

Caretech Community Services (No.2) Limited

Yewdale Farm

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Yewdale Farm is a residential care home providing personal care to people who have a learning disability or autistic spectrum disorder. The service is also registered to provide the regulated activity of personal care. This regulated activity was not being provided at the time of this inspection.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to nine people. Six people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the area. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

Support plans did not always give staff enough guidance to ensure that they knew how people wanted their needs met. Areas of the service required redecoration or refurbishment, but there were no agreements or timescales in place. The registered manager did not know when this action would be taken.

People were safe. Safeguarding procedures had been followed. There were enough staff deployed to support people, so people were not at risk of harm. Risk assessments were in place. There was a system in place to learn lessons from incidents or accidents.

Leadership of the service was good. Quality assurance systems were in place, but these had not identified and rectify shortfalls in the quality of people's care plans in a timely way. The provider had not acted properly to ensure people lived in a pleasant home. The management team always worked collaboratively with external health and social care professionals. People, relatives and others were asked for their views about the service. Staff felt their views were listened to.

Staff received a suitable induction, training or support to ensure they were able to effectively meet people's needs.

People told us that staff were caring, kind and tried to do their best for the people they were supporting. We saw that people were comfortable with the staff and enjoyed their company.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the

best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

Rating at last inspection

The last rating for this service was good (published 22 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Yewdale Farm

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out the inspection.

Service and service type:

Yewdale Farm is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and we looked at both during this inspection.

Yewdale Farm is also a domiciliary care agency. At the time of the inspection it was not providing personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We carried out the inspection visit on 8 October 2019. We gave the service twenty four hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at the service to speak with us.

What we did before inspection

We looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the service that the provider must let us know about. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to

give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We saw how the staff interacted with people who lived at the service. We spoke with three people who lived there. We spoke with four members of staff: three support workers, the deputy manager and the registered manager.

We looked at one person's care records, as well as other records relating to the management of the service, such as internal audits and the service improvement plan.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Yewdale Farm. One person said, "Yes, I always feel safe."
- Systems were in place to protect people from harm. Staff had undertaken training and were confident about what they should look out for and to whom they should report any concerns.

Assessing risk, safety monitoring and management

- People's risks were assessed and safely managed. Risks relating to people's behaviour, communication, health, continence and nutrition were documented and known by staff.
- Professionals and family members were involved in discussions about the safe management of risks associated with people's health, care and lifestyle.
- The registered manager was in the process of updating all care plans, which they said when completed would include updated and more personalised information regarding people's risks.
- Where people exhibited behaviours that could place them or others at risk of harm, they were supported safely without imposing unnecessary restrictions on them.
- Risk assessments relating to the environment were in place and precautions taken to minimise risks to people. For example, People had individual plans to help ensure they could be evacuated safely in the event of an emergency such as a fire.

Staffing and recruitment

- The deputy manager told us there had been a high use of agency staff over the last few months. They had tried where possible to use the same staff to ensure consistency, but this had not always been possible. There had always been a member of permanent staff on duty to ensure people had their support needs met.
- A number of staff had recently been employed and were on their induction. The provider had a recruitment policy. A system was followed to help ensure staff employed were suitable to work in the service. Records confirmed a range of checks including references, disclosure and barring checks (DBS) had been requested and obtained prior to new staff commencing work in the service.
- People had been involved in the recruitment process. For example, prospective staff met with people prior to their interview.
- There were enough staff to support people according to their needs. Some people required a high staffing ratio to support their needs. For example, one person needed one to one staffing and some other people needed two staff to support them when out in the community. We saw these staffing levels were in place.
- The registered manager told us they reviewed staffing levels based on people's support needs and their daily activities to ensure people were able to get out and about in the local community.

Using medicines safely

- Medicines were stored, recorded and administered safely. Medicines Administration Records (MARS) were completed in line with best practice.
- People had support plans, which described how they wanted and needed their medicines to be administered.
- People had reviews of their medicines, and external advice was sought from GPs and other healthcare professionals when needed.
- Staff were trained in the management of medicines and had their competency regularly checked.
- Staff were able to describe the action they would take if a medicines error occurred.

Preventing and controlling infection

- The service was clean throughout and infection control procedures were understood and followed by staff.
- Personal and protective equipment such as aprons and gloves were available for use when supporting people with personal care tasks.
- Staff had undertaken training in infection control and food hygiene.

Learning lessons when things go wrong

- Staff knew that all incidents and accidents had to be recorded and were analysed by the registered manager. The registered manager told us that they could get any support or advice that the staff needed from a variety of different sources both internally and externally.
- Discussion about incidents and accidents formed part of each staff meeting so that staff could reflect on their practice and try to reduce re-occurrence of the same event.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- Staff told us that people were involved in the garden maintenance. They also had goats that helped keep the grass short.
- People's rooms were personalised to their own tastes.

