City Care Partnership Limited

Yew Tree

Inspection report

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Date of inspection visit:
27 September 2017

Date of publication:
03 November 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

Yew Tree Cottage is a small care home which caters for up to two people who have a learning disability or Autism. It is part of a larger organisation, City Care Partnership Ltd. It is located in a rural area on the outskirts of Sale. There was one person who used the service on the day of our inspection.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service used the local authority safeguarding procedures to report any safeguarding concerns. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Recruitment procedures were robust and ensured new staff should be safe to work with vulnerable adults.

There were sufficient staff to meet the person's needs.

The administration of medicines was safe. Staff had been trained in the administration of medicines and had up to date policies and procedures to follow.

The home was clean, tidy and contained no offensive odours. The environment was maintained at a good level and homely in character. There was good outside space for people to utilise in good weather.

There were systems in place to prevent the spread of infection. Staff were trained in infection control. This helped to protect the health and welfare of staff and people who used the service.

Electrical and gas appliances were serviced regularly. Each person had a personal emergency evacuation plan (PEEP) and there was a business plan for any unforeseen emergencies.

The person who used the service was able to choose the meals they wanted daily. This person responded best to set plans although staff were flexible.

Most staff had been trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of her responsibilities of how to apply for any best interest decisions under the Mental Capacity Act (2005) and followed the correct procedures using independent professionals.

New staff received induction training to provide them with the skills to care for people. Staff files and the training matrix showed staff had undertaken sufficient training to meet the needs of people and they were supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to

discuss their work and ask for any training they felt necessary.

We observed there were good interactions between staff and the person who used the service.

We saw from our observations of staff and records that the person who used the service was given choices in many aspects of their lives and helped to remain independent where possible.

We saw that the quality of care plans gave staff sufficient information to look after the person accommodated at the care home and reviewed when required. Plans of care contained people's personal preferences so they could be treated as individuals.

There were many activities the person had access to help live a fulfilling life. The person chose what activities they wanted to do.

There was good communication between the person who used the service and their family.

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.

The service used the local authority safeguarding procedures to report any safeguarding issues. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and managers audited the system and staff competence.

Staff were recruited robustly to ensure they were safe to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoLS and should recognise what a deprivation of liberty is or how they must protect people's rights.

The person was given a nutritious diet and encouraged to eat healthily.

Induction, training and supervision gave staff the knowledge and support they needed to satisfactorily care for the people who used the service.

Is the service caring?

Good

The service was caring.

The person who used the service responded well to staff and said they were nice.

We saw the person was encouraged to keep in contact with family and friends.

We saw that the person was offered choice in many aspects of their lives and helped to remain independent where possible.

Is the service responsive?

Good

The service was responsive.

There was a suitable complaints procedure for people to voice their concerns. The manager of the home responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

People were able to join in many activities suitable to their age, gender and ethnicity.

Plans of care were regularly reviewed and contained sufficient details for staff to deliver their care.

Is the service well-led?

Good

The service was well-led.

There were systems in place to monitor the quality of care and service provision at this care home.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

Management were supportive and approachable.

Yew Tree

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 was an announced inspection and was conducted by two adult social care inspectors on the 27 September 2017. The visit was announced in line with our methodology for small services to ensure there was someone at the home to assist with the inspection.

We requested and received a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used this information to help plan the inspection.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. Notifications tell us about any incidents or events that affect people who use the service.

We spoke with one person who used the service, one relative, the registered manager, the home manager and two care staff members.

During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care and medicines administration records for one person who used the service. We also looked at the recruitment, training and supervision records for three members of staff, minutes of meetings and a variety of other records related to the management of the service.

Good

Is the service safe?

Our findings

A person who used the service said, "I feel safe and it is good here."

There were appropriate policies and procedures in place around safeguarding and staff we spoke with were confident that they would recognise any issues and report them immediately. The service had a copy of the local social services safeguarding policies and procedures to follow a local initiative. This meant staff had access to the local safeguarding team for advice and the contact details to report any incidents. There was a whistle blowing policy in place, which staff were aware of and they told us they would report any poor practice to their line manager. A whistle blowing policy allows staff to report genuine concerns with no recriminations.

One staff member said, "We are trained regularly in safeguarding issues and often discuss this in staff meetings". We saw from the training matrix that safeguarding training had been undertaken by all staff. Safeguarding issues had been followed up appropriately and were recorded in a log with outcomes, actions and comments documented.

