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

This inspection was unannounced and took place on 29 January 2016.

Yew Tree Cottage Residential Home is registered to provide care and accommodation for up to 5 people. The home specialises in the care of older people.

The last inspection of the home was carried out in May 2014. No concerns were identified with the care being provided to people at that inspection.

There is 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.

Before the inspection we had received concerns about some areas of the care provided. These covered people being spoken to in an undignified manner and the management of medication. Following this inspection we did not find evidence that people were spoken to in an undignified way and the current management of medication was safe.

We found the registered manager had not notified the Care Quality Commission of an accident in the home resulting in an injury which meant the person required medical intervention. They agreed to review the Care Quality Commission Guidance on statutory notifications and ensure all notifications were forwarded in future.

People living at Yew Tree Cottage told us they were happy with the care and support provided. They said the manager and staff were open and approachable and cared about their personal preferences and kept them involved in decision making around their care. One person said, "I am very happy living here, it is not your own home but I am treated with respect and the staff are all really good." Another person said, "I have been here a while and can make up my mind whether I am happy. I would leave if I wasn't"

Everybody told us they felt safe living in the home, one person said, "Yes I feel safe if I didn't I would say something. I have never heard a cross word or rebuke from anyone." Another person said, "I have stayed in another home and I certainly feel safe here."

People were supported by sufficient numbers of staff who had a clear knowledge and understanding of their personal needs, likes and dislikes. We observed staff took time to talk with people during the day. One person said, "You can do as you wish and nobody says otherwise, you are never expected to do anything you do not want to do." A staff member said, "I look forward to coming to work, it is a pleasure working here it is like a family. You look after the residents the same way you would look after your own family."

People told us they received care from care workers who were knowledgeable about their needs and were appropriately trained to meet them. Care workers had access to training specific to their roles and the needs of people, for example they were receiving training in end of life care to help support the way they wished at the end of their life. The registered manager explained the home 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. All the staff understood people's needs and were able to explain to us how they would care for each person on a daily basis.

People's care needs were recorded and reviewed regularly with senior staff and the person receiving the care or a relevant representative. All care plans included the person's written consent to care. Staff had comprehensive information and guidance in care plans to deliver consistent care the way people preferred. Staff wrote people's daily diaries whilst sat with them and their opinions or comments would be included.

The registered manager had a clear philosophy for the home. The statement of purpose said their aim was, "To provide care through the use of continued development of care planning with residents." The registered manager explained they aimed to provide a holistic approach covering everything that was important to the person. They also said it was important to recognise the contribution by staff, and support them in developing their role in health and social care.

The provider had a robust recruitment procedure which minimised the risks of abuse to people. Staff said they knew how to report any concerns, and people who lived at the home said they would be comfortable to discuss any worries or concerns with the manager.

People saw healthcare professionals such as the GP, district nurse, chiropodist and dentist. Staff supported people to attend appointments with specialist healthcare professionals in hospitals and clinics. Staff made sure when there were changes to people's physical wellbeing, such as changes in weight or mobility, effective measures were put in place to address any issues.

The service had a complaints policy and procedure which was available for people and visitors to view. People said they were aware of the procedure and knew who they could talk with. People and staff said they felt confident they could raise concerns with the registered manager and they would be dealt with appropriately.

There were systems in place to monitor the care provided and people's views and opinions were sought on a daily basis. Suggestions for change were listened to and actions taken to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff to put into practice.

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 was safe.

There were adequate numbers of staff to keep people safe.

There was a robust recruitment procedure which minimised the risks of abuse to people.

People received their medicines safely from staff who had been trained to carry out the task.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to effectively support people.

People received a diet in line with their needs and wishes.

People had access to appropriate healthcare professionals to make sure they received the care and treatment they required.

Is the service caring?

Good

The service was caring.

People were cared for by kind and caring staff who went out of their way to help people and promote their well-being.

People were always treated with respect and dignity.

People, or their representatives, were involved in decisions about their care and treatment.

The home was working to achieve the Gold Standard Framework award for end of life care.

Is the service responsive?

Good

The service was responsive.

People's care and support was responsive to their needs and

personalised to their wishes and preferences.

