plan' which provided details of their health care needs. They also had a 'hospital

traffic light assessment document' which would provide hospital staff with more information about their medical and emotional needs and any risks if they were admitted into hospital. Each person's basic well-being was regularly monitored by staff using an electronic health care check which linked to their GP. For example people's weight, blood pressure and sleep patterns were checked weekly and recorded on the electronic system. Any irregularities would be highlighted electronically to their GP for immediate action.

Is the service caring?

Our findings

Not everyone was able to express their views about living the home. However people who wanted to speak to us told us staff were kind and friendly. One person said, "Staff are nice to me." And another person said, "I like it here. They (staff) are really kind and friendly. It's my birthday soon and we are going to have a party." One staff member helped this person to wash up and prepare the kitchen meal. They chatted and laughed together and discussed their forthcoming birthday party plans.

We observed staff interacting with people throughout our inspection. Staff were caring and spoke to people in a friendly and warm manner. Staff were able to adapt their approach and use different means to communicate with people who were unable to verbalise their views. Staff considered people's comfort and preferences. For example, one staff member said to a person, "You like to sit here better don't you? So you can see who is coming and going better." This staff member then helped to adjust this person's position so they could fully see the room. Staff reminded and prompted people who had short term memory problems several times in a kind and respectful way. People were comfortable and relaxed around staff. They approached staff to enquire about their day and discuss where they were going when they were planning to go out. Staff told them what was planned on the activities board but gave them options to choose another activity if they wished.

Relatives were positive about the care and support their loved ones received from staff. One relative said, "They are all lovely at Yew Tree. He is doing fine there and they always

keep us in the loop." Another relative said, "The staff are very compassionate and caring." People were encouraged and supported to maintain contact with their families. Relatives were welcomed to visit the home at any time. Transport and extra staff were made available if people wanted to visit their families. Some people communicated with their families using alternative methods for example via internet video links. Staff were aware of advocate services if a person needed someone to speak on their behalf, however all the people who lived at Yew Tree House had the support of their families to help them make decisions or speak on their behalf.

People were treated respectfully and politely. Staff knew people well and were sensitive and responsive to their emotional needs. They recognised when some people initially became upset by our visit into their home. Staff were able to distract them and talk to them about our visit. People were reassured by staff and soon accepted our presence in the home.

Staff respected people's privacy and gave them opportunities to spend time alone in their bedrooms or join other people in the communal areas such as the lounge and dining room. People's bedroom's had been personalised and decorated to their taste. Staff supported people with empathy and spoke to people privately about their problems. Staff gave us examples of how they tried to maintained people's dignity. One member of staff told us, "It is important that we respect people's privacy especially when we support them with their personal hygiene. We use towels to cover people up to maintain their dignity. We always knock before entering people's rooms and we never make judgement of people."

Is the service responsive?

Our findings

People's health, care and emotional well-being had been comprehensively assessed to ensure staff understood their needs and levels of support. Care records focused on people's achievements and goals as well as focusing on their care needs and support requirements. Information gave staff clear guidance on how people should be supported with their daily activities. For example, guidance was given on how much support they required managing their own money when shopping or getting dressed. 'My person centred plan' provided additional information about people's significant events, family birthdays and things I am proud of. End of life care plans were also in place.

People's activities were mainly planned and structured, however we were told that they had other options if they didn't want to carry out the scheduled activity. The registered manager said, "People here like structure, it helps them to understand their day but it is their choice what they want to do." People's well-being, mood, health and activities were recorded on their daily care notes. Some people were not able to verbalise their views and opinions however staff knew people well and were able to assess if they were unhappy by their non-verbal communication. For example one person arched their back if they were not happy and another person led staff to what they wanted. Examples of people's non-verbal communication were recorded in their care records to give staff guidance.

Boxes of activities were available for people to use in each communal room. During our inspection, some people visited the local park and shops and others stayed at home and carried out table top activities in the dining room. People had access to activities in the summer house and

equipment such as an exercise bike in the secured back garden. People were also involved in other activities such as trampolining, bingo, exercise to music and helping staff to check over the vehicles.