Accidents and incidents were recorded and followed up according to the service's policy and procedure. Actions and learning from these incidents were recorded and reviewed during regular team meetings.

The recruitment process was robust and new staff had a thorough induction. We looked at two staff files and saw that there were applications for employment, proof of address and identity, at least two references and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision was taken to employ the person or not. This meant staff were suitably checked and should be safe to work with vulnerable adults. There was an 'on call' service for staff working alone to support them out of normal working hours.

The person who used the service required two staff to support them. Staff members and relatives told us that there was a consistent staff team and there were adequate staffing numbers. Agency staff were never used by the service and the off duty showed staff cover was well organised by the manager.

We saw a health and safety folder in which the service retained all the relevant maintenance certificates. We saw that the electrical and gas installation and equipment had been serviced. There were other certificates available to show that all necessary work had been undertaken, for example portable appliance testing, gas safety, emergency lighting and the fire alarm system. There was also a person employed within the organisation to undertake routine maintenance and repairs. The registered manager said they usually saw this person every day. There were also checks to ensure the water temperatures were not too hot to cause scalding.

There was a current fire risk assessment and we saw documents that showed the service held regular fire inspections, tested equipment and undertook mock evacuation procedures. A business continuity plan was

in place to help ensure people would be supported in the event of an incident that disrupted the service, such as a flood or loss of power. The service had current public indemnity insurance as required by legislation.

The person had a personal emergency evacuation plan (PEEP) which would inform staff and the fire service how to evacuate the person from the building safely.

We looked at a plan of care during the inspection. There were risk assessments for issues such as moving and handling, missing from home, mobility, falls and nutrition. There were also risk assessments to enable the person to learn and maintain life skills such as working in the kitchen. We saw that risks were balanced with rights so that people were encouraged to be as independent as possible, whilst the service endeavoured to keep them safe.

There were also risk assessments to ensure people lived their life safely. The topics included any risks like tripping hazards, the risk of infection from animals people encountered, outings and activities. We saw the risk assessments were to help keep the person safe and did not restrict their lifestyles. There were also risk assessments to help keep staff safe from possible behaviours that may be a challenge, physical aggression and lone working. All the risk assessments were reviewed at least yearly or when they needed updating.

We saw that all rooms or cupboards that contained chemicals, sharp instruments or cleaning agents were locked for the safety of the person who used the service.

There were policies and procedures for the control and prevention of infection. The training matrix showed us all staff had undertaken training in the control and prevention of infection. Staff we spoke with confirmed they had undertaken infection control training. The service used the Department of Health's guidelines for the control of infection in care homes to follow safe practice. The registered manager conducted infection control audits and checked the home was clean and tidy.

This was a small home. There was a washing machine and dryer in a utility room and an iron to keep the person's clothes clean and presentable. Staff had access to personal protective equipment (PPE) and sometimes had to wear hats and long sleeved clothing to protect them having their hair pulled or being scratched.

We looked at the systems for medicines ordering, storage, administration and disposal. The systems were robust and staff were knowledgeable about all processes. We saw that staff had undertaken relevant medicines training and regular competency checks to help ensure their knowledge and skills remained at a high level. There was an appropriate medicines policy and procedure in place, staff could access whenever required. There was a robust procedure to follow in the event of a medicines error although we did not see any. The system was audited by the manager to ensure the medicines were being administered safely.

There were clear instructions for 'when required' medicines. The instructions gave staff details which included the name and strength of the medicine, the dose to be given, the maximum dose in a 24 hour period, the route it should be given and what it was for. This helped prevent errors.

We looked at the medication administration records for the person accommodated at the home. All the records we looked at were completed correctly with no gaps.

Good

Is the service effective?

Our findings

A person who used the service said, "The food is good here." We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. The organisation had signed up to the Health Charter which is a healthy eating incentive organised by Greater Manchester City Council. The scheme promotes healthy eating by providing challenges such as the reduction of sugar or salt intake and monthly incentives in the form of a competition.

Each month people throughout the organisation are encouraged to try a new recipe with the Veg of the Month challenge. Using a vegetable which is in season it was hoped to provide a more healthy diet, expand people's knowledge about food and promote life skills such as cooking, budgeting, developing and following a recipe. Each person sends in their recipe and the winner gets their recipe printed in the monthly news magazine. The service user from this service had won one competition for a recipe containing courgettes. This showed us the service were committed to the Health Charter. The recipes are collated and the organisation plan to give each service a copy of all the winning recipes. Staff also had information about allergens to ensure they did not give a person good which may harm them.

