

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Yew Tree House is a residential care home for up to nine adults with complex needs including learning and physical disabilities and mental health needs. The service is provided in adapted building in a residential area in a small rural village. At the time of our inspection there were nine people living at the service.

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

People were supported to live safely in their home within the community. People appeared to be relaxed and happy in their home environment and while interacting with staff.

We observed the lunchtime support at the service. The atmosphere was busy and friendly. During the morning people had been supported to access the community for activities and to attend appointments. People who remained at home were supported to engage in activities such as bingo and story reading. We met everyone living at the home, spoke with some people and observed the support offered by staff during lunch.

Staff understood people's needs and how to assist them to protect them from avoidable harm. Care plans and risk assessments were in place, which provided staff with guidance on how to meet people's needs and manage identified risks.

People were supported to receive their medicines safely and as prescribed.

The service had infection control processes and systems in place to reduce the risk of people contracting COVID-19. The home was clean and decorated in a homely style.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Based on our review of safe and well-led, this service was able to demonstrate how they were currently meeting the underpinning principles of 'Right support, right care, right culture'.

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 provider had developed a model of care and an environment that maximised people's choice, control and independence. People's care was planned and delivered with their individualised needs in plans.

People were supported to access facilities in their local community such as carriage horse riding, trampolining and swinging.

The managers at the service and staff described their priority as delivering person centred care that met people's individual needs. Staff received autism and learning disabilities training.

We received very positive feedback from staff, relatives and professionals regarding the service and leadership in the home.

There was a robust quality assurance system in place to ensure people received the best possible service. The registered manager worked closely with the provider and partner agencies and services to promote best practice within the service and make a positive impact to people's lives.

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

Rating at last inspection and update:

The last rating for this service was good (published 12 October 2017).

Why we inspected

We received concerns in relation to people's safety and the management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service remains the same based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Yew Tree House

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Yew Tree House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Yew Tree House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service. This included notifications about important events at the service and feedback shared directly with CQC. We used all this information to plan our inspection.

During the inspection

We observed staff interacting with people and looked at the premises. We spoke with seven members of staff including the regional operation director, registered manager, service manager and four care staff. We observed the people who use the service. We also spoke to one healthcare professional who was visiting the service. We reviewed a range of records including medicines records. We looked at three people's care records and two staff files in relation to recruitment. A variety of records relating to the management of the service, including audits and checks were reviewed.

After the inspection

We spoke with four people's relatives. We received feedback from one professional who works closely with the service. We reviewed the extensive evidence sent by the provider electronically. This included the service's staff training data, records related to medicines, care documentation and other information related to the service and provider oversight. We also considered a report by a local advocacy group who had visited the home.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse by staff who had the knowledge and understanding of the provider's safeguarding policies and procedures. Staff described the arrangements for reporting any concerns relating to people using the service and told us they were confident to do this.
- People appeared happy and relaxed with staff in the home. People's relatives confirmed they felt their family member was protected and kept safe. Comments included: "feels they are like an extended family. There [person] is home" and "it is like an extension of [person's] family."
- People had been given information about safeguarding in formats that suited their communication needs. They had also been involved in role play exercises, which meant they understood how to report any concerns and what to expect from their support team. We received examples of how people had been supported to understand when to report concerns and how to remain safe whilst managing their money independently.
- The provider targeted safeguarding through specific supervisions for staff and provided a best practice pocket guide which contained information to staff related to safeguarding, amongst other information.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and actions needed to mitigate risk were available for staff to refer to. This included how to support people with risks associated with behaviours of distress, eating and drinking safely and epilepsy.
- People had positive behaviour support (PBS) plans in place which detailed what could trigger distress and how best to support them. Staff received training related to supporting people when they became distressed.
- Staff were aware of people's risks and the support they needed to remain safe. We observed staff supporting people in their environment safely.
- The provider told us the service had assistive technology in place to support people's independence safely. For example, for one person who was not always able to seek support from staff by using a call bell, a sensor was installed to alert staff when the person required certain support. This meant that the person was able to live to his maximum ability with support, instead of the risk to their safety reducing their mobility further.
- Staff received additional service specific training such as acquired brain injury training, epilepsy, dysphasia and enteral feed training to ensure a person-centred approach.
- People were involved with the service induction of each new staff member. For example, one person was involved in providing moving and handling training alongside the provider's learning and development

team. The provider told us that this offered the person comfort and reassurance and also gave them an opportunity to observe and comment on staff's practice.

- Positive risk taking was promoted and people were empowered to take maximum control of their lives. For example, one person was supported to enjoy carriage horse riding as independently as possible.
- Environmental risks to people were managed safely. Safety checks had been carried out to reduce risks such as fire. People had personal evacuation plans in place.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- The registered manager ensured Deprivation of Liberty Safeguards (DoLS) were applied for people whose liberties were being restricted. DoLS applications had been supported by mental capacity assessments and best interest assessments. Any conditions related to DoLS authorisations were being met.
- Where possible people were supported to make decisions about their care. The provider told us they ensured people's capacity to input into the planning and risks involved with their support was kept in mind so that people were able to offer as much input as possible. We saw examples of mental capacity assessments in areas such as finances and consent to care and treatment.
- The registered manager and staff had received training in mental capacity and deprivation of liberty safeguards.