Staff had noticed that people liked to visit a local multi-sensory therapy centre. They enjoyed the sensory stimulation such as touching objects which made noises. This had resulted in plans to enhance the summer room and other areas of the home with sensory equipment such as sensory lights and sensory 'touch' boards for the walls.

People were involved in the local community and had been involved in the design of the local park. They were also encouraged to attend events and services at the local church. The registered manager was researching accessible holidays and helping people to plan their summer holiday.

The registered manager told us they had not recently received any formal complaints and they dealt with day to day concerns immediately. Relatives told us communication from the home was good and they always listened to staff acted on their concerns. One relative said, "We have no complaints; they always keep us in the loop if there are any concerns." A complaints policy was in place and was available on the noticeboard in an easy read format although the print and pictures were not in line with guidance for people with visual impairments. Staff told us not everyone was able to verbalise their concerns so they observed them for signs which may have shown they were not happy. The registered manager welcomed feedback about the service. A user-led advocacy group for adults with learning disabilities had visited the home and provided the registered manager with a report of their findings. The registered manager and staff acted on any concerns and feedback to improve the quality of the care provided.

Is the service well-led?

Our findings

The provider visited Yew Tree House regularly and was in frequent contact with the registered manager. Staff were positive about the support they had from the providers. They said, “The owners are 100% committed. They are very forthcoming in helping us.” We were told of future projects which had been approved by the provider including a sensory room and equipment for people and staff training. Staff told us the providers always consulted with them on any major decisions that may impact on the people who lived in the home.

The registered manager kept herself up to date in relevant health and social care guidance by attending relevant conferences and management training. They had carried out workshops with staff to ensure they understood the new health and social care legislation and the new CQC inspection methodology. We were told that this had helped to embed the values of good care practices in the home. The registered manager regularly met and shared information with other managers from the provider.

The values and the culture of the home were embedded into the care provided by staff. We saw good examples of staff respecting people’s wishes and choices. The registered manager knew people well and led by example and was always available to support and advise the staff in their roles. One staff member said, “The manager here is wonderful, very supportive. I can always go to her if I have any concerns about anything in the home.” The registered manager had worked in the home for several years and formed good relationships with the local community and GP surgery.

The registered manager had acted immediately and responsively when two concerns had been raised about the conduct of two staff members. The registered manager followed the correct processes when dealing with the incidents and had notified the relevant authorities. As a result, some protocols for the home were reviewed and discussed with staff to embed expected care practices and improve the quality of care.

The home had been asked to pilot various projects linked to caring for people with learning disabilities. For example, staff and people in the home had been asked to trial a ‘Telehealth’ service which was implemented by the local surgery. This was an electronic health check system which helped to monitor people’s general health remotely. The home had been asked to use and then evaluate their experience and make recommendations to improve the format of the system. This system was now being used weekly and helped the GP monitor people’s health and well-being.

A pictorial service user guide helped people to understand the service and support that they should expect and a business contingency plan was in place in the case of an emergency. Quality assurance audits were regularly carried out. The provider, senior staff and the registered manager carried out random and periodic checks of the service being provided. The premises and its facilities were regularly checked such as the fire systems and the storage of water. Equipment which supported people with their day to day life such as their hoist or wheelchairs were also regularly serviced and checked. Records showed that the vehicles which were owned by people or the home were regularly maintained and serviced.

The homes policies had been updated to reflect the practices in the home. Additional local authorities’ policies were also available to provide staff with extra guidance and information. However it was raised with the registered manager that the policies referred to the previous health and social care regulations which had changed on the 1st April 2015. The registered manager addressed this immediately and requested policies which reflected the most current legislation. The registered manager said, “We are trying to make sure that our policies mean something and staff are fully aware of them and not just sat in a file on the shelf.”

Accident and incidents had been reported and recorded. The registered manager had reviewed these reports and had implemented changes where needed and shared any learning from these incidents with staff.