This month's (September 2017) vegetable was peppers. People who used the service were given information about peppers, how to store them, how to prepare them and some ideas for recipes. We also saw the document people who used the service and their support staff received around the use of sugar. This included the average recommended sugar consumption, the types of sugar and foods sugar can be found in. A section gave an example of how to look for the sugar content in foods using modern labelling on packaging. There was a sample menu for people to gain an insight into how to choose foods with lower sugar contents. People who used the service completed a log to record how much sugar they were eating. The person using the service had lost weight following the principles of the charter.

We saw how the person chose her meals. Using pictures and other communication techniques staff gave the person choices for the day. For lunch on the day of the inspection the person remembered what they had ordered when we talked to them and we saw the person was encouraged to help make the meal. This meant the person had choice in what meal they had and also were supported by staff to help prepare and make meals.

We saw there were sufficient quantities of dried, tinned, frozen and fresh foods. There was also fresh fruit available as a snack or dessert. The kitchen and dining room whilst domestic in character were suitable for their purpose. Both were clean and tidy. There was sufficient well maintained equipment to prepare and cook meals.

Staff also had advice around allergens so they would be aware not to give foods that may cause people harm. There was a system for keeping the kitchen clean, which as audited by managers.

A person who used the service said, "I like the house (where I live)." The person accommodated at the home showed us around the building. This included the lounge, kitchen, dining room, sensory room, bathroom

and their bedroom. The home was well maintained and decorated. There was a homely feel to Yew Tree.

The person had a choice of shower or bath. Their bedroom, whilst the preferred style for this person was minimalistic, contained some personal items and we also saw there were photographs around the home. The person did not require any aids or adaptations although due to behaviours that may challenge there was a double door system to keep staff safe. This meant each room had two exits.

The lounge contained a large television and music playing equipment. We saw that the person liked to have a structured day and chose where they sat or which room to remain in between activities.

There was an accessible garden with a patio area for people to sit out in good weather. Through a set of gates there was another extensive garden area with barbecue facilities. This had been used at a recent event. There was an indoor seating area in a disused wooden sauna. Also on site there was a dog walking area for all the people who were accommodated by the organisation although the person at Yew Tree did not use this facility. There was a room where people could enjoy singing and also stables and walks for horse riding both of which the person living at Yew Tree used.

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 so that they can 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. We saw that the person accommodated at the home had been assessed by two external professionals and an application was with the local authority to determine if a DoLS was required.

There was information in care files about best interest's decision making and we saw examples of decisions regarding health interventions, medical appointments and safety outside the home. It was clear that the individuals concerned were as involved as they could be in any decision making. We saw that staff asked the person what they wanted to do and awaited their response to ensure it was what the person wanted.

A relative told us staff were skilled and able to care for them well. The relative said, "I cannot speak highly enough of the staff team, any issues are communicated to me and I am fully involved. There is a good rapport between tenants and staff, relatives and staff".
We saw the induction for new staff was thorough and the Care Certificate was undertaken by newly recruited staff. The certificate had been developed by a recognised workforce development body for adult social care in England. The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life. The service provided other bespoke training specific to the people they supported, such as, Makaton and Positive Behaviour Management.
Existing staff were required to complete a self-audit with their manager on the Care Certificate modules to check if there were any gaps in their training, skills and knowledge that needed to be addressed. Staff we spoke with told us their training was up to date and the training programme included both mandatory refresher courses and extra training as required. We saw the training matrix showed staff had completed training in health and safety, safeguarding adults, fire safety, basic first aid and life support, moving and

handling, infection control, mental capacity, DoLS and safe food hygiene. Other training included training about people who had Autism, person centred thinking and planning, good communication, activity planning and any specific condition a person may have such as epilepsy. Team leaders and managers were given extra training relevant to their roles to help them with management or training other staff. Staff were encouraged to complete a recognised course in health and social care such as a diploma or National Vocational Qualification. Staff were given sufficient training to perform their roles.
Staff were also given a nationally recognised training for the safe prevention of behaviours that may challenge others. Staff were taught how to positively respond to challenging behaviour in a way that did not put themselves in danger and was the least restrictive to the person they supported.
Comments from staff included; "I have learnt a lot with this service, any training we request is made available"; and "I am working on an apprenticeship leadership course which means I can develop my skills further". The service produced a training report which gave staff and relevant parties the services commitment to a well trained staff team.