Staffing and recruitment

- The provider safely recruited staff following pre-employment checks to ensure people were cared for by suitable staff.
- The provider and registered manager were working in a sector with significant work force challenges. Recruitment was ongoing to fill staff vacancies. In the interim agency staff were used to maintain the assessed staffing levels and the management team actively supporting on the floor as needed.
- The provider told us that people were actively involved in recruitment of staff. They were informed when interviews were taking place and given the choice whether to participate, as well as being supported with setting interview questions they wished to ask. For example, one staff member was recruited based on their art skills with people's involvement. This gave people more opportunity to express themselves and create works which were often displayed around the service, making the environment personal to people.

Using medicines safely

- There were systems in place for the storage, ordering, administering, and disposal of medicines. Storage temperatures were monitored to make sure medicines were stored correctly and would be safe and effective.
- Staff responsible for administering medicines received medicines training and competency checks were completed.

- People's medicines were regularly reviewed. People had been supported to reduce the use of unnecessary medicines and the service supported a national project called STOMP (stopping over medication of people with a learning disability, autism or both with psychotropic medicines). Following the reduction of one person's medicines they were able to do more as a result such as an increase in choice about their living arrangements, engage with their support and avoid hospital admissions.
- Where people were prescribed medicines on an 'as required' basis, individual protocols were in place to guide staff with appropriate administration. These had been developed and written by the GP.
- There were systems in place to audit and check medicines stock to make sure medicines had been given correctly.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

People were supported to see their families in accordance with their preferences and in line with government guidance.

Learning lessons when things go wrong

- The service had systems in place for staff to report and record any accidents and/or incidents. These were reviewed by the registered manager to ensure the provider's policy was followed. The debriefs were submitted centrally at provider level and fed into the risk and governance process.
- Accidents and incidents such as falls and medicines errors were analysed so any trends or patterns could be highlighted and appropriate action taken.
- The provider held risk governance meetings, where key areas and trends were reviewed, and lessons learnt fed back through the organisation.

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 our last inspection we rated this key question good. The rating for this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff told us they felt the service had a good care team that supported each other. They described the moral and culture of the service as good.
- One staff member told us that Yew Tree House was: "One of the best places I worked in." Another staff member told us: "I am new to care and I have to say it is a lovely home, they [people] are well looked after and I would put a family member here."
- Staff and relatives praised the management of the home. Comments from staff included: "The support from the manager is very good, the door is always open."
- Comments from relatives regarding the service included: "[Person] has a life, they [service] give [person] everything I can't. I am grateful. They [service] treat all residents as people who matter, they [service] understand." and "Can't speak highly enough of the home."
- Comments from relatives regarding the management of the service included: "I count [registered manager] as a friend, helpful and caring" and, "[Registered manager] is lovely, always pleasant ... doing a good job."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager understood their role. There was a clear management structure in the home and staff had clearly defined roles and responsibilities. The home had upskilled staff in PEG (Percutaneous Endoscopic Gastrostomy) feeding, dysphasia, autism and learning disabilities, mental health and epilepsy training.
- A robust system was in place to monitor and improve the quality of care people received. The management team carried out a range of audits in relation to people's medicines, health and safety, infection prevention and control and people's finances. Documentation related to people's care and support was reviewed on a monthly basis.
- The provider carried out a monthly audit of the service as well as yearly mock inspections and quality audit visits to ensure good governance of the service.
- The registered manager was fully aware of their legal responsibility to notify CQC of notifiable events. The provider understood their responsibility to be open and honest when an incident had occurred.

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

- Meetings were held to gather feedback from people and staff.
- Feedback from staff, people and relatives was gathered through feedback forms. The feedback was quantified, and actions identified as needed. For example, the latest staff survey was quantified in a "You said we did" newsletter which informed staff of the actions taken following feedback received.
- The residents meetings offered people an opportunity to express views and wishes related to the service. We saw examples of meeting minutes where people were able to share ideas about future activities and outings.
- Staff told us meetings were held regularly. One staff member told us that the registered manager asks the staff for agenda items prior to the meeting and that they feel listened to if they had suggestions.
- The provider had launched a new initiative called Your Voice Counts- Speak Up Forum which provided people and their families with a way of giving feedback about the service and wider aspects of care, such as monitoring outcomes and developing community links. As part of this initiative, the service was organising an Afternoon Tea party the weekend of our inspection for families to attend.
- People's relatives had been informed by the provider of the concerns which triggered our inspection, of the action they have taken to investigate and the outcome of the investigation. Some of the families we spoke with expressed they were upset by the comments made and provided us with positive feedback about the service.

Working in partnership with others; Continuous learning and improving care

- The management team worked closely with relevant health care professionals to ensure people receive good care and treatment.
- We received positive feedback from healthcare professionals working with the service. One professional told us: "They do a fantastic job. Got to know the girls, they do a phenomenal job. One of the best I've been to, attention to detail". Another professional told us: "I certainly have no concerns. All of the clients are very settled and happy and well looked after - very little change of staff or clients in the 10 years I have worked here. I look after all of their clients. They contact us and make appointments appropriately and in a timely manner."
- The provider offered additional training to the managers, such as "Leadership Unlocked", leadership training and root cause analysis training.
- The provider was part of Care England and other provider networks, and had close links to health organisations. Best practice was frequently shared within the organisation through a newsletter called "Quality Matters".