People had access to meaningful activities, which reflected their personal preferences and hobbies.

People knew how to make a complaint and said they would be comfortable to do so.

Is the service well-led?

Good

The service was well led.

However the registered manager had not notified the Care Quality Commission of an accident in the home resulting in an injury which meant the person required medical intervention.

People and staff were supported by a registered manager who was approachable and listened to any suggestions they had for continued development of the service provided.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views.

People were supported by a team that was well led with high staff morale.

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 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 inspection took place on 29 January 2016 and was unannounced. It was carried out by an adult social care inspector.

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

The last inspection of the home was carried out in May 2014. No concerns were identified with the care being provided to people at that inspection.

Before the inspection we had received concerns about some areas of the care provided. These covered people being spoken to in an undignified manner and the management of medication.

We reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service.

During the inspection we spoke with four people who lived at the home, one visitor and four members of staff. The registered manager was available throughout the inspection.

We spent time observing care practices and interactions in communal areas. We observed lunch being

served. We looked at a selection of records which related to individual care and the running of the home. These included three care plans, three staff personnel files, the records related to the administration and storage of medicines, minutes of meetings and records relating to the quality monitoring within the home.

Good

Is the service safe?

Our findings

Before the inspection concerns had been raised that people were spoken to in an undignified manner. During the inspection people told us they were always spoken to with respect. We found no evidence people were spoken to in an undignified manner. We asked people about how safe they felt living in the home. People told us they felt safe at the home and with the staff who supported them. One person told us, "I have been here some time now. I can make my own mind up about things and if I thought I was not safe I would have moved immediately." Another person said, "I come here for support daily and now I am here for respite. I have been elsewhere and this is the safest I have felt. In all the time I have been coming here I have never heard a cross word." Another person said, "I feel very safe no cross words and no talking down to you, you can say and do what you want."

People were protected from harm because staff had received training in recognising and reporting abuse. One staff member said, "I love coming to work it is a family atmosphere. I have never heard any staff talk to people in a bad way." Staff told us they had attended training in safeguarding people. They also confirmed they had access to the organisation's policies on safeguarding people and whistle blowing. Staff understood how to recognise the signs that might indicate someone was being abused. They also told us they knew who to report to if they had concerns. Where concerns had been raised with the registered manager they had notified the appropriate agencies. One staff member said, "We said something to [the registered manager] about a situation we were not happy with once, and she reported it to the right people so it got sorted. So I am confident things will be done."

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff personnel files showed new staff did not commence work until all checks had been carried out.

People were supported by adequate numbers of staff to meet their needs and keep them safe. Throughout the inspection visit we saw people received care promptly when they asked for help. People had access to call bells to enable them to summon assistance when they needed it. One person said, "I have no problem with waiting for assistance, they pop in and out to make sure I am ok and if I need to call they are there straightaway."

Care plans and risk assessments supported staff to provide safe care. They were reviewed monthly or when needs changed and contained information about risks and how to manage them. For example there was information relating to falls, skin vulnerability, nutrition, and moving and handling risks. On a day to day basis, staff shared information about people at risk during the handover between shifts. For example, when one person was at risk of falls their care plan included a list medication that could increase the risk of a fall. When this person experienced more falls than usual the list of medication was discussed with their GP so a review of medication could be carried out.

Before the inspection we had received concerns regarding the management of medicines. At this inspection we noted nothing of concern with the recording or administration of medicines. People's medicines were administered by staff who had received specific training and supervision to carry out the task. All senior staff had received training in the correct procedures to follow and a competency check was carried out to ensure they remained up to date with current best practice. People told us they received their medicines at the right time. One person said, "They are very good I never have to remind them." Some people managed their own medicines. Their care plans contained clear risk assessments which were reviewed regularly to show they were able to manage their medicines safely.

People's medicines were securely stored. At the time of the inspection nobody in the home received medicines that required additional security. However there was suitable storage available when required. All medicines that required additional security had been returned to the pharmacy once they were no longer required. We saw the returns book had been signed by the pharmacy to say the correct amount of surplus medication had been returned.

We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We checked these records against stocks held and found them to be correct.