Regular staff supervisions/one to ones took place where staff could discuss their work and managers could monitor performance. They were held around every six weeks. A performance development review also took place annually to review staff's progress and training needs including mandatory courses in areas that may present risks, and their refresher periods. New staff had their development tracked every three months to ensure they felt well supported and were supported in their new role.

The care files included appropriate information about people's health and well-being. We saw hospital transfer forms which included important information about how to keep an individual safe in hospital via communication, food and drink, medical interventions and medicines and anxiety triggers. The plans of care had extensive guidance relating to managing behaviour in a positive way and communication, with personalised Makaton guides for staff to use. Any restrictive practices were risk assessed and planned step by step. This ensured external organisations would have good information to help them care for the person.

We saw that the person who used the service had access to professionals such as a speech and language therapist (SALT) to ensure their health care needs were met.

Good

Is the service caring?

Our findings

A person who used the service told us, "The staff are nice." A relative said, "The staff always put [name] needs first. It has taken a long time but I really do have peace of mind that [name] is being looked after in the best place when not at home and is living as independently as possible so doesn't miss out on life".

We observed staff supporting the person accommodated at the home. Staff were patient and skilled at communicating with the person and we could see they had a good relationship with each other. We saw that interactions were caring, considerate and respectful. The person used a planner to map out her days using pictures. We saw the person using the planner and could see this was what they wanted to do. There were also the same kind of choices for food and drink.

The person was supported to remain independent. Staff supported the person with their care and activity needs, allowing the person to do as much as possible for themselves. This included making meals and attending activities.

Plans of care contained pictures to be used as a communication tool. This helped the person be fully included in discussions about care and support. The person who used the service had difficulty communicating verbally and showed us how they pointed at pictures to make decisions.

We saw that privacy and dignity was respected within the house we visited. As part of Dignity Action Month the service had devised a Dignity Challenge Direct observation which all staff were required to complete with their line manager. Practice was to be observed and questions asked around dignity to help staff understand the principles of dignity in care.

We saw evidence that house meetings were held regularly to discuss any issues, concerns or suggestions about people's care and support. We saw notes from the meetings and discussions included holidays, outings and activities, health and safety, household bills, repairs, fire procedures and complaints and compliments.

There were relevant policies and procedures around confidentiality, data protection and diversity in care. Staff were aware of the policies and the importance of all of these issues. Information was available in paper form and stored securely or electronically stored via password protected systems in line with the data protection act. All staff had access to necessary documents to enable them to care for people appropriately.

We saw from looking at the plan of care that people's known choices were recorded so staff were aware of the activities and lifestyle of the person they looked after. Staff also gained information and from observation what the person liked or did not like. This enabled people to be supported as an individual.

The person who used the service had daily telephone contact with her family and we saw from a planning document that the person went home to see family on regular set occasions. This may be for a short visit or for several days. This enabled the person to remain in touch with her family and friends.

Good

Is the service responsive?

Our findings

A person who used the service said, "I like going horse riding." A relative told us, "[My relative] is involved in so many more activities than her previous home; she is doing things I never thought would be possible for her".

We saw from looking at the plans of care that the person had a very busy activity programme. On the day of the inspection the person went out accompanied with staff horse riding in the morning and to an external venue to use a trampoline in the afternoon. This person liked the day to be structured so the activity plan also included like lunch breaks and where the person wanted to sit or do whilst at home. Although activities were varied and tailored to the individual they were also flexible and staff told us that although they had a programme of activities, these were not set in stone and could be changed to reflect the mood, well-being or wishes of the individuals.

Activities included horse riding, basketball, swimming, trampolining, hiking, bowling, going to the gym, visiting the local shop, art and craft work and a holiday had recently been booked. Weekly planners were displayed on the notice board in the houses so that people could see what activities were planned for the week. Birthdays and other celebrations were carefully considered and organised to ensure that people gained the most enjoyment and benefit. The person who used the service also attended a building set up as a 'club' to sing her favourite music, which was located on the site. Staff had noted what she liked to sing and developed a folder with the songs. This helped the person make choices and improved the experience.

Staff used 'tenant's voice' to gauge how well an activity went. This was done by observation of the person

Part of the Health Charter the service had signed up to included activities. Each month one service within the organisation was responsible for organising an activity day and inviting everyone to this day. Activities that had taken place so far included, a beach sports days, trampolining, peddle boating and local walks. This encouraged people to be active and sociable in a positive environment. One event had been held at Yew Tree and included a barbecue and fun events.

