

Caretech Community Services (No.2) Limited

Yewdale Farm

Inspection report

Yewdale Farm
West Fen, Willingham
Cambridge
Cambridgeshire
CB24 5LP

Date of inspection visit:
22 March 2017

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24 April 2017

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

Yewdale Farm provides accommodation and personal care to nine people who have a learning disability. Seven people were living at the service on the day of our inspection.

This inspection was undertaken by one inspector. At the last inspection on 5 February 2015 the service was rated as 'Good'. At this inspection we found the service remained 'Good'.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Systems were in place to manage risks to people using the service and to keep them safe. This included assisting people safely with their mobility and whilst out in the community.

There was sufficient numbers of staff on duty to safely assist and support people. The recruitment and selection procedure ensured that only suitable staff were recruited to work with people using the service.

The registered manager and staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to have choice and control over their lives as much as possible. Staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice.

People's needs were assessed, so that their care was planned and delivered in a consistent way. The management staff and care staff were knowledgeable about the people they supported and knew their care needs well. Staff offered people choices such as how they spent their day and the meals they wished to eat. These choices were respected and actioned by staff.

People experienced a good quality of life because staff received training that gave them the right skills and knowledge to meet their needs. People were supported and assisted with their daily routines, shopping and accessing places of their choice in the community.

People received appropriate support to maintain a healthy diet and be able to choose and help prepare meals they preferred. People had access to a range of health care professionals, when they needed them.

Staff were clear about the values of the service in relation to providing people with compassionate care in a dignified and respectful manner. Staff knew what was expected of them and staff supported people in a respectful and dignified manner during our inspection.

The provider had processes in place to assess, monitor and improve the service. People had been consulted

about how they wished their care to be delivered and their choices had been respected. People, their relatives and staff were provided with the opportunity to give their feedback about the quality of the service provided.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Yewdale Farm

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 March 2017 and was unannounced.

The inspection was carried out by one inspector. We looked at information we held about the service and reviewed notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law.

The registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what it does well and improvements they plan to make.

We spoke with two people who were able to express their views of the service. Not everyone else was able to communicate with us due to their complex care and support needs. We spent time observing the care provided by staff to help us understand the experiences of people unable to tell us their views directly.

We also contacted two relatives, healthcare professionals, a practice manager from the local surgery and a contracts monitoring manager from the local authority to obtain their views about the service provided at Yewdale Farm.

We looked at records in relation to three people's care. We spoke with the registered manager, two senior care staff and three care staff. We looked at records relating to the management of risk, medicine administration, staff recruitment and training and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People told us they felt safe living at Yewdale Farm. One person said, "I enjoy living here and the staff help me and I feel safe." and "I can always speak to staff when I want." Observations we made showed that staff assisted people safely. For example, with a person's mobility so they could safely use their wheel chair. Two relatives we spoke with told us that they felt their [family members] were safely supported by the staff.

Staff had an awareness of the safeguarding procedures and who to inform if they ever saw or had an allegation of abuse reported to them. Notifications received by CQC confirmed the registered manager had responded appropriately to safeguarding concerns which ensured the safety and welfare of the people involved.

Systems were in place to identify and reduce the risks to people using the service. Staff understood the support people needed to promote their independence whilst minimising risks. Staff we spoke with demonstrated that they were of potential risks to people including assisting people safely with their mobility and whilst out in the community. We saw that risk assessments were reviewed regularly to ensure they continued to meet people's needs.

Two staff files we saw confirmed there was an effective recruitment and selection process in place. Staff had been subject to a criminal records check before starting work at the service. These checks were carried out by the Disclosure and Barring Service (DBS).

People told us and we saw that there was enough staff available to meet their needs. The staffing levels were kept under continuous review to ensure the service met people's needs. We saw that there were sufficient numbers of staff available to assist people with their care and support needs. Examples included assisting people whilst they were at home, when going out to an activity and to attend medical appointments. Additional staff had been rostered where people needed support during a hospital admission.