Risks to people in emergency situations were reduced because, a fire risk assessment was in place and arrangements had been made for this to be reviewed annually. Personal emergency evacuation plans (PEEP's) had been prepared; these detailed what room the person lived in and the support the person would require in the event of a fire.

Risks to people, visitors and staff were reduced because there were regular maintenance checks on equipment used in the home. These included checks of the fire alarm system, fire fighting equipment, fire doors, and hot and cold water temperatures. The stair lift and the call bell system had also been serviced and were maintained in good working order.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. One person said, "I can honestly say they are all very good, I managed nursing staff myself once and I would soon say if they were not good. No complaints at all." Another person said, "It is not your own home but I cannot complain they all know exactly what they are doing."

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. The registered manager confirmed the induction had been reviewed to follow the Care Certificate, which is a nationally recognised training programme. One staff member said they had enjoyed the induction process and where now looking forward to more training.

After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home. Staff told us training included; understanding dementia, fire safety, infection control and nationally recognised qualifications in care. Staff said they received regular training updates to make sure they were working in line with current good practice guidelines and legislation. One staff member said, "Can't fault the training plenty provided and we are now doing some end of life care training."

The staff team was stable with many staff having worked in the home for a number of years. This meant people experienced a consistent approach to the care and support they received. For example, staff could explain how they looked after each individual and how they preferred to be cared for.

People were supported by staff who received regular supervisions. These were not always through formal meetings but being a small service the registered manager and staff often sat down over tea and discussed how they had worked and any training or issues they wished to raise. One staff member said, "We can all make suggestions about any improvements we may think off they always listen." This enabled staff to discuss working practices, training needs, and to make suggestions about ways they might improve the service they provided.

Staff monitored people's health and ensured they were seen and treated for any acute or long term health conditions. We observed staff handover between shifts this showed staff noticed changes in people's well-being. One person said, "They are very quick at recognising changes and they always get the doctor if I ask for one."

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Where concerns were identified with people's nutrition staff sought support from professionals such as GP's and speech and language therapists. Staff confirmed they had used food supplements for people with weight loss. One person's care plan noted they would fluctuate in their eating habits if they were low in mood the care plan and the medication record clearly stated they could have food supplements when "low

in mood." Staff confirmed they could assess on a daily basis how the person was.

At lunch time we saw most people enjoyed the company of others in the dining room, whilst others choose to eat in their room. Meals were served from the kitchen close to the dining room, so were always served hot and fresh. Food taken to people in their rooms was plated up, covered and taken to them straight away. At the time of the inspection people required little assistance to eat. The meal time was not rushed and people were able to enjoy a relaxed social experience with music and plenty of conversation. Everybody spoken with said the food was good. One person said, "The food is excellent and never a shortage." Another person said, "No complaints about the food you get all your vitamins and greens and plenty of them. I have decided to eat in my room today and that was no problem."

The 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. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People's care plans contained information outlining when a decision had been made in the person's best interests. This information included an assessment of the person's capacity to make a certain decision, and the people who had been involved in making a decision in the person's best interests. For example, a best interest meeting had been held for one person who had a sensor on their bedroom door alerting staff when they left their room so they could assist them with the stairs. The care plan showed a best interest meeting had been held with the relevant people and a clear strategy was in place to ensure the person was safe. The registered manager obtained proof relatives had obtained lasting power of attorney, before they gave consent on a person's behalf. Staff were aware of the need to obtain consent on a daily basis. We observed staff explaining to people what they needed to do and asking if it was alright.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection nobody in the home was subject to a DoLS application. However the registered manager had a very clear understanding of the process to follow.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff who showed patience and understanding when supporting them with their care needs. Everyone was very complimentary about the staff who worked at the home. One person said, "Nothing is too much for them, they all care a lot about the job they do." Another person said, "I can't fault them they all very nice caring people." Whilst another person said, "I have stayed at another care home and I can easily say the staff here really care about making your day worthwhile."

Throughout our inspection we observed staff showing kindness and consideration to people. When staff went into any room where people were they acknowledged everyone. Staff had a very good rapport with people and friendly but professional banter was observed throughout the day. Staff took the time to sit and talk with people. One person had decided to remain in bed the day of the inspection. Staff ensured they were visited regularly and plenty of company and tea was made available.