A relative told us, "I am always part of the annual reviews. I like to be included as I pay a large part in my relative's life. I have regular conversations (daily) with staff and am aware of what is happening. I am always invited to all meetings and appointments, although I am happy for staff to carry on without me if they need to".

We saw that the person could be involved in their care and treatment because staff were skilled at communicating with them. They used Makaton, individual descriptive pictures or signs and some verbal sounds to ensure the person was understood. We saw staff communicating with the person which helped them remain calm.

The plan of care we looked at included a range of health and personal information. The files were person-centred and included sections on what constituted good and bad days for an individual, a listen to me

workbook, likes and dislikes, what is good about me. These were completed with meaningful information which was personal to each individual. There were goals and outcomes recorded for the person to achieve. We saw clear evidence that staff were responsive to people's changing needs and they were developing activities that continued to enrich people's lives and increase their independence further. Care plans were very detailed and clear. They were reviewed on an annual basis or when changes occurred.

Care plans around challenging behaviour were detailed, including both primary and secondary preventative strategies indicating that staff use only the least restrictive interventions possible. The health action planning was comprehensive and showed that staff were responsive to changing health needs.

There was an appropriate complaints policy and there had been one recent complaint which had been followed up appropriately although unsubstantiated. There was a complaints and compliments log. A relative said "I have never had cause for complaint, I have such a good relationship with staff that we work any issues out straight away".

Staff had a handover at the beginning of each shift. This put aside some time for staff to pass on any information about the person using the service to keep each member of staff up to date with their care and support needs.

We observed during the inspection that the person was consulted about all aspects of her care and support. This was with the two members of staff who supported the person. There were also house meetings which the person was able to attend to decide on how the home was managed.

Good

Is the service well-led?

Our findings

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We asked staff and a relative how accessible and approachable the management of the service was. Staff members said, "It is a good service to work for, I do feel valued"; "The manager is approachable, she keeps us updated and informed" and "The manager listens to us, we communicate well, it's a good team." A relative told us, "I have a positive relationship with the manager. I feel I can raise any issue and will be listened to". We observed the manager had a good rapport with the person who used the service who understood the person's limited communication needs. The management of Yew Tree were approachable and accessible.

One staff member said, "We have a rolling agenda and we note issues to discuss at team meetings. These are every six weeks or so." Team meetings took place regularly as well as regular team building days out and exercises. Supervisions and observations of practice were meaningful and were undertaken on a regular basis. We saw minutes of meetings which evidenced discussions about people who used the service, activities, policies, incidents and training needs.

City Care Partnership signed up to the Social Care Commitment in 2015 and renewed its commitment in 2017. The Social Care Commitment is an agreement between employers and employees, where both sides sign up to seven clear commitments to develop skills and knowledge within their workforce. It focuses on the real issues people have in the workplace, such as how to achieve effective communication, uphold dignity and protect an individual's privacy.

The commitment involved employers promising to implement best practice in a number of areas relating to workforce values, attitudes, behaviours, skills and competence. All employees were asked to make their commitments each year in their annual appraisal and these were re-visited every supervision to ensure tasks were completed. As well as completing their own tasks employees are required to share knowledge they have required with other members of their team, thus promoting best practice and knowledge sharing. We saw that staff were completing the sections of their files they had enrolled upon.

The service completed the self-audit annually, identifying areas for development, share their commitments with employees and set clear objectives. This had led to the development of Continual Professional Developments files with new processes for staff supervision and appraisal. This included to a commitment to annual company development days, the completion of staff questionnaires, a staff charter and resource library. This was hoped to improve the care the service provided for the people who used the service.

The manager conducted regular audits to ensure care and support was maintained or improved. We saw audits for infection control including cleanliness, medicines administration, staff training and development,

food quality and safety, handovers, plans of care and activities.
Staff had access to policies and procedures, These included health and safety, infection control, medicines administration, safeguarding, confidentiality, privacy and dignity and whistle blowing. We saw the policies were regularly reviewed and gave staff the information to follow good practice.

The service had a statement of purpose which gave other organisations information about what the service provided, assessment and care planning, community inclusion, staff recruitment and training, complaints, key staff with their names and addresses and the legal office of the service.

The person who used the service would not have been fully able to respond to a quality assurance questionnaire. However we were satisfied during observations we made, the ability of staff to fully understand the person who used the service and the response of the person who used the service that their views were taken into account in the way the service was run and how they chose to spend each day.