Systems were in place to manage and administer people's medicines safely. Staff told us and records confirmed that they had received training so that they could safely administer and manage people's prescribed medicines. We saw that staff's competence to administer medicines was assessed annually. Medicine Administration Records showed that medicines were administered as prescribed and stored at the recommended temperatures.

Regular health and safety checks were completed and any accidents and incidents were recorded. The registered manager told us that the records were analysed to identify any trends to avoid any further occurrences. There were no current ongoing issues identified. Personal evacuation plans were in place for each person in the event of an emergency occurring.

Is the service effective?

Our findings

Relatives expressed their confidence in the staff and felt that they knew the needs of their family members well. Staff confirmed the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. This had included training to meet people's specific needs, such as first aid, behaviours that challenge, manual handling, safeguarding and MCA/DoLS.

The registered manager told us that new members of staff shadowed experienced members of staff, which had helped them to get to know the needs of the people they supported and cared for. Staff spoken with told us they felt supported by the management team and their colleagues. Staff received regular supervision and appraisal where they had the opportunity to discuss the support they needed and to discuss their training and development needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the DDoLS. Staff confirmed they had received training in the MCA. Staff we spoke with showed an understanding of promoting people's rights, choices and independence. We saw that applications for DoLS authorisations had been made to the local authority and they were awaiting the outcome of these.

We saw that refurbishments were needed to some areas of the property. These included decoration to a number of doors and refurbishment of the bathrooms. The registered manager showed us an improvement plan which identified the agreed work to be carried out. The registered manager was in contact with the organisations maintenance department regarding timescales for the work to be completed.

People's dietary and food preferences were recorded in care plans. We saw a meal planner which was displayed in the kitchen. Meals were varied, included healthy options such as vegetables and a choices of main courses. Staff told us, "We have a meeting with everyone to decide on meals for the following week so that people can choose what they would like to eat." People had access to the kitchen and were supported by staff to assist in food preparation and make snacks and join in cake making sessions.

One person said, "The food is good and we had a spicy chicken choice for lunch today and I liked it." We saw that drinks were readily available, both with meals and at other times during the day. We saw that the lunch was a sociable occasion with people and staff eating together in the dining area.

People had access to a range of health services. Where people needed to access hospital services a member of staff accompanied them and took a health information document which gave detailed background information. One relative told us that the staff had been very helpful and supportive when their [family member] had received treatment in hospital. We saw that there were records in people's care plan documents detailing appointments that they had received with a variety of healthcare professionals such as dentists, physiotherapists, a psychologist and occupational therapists.

Is the service caring?

Our findings

We saw the interactions between staff and people using the service were kind, caring and friendly. Throughout the inspection we saw staff attentively and safely assisting people in a reassuring manner. We saw that where a person was becoming agitated and needed to be reassured members of staff swiftly responded to them. Where people were unable to verbally communicate we saw that the staff were skilled in recognising people's wishes through their body language and sounds they made. This showed that staff were able to respond and act upon people's care and support needs.

Two relatives told us that they felt the registered manager and staff knew their [family members] very well and showed a lot of kindness and respect. People told us they were involved in making decisions about their care. One relative said, "My [family member] has gone through a lot of health problems and they [registered manager and staff] have been great in supporting [family member]." Each person had a keyworker to monitor how things were going. A key worker is a named member of staff who coordinates a person's care and acts as a link with their family and care professionals. People told us they were involved in making choices about how they spent their day, places they wanted to visit, and what they wanted to eat. One person told us, "I have been out shopping today to buy a Mother's Day card."

Staff knew people's communication needs and the methods they used to express themselves. We saw staff communicating effectively with people to assist them in making choices and decisions about their care. People's requests were promptly dealt with in a caring and affectionate way. We saw that there were pictorial aids in place to assist people who were non-verbal with making choices. For example, we saw a file, compiled by a member of staff, with photographs of a range of meals to aid people with their choices. This showed that people's choices and preferences were respected and proactively acted upon by staff.