Staff support: induction, training, skills and experience

- A number of staff were on induction following the recent recruitment drive. One member of staff told us, "The induction is very good there is lots to learn. I can always ask questions if I am unsure as I have not done this work before." This meant that not all staff had yet the experience in supporting people fully without support.
- Staff that had been at the service for some time said they felt they had received enough training so that they could do their job well and support people effectively. One member of staff said, "We get plenty of training and we can always ask for additional topics if they would support our jobs."
- Staff felt well-supported. One member of staff said, "I like working here, although things have been difficult lately as we have been working with lots of agency staff."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- An assessment of people's support needs was carried out before they moved into the service.
- People, relatives and external professionals were involved where appropriate to ensure the support was available.
- Staff followed guidance and advice from external professionals to ensure people received appropriate support.
- The registered manager told us they kept up to date with current legislation, standards and evidence-based guidance through ongoing training and updates from CQC and the wider organisation.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat a varied diet. We observed that food looked and smelled appetising and was enjoyed by people. People were offered a choice of what they wanted to eat and when they wanted to eat throughout the day. People were offered regular snacks and drinks.
- People took part in preparing and cooking meals when this was their choice.
- Staff knew each person's likes and dislikes and told us these could also be found in each person's support plan.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with a number of other services so that people received effective care and support. These included healthcare services as well as colleges that people attended.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to see health professionals when they needed to. One person said, "[Staff] take me to the doctors when I need to go."
- Records of health appointments and professional involvement were documented.
- People had 'hospital passports' in place which explained how a person communicated or what support they would need if they were in hospital. This meant that health professionals would know how to support people in these circumstances, although people were supported by staff members who knew them well, at all health appointments.

Ensuring consent to care and treatment in line with law and guidance

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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority, and were being met.

- Mental capacity assessments had been carried out to determine what decisions people could and could not make for themselves.
- Where decisions had to be made in people's best interests, these were clearly documented and involved the person so they were informed of why staff made certain decisions for them.
- People were given choice about how they liked their care and support to be given, and we observed staff gave people choice.
- Some staff had an understanding of the principles of the MCA and how it applied to the care they provided for people. Newly appointed staff were yet to receive training for MCA and the manager told us this was being arranged.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us, "The staff are very kind. They know what I like, and they are all very helpful." and, "The staff are kind and nice."
- Newly appointed staff were getting to know people. The registered manager and the deputy manager knew people they were supporting well. Staff members were responding to people by using various communication methods such as signs, gestures and vocalisations. People were visibly happy and relaxed being supported by the staff team.

Supporting people to express their views and be involved in making decisions about their care

- People told us they could make choices about their care and we observed people making choices throughout the day. One person said, "I can choose what to wear, what to eat, and what I want to do."
- Staff members had an understanding of how to offer choices to people. This included using pictures or objects to help people make choices. Staff were seen to respect people's choices when they changed their mind in the original choice that was made.
- People and their relatives were involved in the review of people's care plans where appropriate. One person said, "I talk about my care with the registered manager and changes are made if that is what I want."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff discreetly asked people if they could support them in areas such as personal care. One person said, "I can sit and be by myself whenever I want."
- People's independence was promoted. Staff had a good understanding of how to support people to be as independent as possible. One person said, "[Staff] let me do what I can for myself."
- Staff supported people to maintain relationships with relatives and friends. They welcomed visitors to the service and provided transport for people to visit their relatives' homes.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were not up to date and contained lots of repetitive information. This made it difficult to quickly know the needs of each person. This meant staff may not have access to accurate information to support people effectively. The registered manager told us, "Due to lack of permanent staff and the use of agency staff, updating the care plans had been difficult as I needed to support agency staff to support people's needs. Now that we have recruited new staff, I will be working on improving the care plans."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Some people were unable to communicate verbally, or had other communication needs due to their sensory loss and/or learning disability. People were supported to communicate using signs, pictures and symbols.
- Staff had a good understanding about how people communicated and used this knowledge to support people to make choices and have control over their care and lifestyle.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to take part in a wide variety of activities of their choosing. One person told us, "I can go to the cinema and go out and about whenever I want or stay in if it is my choice." Another person told us that staff went shopping or for a walk with them whenever they wanted to do so.
- The registered manager and staff team encouraged people to take part in groups in the community. Records showed people accessed a range of activities, which included pub lunches, the cinema and shopping.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place. There was also an easy read version available for the people living in the service.
- Staff told us no formal complaints had been received about the service since our last inspection. Staff told us they discuss any concerns people have when they review their care and support plans.

End of life care and support

- The provider had an end of life policy in place.
- Some staff had received training in palliative care. Further training was to be arranged for the newly appointed staff.
- Care planning for end of life support was in place. This meant that if a person suddenly entered the final stage of their life, staff would know their preferences for how they wanted to be cared for.
- The registered manager told us they were continuing to talk to people and their families where appropriate about end of life.
- The registered manager told us that if a person was to begin receiving end of life care, they could stay at the service if this was their wish and they were able to meet their needs.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had a system in place to monitor the quality of the service. Audits of the service had been undertaken. Action had been taken or was in progress. However, the service was in need of redecoration. Whilst this had been highlighted by the registered manager during the audits since January 2019, no formal plans or agreement have been made by the provider if or when the work will be undertaken. The redecoration was required to make the service a pleasant place for people to live in. The registered manager had also identified that they needed to make improvements to people's care plans.
- The registered manager analysed incidents and accidents. Staff told us that these were also discussed at staff meetings to discuss any learning. This meant that measures to prevent recurrence had been put in place.
- The provider said that there was good leadership in place at the service. The registered manager was a good leader. Staff reported that a caring culture had developed in the service and they all felt able to speak to the management team if they had any concerns.
- Staff felt supported by the management team, especially after incidents during which they had been hurt. One member of staff said that following an incident they are provided time to go over the incident and felt supported.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a registered manager and they were supported by an area manager, a deputy manager and senior care workers.
- People and staff said the registered manager was approachable and accessible and were confident they could raise issues which would be dealt with.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had procedures in place to ensure appropriate people were informed if anything went wrong.

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

- The registered manager encouraged people, their relatives and the public to express their views about the running of the service and the quality of the service being provided.
- Staff told us that they had staff meetings and felt their views were listened to.
- The registered manager had developed links with the local groups. People were involved in the local community.

Working in partnership with others

- The staff team worked in partnership with a range of external professionals and agencies, such as the GP and the local authority, to ensure that people received joined-up care.