People were treated with respect and dignity. When people required support with personal care this was provided discreetly in their own rooms. We asked people if they had ever felt staff spoke to them in an undignified manner. One person said, "I've been here a while now and never been spoken to in a way I would not like. I am quite capable of making my own mind up and I would have moved out if that was the case." Another person said, I have never witnessed anything bad, never a cross word, they are all very caring and professional." Visiting professionals such as the chiropodist, dentist and optician could also use the privacy of the person's room.

Each person had their own bedroom which they could access whenever they wanted. Some people chose to spend time alone in their rooms whilst others liked to socialise in communal areas. Staff respected people's choices about how and where they spent their time. One person said, "I have a lovely room, a bedroom and a lounge area so I can chose where I sit and I have all my lovely belongings with me. It was never a problem to bring my own things in." Another person said, "I have decided to stay in my room today as I do not feel that special. It was alright with the staff and nobody minds. You can do as you wish here and nobody questions it."

Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Staff always knocked on doors and waited for a response before entering. We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality. When they discussed people's care needs with us they did so in a respectful and compassionate way.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis. This enabled people and relatives to make comments on the care they received and voice their opinions. The home did not hold regular resident meetings as they often joined them at meal times and spoke about the day and any improvements daily. When staff were writing the daily diary for each person they sat with them and asked how the day had been for them and their comments if any were added.

People's views were also sought through questionnaires and from families. The registered manager explained that although they did carry out satisfaction surveys people preferred to talk during tea time and would not hesitate to comment on the care provided. The home had received some compliment letters from relatives and one person who had moved to another care service. The person said, "Thank you I did enjoy my time at Yew Tree Cottage." One relative had commented on the end of life care the staff had provided. "We will always be grateful for the love and support you gave us at such a difficult time."

The registered manager confirmed if a person expressed the wish to remain at Yew Tree Cottage for end of life care they would arrange for the care to be provided. They could arrange to receive support from the local end of life care team and from St Margaret's Hospice Taunton. They also confirmed if they were providing end of life care staffing would be adjusted so a staff member was sat with the person at all times. The registered manager explained the home was working towards the Gold Standards 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. This meant all staff were receiving training in "death, dying and bereavement." One compliment received from a relative said, "My [relative] died with dignity, comfort and company. You have been a very important part of his story."

Good

Is the service responsive?

Our findings

People's care was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. People said they were able to decide when they got up, when they went to bed and how they spent their time. One person said, "You are never made to do anything you do not want to do. " Another person said, "It is up to you, you can do anything you like."

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. The registered manager confirmed they would only take a person into the home if they felt they could meet their needs. They confirmed the assessment would include the person as far as was possible, healthcare professionals and relatives involved in their care. The care plan for one person showed they had spent a trial period in the home before deciding if it met their requirements. One person said, "I have been elsewhere and this is where I have chosen to be."

Following the initial assessment care plans were written with the person as far as possible. Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected people's wishes. They included life histories to ensure staff understood their lifestyle choices and personal preferences. The registered manager said they used people's life experiences to find ways of keeping them involved. For example one person enjoyed swimming so they were supported to continue with their hobby. Another person liked to walk in the garden so they were supported to do this. Care plans also included advance decisions about the care the person would like if they deteriorated medically or required end of life care. These care plans included a section where people could record any "specific ethnic considerations" to be taken into account.

At handover meetings staff discussed each person and made sure staff coming on duty knew about any changes in people's needs. The staff also discussed any personal issues which may affect the support people required. For example, one person had decided to remain in their room for the day. Staff were informed about the support they had received and how to continue to provide that support through their shift. Staff told us handover meetings kept them up to date with everything in the home and they felt communication was good.

Staff arranged for people to be reassessed if they felt they were no longer able to meet their needs. People's families and representatives were involved in re-assessments and if people did not have a personal representative the registered manager arranged for independent advocates to support them.