Staff were knowledgeable and enthusiastic regarding the people they supported. We observed that people were at their ease and comfortable with staff. Staff demonstrated an affectionate and caring approach. One member of staff said, "I love working here – it's like a big family."

We observed that people were treated with dignity and respect and checked with people when preparing to assist them with their personal care. Staff told us people were encouraged to maintain relationships with people who were important to them and were supported to do this. One relative told us that their [family member] came to stay with them every fortnight and staff assisted them with preparing for their visit.

Is the service responsive?

Our findings

People told us that they had access to a range of meaningful activities and had good links with the community. One person said, "I enjoy going to help out in the shop and with planting at a local garden nursery." Another person said, "I have been out shopping and went to a café in Cambridge." We saw that other people enjoyed activities at home. Examples included; arts and crafts sessions, planting flowers and vegetables and assisting with feeding the pets in the garden areas whenever they wished. One member of staff said, "It's really good to be able to spend quality time with people and be able to go out to activities such as going for walks, visiting cafes and going shopping." We saw that four people had also visited a sensory show at a local music venue.

People's needs were assessed, planned and delivered. People's care plans showed they had been involved as much as possible in the planning and reviewing of their care. There was a document entitled 'Time to Talk' where keyworkers could discuss and record people's wishes and views as part of their monthly care plan monitoring. People's care records contained personalised information about them, such as their day time and evening care and support routines, hobbies, interests, food preferences and family/ life history. This detailed information helped inform staff when supporting and assisting people with their personal care and their preferred activities.

We saw that people's care was reviewed to ensure so that their support needs were kept up to date. Staff completed monthly reviews regarding each area of the care plan and changes were noted and implemented where needed. An example of this included changes to a person's mobility and assistance they required. Daily records were completed detailing the care that had been provided.

Regular reviews of people's care were taking place with people's care professionals. These meetings reviewed any changes in the persons care and support that were needed. Feedback from care professionals indicated that care was perceived to be generally positive in the home. It was noted that there had been regular discussions regarding how the care of some people could be best met. The registered manager told us that they were in regular contact with a variety of care professionals. Examples included assessments with physiotherapists and occupational therapists that had been arranged to assist with people's particular care needs.

People had access to an easy read/pictorial version of the complaints process which staff assisted/guided them with regarding how to raise any concerns. Staff confirmed they were aware of the complaints policy and knew the process to respond to any complaints made. We saw throughout the inspection that people's ongoing queries or concerns were dealt with swiftly and effectively by the staff. This showed people were listened to and their concerns were responded to.

Is the service well-led?

Our findings

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, relatives and staff told us the registered manager was approachable and listened to what they had to say. One relative said, "The manager [registered manager] and staff communicate well with us and keep us up to date about any changes." A person said, "The staff are easy to talk with and are always around to help me."

The registered manager and staff were dedicated in providing a good service and were enthusiastic about supporting people living at the service. Staff we met described the culture in the service as open, transparent, friendly and one that treated people with dignity and respect. The registered manager and senior staff worked alongside staff to monitor the service, which helped them to identify what worked well and where improvements were needed. Staff had a clear understanding of the vision and values and were observed treating people with respect and dignity at all times throughout the inspection.

Staff told us the service was well organised and that the management team were approachable and supportive. Staff confirmed staff meetings took place to share information and ideas on how to improve the service and to ensure people's needs were being met. Staff told us they felt able to raise any ideas or issues with the management team and felt that their views were sought about changes to the service.

The management team carried out a regular programme of audits to assess and monitor the quality of audits of medicines, staff training, care planning and financial audits. Where shortfalls were identified; records demonstrated that these were acted upon promptly.

We saw surveys completed in 2016 to obtain feedback from people using the service; their relatives, care professionals and staff. We reviewed the results of these surveys and they contained positive feedback about the service provided, the staff and the management team.