People were supported to maintain contact with friends and family. One person said, "I see my daughter regularly they are always made to feel welcome." The registered manager confirmed relatives often joined them for Sunday lunch. However some people had expressed a wish not to see someone they knew. One person's care plan clearly stated who they liked and did not like to visit them. However it also stated, "Anyone who comes to the home who is not on either list should be asked to wait until somebody asks me whether I wish to see them." This meant people's wishes were taken into account and they could exercise control over who they did and did not want to see.

The organisation sought people's feedback and took action to address issues raised. Any issues raised from the feedback questionnaires were dealt with and people and relatives informed of the issue raised and action taken. The registered manager confirmed that people tended to talk about their day at teatime when staff and people sat together. This meant people were supported to express an opinion on a daily basis. People said they were confident they were listened to.

People were able to take part in a range of activities according to their interests. The registered manager organised activities and care staff provided social stimulation to people who chose to remain in their rooms. One person said, "There is always plenty to do if you chose to join in. I am happy in my room today but have not been left alone." Care plans showed people had taken part in activities such as, quizzes, crosswords, scrabble, indoor and outdoor planting, coffee trips and trips to the shops. One person said they had enjoyed flower arranging. The registered manager confirmed they tried to provide an activity specific to the person's interest for example swimming and for one person bird watching. Last summer the registered manager had supported one person on an escorted trip to Australia, and taken two people for a hotel holiday in Cornwall, and was looking to repeat this activity for those who wished to go again.

Each person received a copy of the complaints policy when they moved into the home. One person said, "I would certainly complain if I needed to but there is nothing to complain about. I am a stickler for getting it right." The registered manager spoke with people on a daily basis and sought any feedback at the time and took action to address issues raised.

There was clear documentation to show a complaint or concern had been received and how it had been managed. No formal complaints had been made. The registered manager stated this was due to the fact they spoke daily and shared meals with people so they could talk openly.

Good

Is the service well-led?

Our findings

Registered managers and providers are required to send statutory notifications to the Care Quality Commission (CQC) when a significant event occurs. One significant event is when a person living in the home experiences an accident that results in a visit to the accident and emergency department at a hospital or requires medical intervention. Records showed one person had fractured their femur and wrist following a fall. The CQC had not been notified of this incident. We discussed this with the registered manager who had not realised they should notify the CQC of such incidents. The registered manager agreed to review the guidance on the CQC website and ensure all statutory notifications would be forwarded in future.

People and staff told us they felt the staff team was well led. The registered manager was supported by a deputy manager, administration/business manager and senior care workers. All staff told us there were clear lines of responsibility. Staff also confirmed they had access to senior staff to share concerns and seek advice. Senior staff worked as part of their team which enabled them to monitor people's well-being on an on-going basis. The registered manager and their spouse were always available for staff to contact if they needed advice and support.

People and staff all told us the registered manager was always open and approachable. They felt they could talk to them at any time. One person said, "[The registered manager] is always here, there is plenty of time for talk, we have a chat over a cup of tea or a cake." Another person said, "I do get on well with [the registered manager] she is easy to talk to and does listen to what you have to say."

The registered manager had a clear philosophy for the home. The statement of purpose said their aim was, "To provide care through the use of continued development of care planning with residents." The registered manager explained they aimed to provide a holistic approach covering everything that was important to the person. They also said it was important to recognise the contribution by staff, and support them in developing their role in health and social care..

There were quality assurance systems in place to monitor care, and plans for on-going improvements. Audits and checks were in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training could be arranged. Audits undertaken at the home were overseen by the provider to make sure where action to improve the service needed to be taken this happened within the specified timescales. A recent inspection carried out by the fire service had highlighted some recommendations. The registered manager was able to show the action they had taken to comply with the recommendations made.

All accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made. This included a list of medication the person was taking that might increase the risk of falling. If a person was identified as having an increased risk of falling they were referred to the GP for assessment.

People were supported by a service in which the registered manager kept their skills and knowledge up to

date by on-going training, research and reading. They shared the knowledge they gained with staff on a daily basis. The home also encouraged staff to obtain further qualifications, for example care workers had been supported to obtain their level two and three diploma in health and social care.

People were supported to share their views of the way the service was run. A customer satisfaction survey had been carried out and people were very complimentary about the care they received. People and relatives were also directed to the carehome.co.uk website where they could also leave comments as well as a comments book in the entrance of the home.