

## The Yews Residential Home

# The Yews Residential Care Home

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

The Yews Residential Care Home is a residential care home providing personal care to up to 40 older people. At the time of inspection, 22 people were using the service.

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

People received safe care and were protected against avoidable harm, abuse, neglect and discrimination. Staff understood safeguarding and whistleblowing procedures and were confident to use them.

Risks to people's safety were assessed and strategies were put in place to reduce the risks. The environment was safe for people to use and regularly maintained. A large extension to the building had recently been completed, and a programme of refurbishment was in place for the older part of the building.

The recruitment practices ensured only suitable staff worked at the service and staff were employed in sufficient numbers to meet people's needs.

People's medicines were safely stored and administered. Staff received training that enabled them to have the skills and knowledge to provide effective care.

Healthcare needs were met, and people had access to health professionals as required. People's consent was gained before any care was provided, and they were supported to have maximum choice and control of their lives.

Staff treated people with kindness, dignity and respect and spent time getting to know them. People were supported in the least restrictive way possible. Care plans reflected people likes, dislikes and preferences.

An activities programme was in place and people were engaged with throughout the service.

People and their family were involved in their own care planning as much as was possible. A complaints system was in place and was used effectively.

The management team were open and honest, and worked in partnership with outside agencies to improve people's support when required.

More information is in the detailed findings below.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
Rating at last inspection: Good (report published 01/02/2017)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service

remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Good ●

The service was responsive.

Details are in our responsive findings below

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# The Yews Residential Care Home

## **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

The inspection was carried out by one inspector.

#### Service and service type

The Yews Residential Care Home 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.

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

This inspection was unannounced.

#### What we did before the inspection

When planning our inspection, we looked at the information we held about the service, which included any notifications that the provider is required to send us by law. The provider completed 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.

During the inspection

During the inspection we spoke with four people using the service to gain their views about the care they received. We spoke with three care staff the registered manager and the provider. We reviewed the care plans and other associated records for three people using the service. We looked at other records in relation to the management of the service, these included staff recruitment files, staff training records, key policies and procedures and quality assurance systems and processes.

# 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 were safe when they received care and support from staff. Everyone we spoke with told us they felt safe in the care of staff, and the environment provided was a safe place to live in.
- Staff knew how to identify and report any concerns about people's safety and wellbeing. Staff completed safeguarding training to provide them with knowledge of types abuse and how to report any concerns of abuse and neglect.

Assessing risk, safety monitoring and management

- People's records included assessments of risks associated with their care. Risks assessments included information and guidance to staff which enabled them to provide safe care that met people's needs.
- Staff we spoke with were confident they could support people safely. All risk assessments were reviewed and updated regularly.

Staffing and recruitment

- People felt the service was well staffed, and they were responded to in a reasonable amount of time. Our observation was that people received the support they required from staff in a prompt manner. Agency staff were used on occasion, but they were regular and known to the service and the people using it.
- Safe recruitment and selection processes were followed. Staff files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles. This included Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely. Medicines were administered by staff that were trained to do so. Medicines were stored in a secure, temperature-controlled room, and medicines administration records in use were accurate and checked for any mistakes. People we spoke with were happy they received their medicine on time, and as they wanted.
- Where people were prescribed medicines to take 'as and when required' there was sufficient detail to guide staff on when to administer them safely and consistently.

Preventing and controlling infection

- The home was clean and tidy, and cleaning staff were regularly on shift making sure this was maintained. There was building and maintenance work going on within the service, and consideration had been made to ensure areas being used by people were kept as clean and tidy as was possible.

- Staff told us they had the personal protective equipment (PPE) they needed to safely support people. This included gloves and aprons.

#### Learning lessons when things go wrong

- Records showed that arrangements were in place to record any accidents and incidents. These were analysed to establish how and why they had occurred, and learning from incidents or events was shared with staff, so they could minimise risk.



# 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.

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

- People's care needs were assessed before they moved into the service, to ensure that effective care could be delivered to them.
- Staff involved people, their relatives and other professionals when required, to assess the person's care and help provide a comprehensive and holistic assessment of each person's needs.
- Care plans were regularly reviewed and reflected people's changing needs and wishes.

Staff support: induction, training, skills and experience

- All staff completed induction training and training on meeting the specific needs of people using the service. One staff member said, "The training is good, I feel confident in the role and confident in supporting people with dementia."
- Staff training records were up to date, and included subjects such as moving and handling, safeguarding, and infection control.
- Staff received regular supervision and felt well supported by the management team.

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

- People were given appropriate support to maintain good nutrition and hydration, and records were kept of people's intake if and when required.
- Staff understood the importance of good nutrition and hydration and were aware of people's dietary needs and preferences such as, diabetic diets and providing food of a soft texture for those with swallowing difficulties.
- People's likes, and dislikes were documented within their files so staff could cater towards their preferences. We observed the lunchtime period and saw lunch was served promptly to people in a pleasant environment, with support given to those who needed it.

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

- The building had recently had a large extension, to nearly double its overall size. Everyone we spoke with told us the building work and transition to the new part of the building went smoothly. The older side of the building had a programme for refurbishment in place, and much of it was not being used until the work had been completed.
- There were several communal areas which people used. The new part of the building had a large, bright dining and living area, which people told us they were enjoying using.
- Consideration had been given in the design and decoration of the building, to allow good care to be

delivered to older people with mobility and dementia care needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received the healthcare support they required. Staff promptly recognised changes in people's health, and sought support from professionals when required. For example, We saw management had consulted with a district nurse regarding the level and frequency of night checks a person should have, to ensure they remained safe, whilst not being unnecessarily disturbed by staff too often.
- Care plans documented people's health needs clearly and evidenced contact with a variety of health professionals.

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.

- The service was acting consistently within the principles of the MCA. Records showed that when people lacked mental capacity to make specific complex decisions, a decision in people's best interests had been put in place.
- Staff had a good understanding of MCA and DoLS and had made appropriate referrals to the Local Authority.

# 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 were supported by a staff and management team who were friendly and caring. One person told us, "The staff here are smashing! Really very good, very respectful, I couldn't ask for more." People told us they knew who the registered manager was and said they were approachable and friendly.
- Our observations during the day were of staff and management interacting with people in a kind and considerate manner, giving people the time and attention they required. Staff clearly knew people well, and were passionate about providing good quality care that made people happy.
- People were supported to meet any religious or cultural needs they had. This was documented in their care files so staff understood who required support and how the support should be offered.

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

- People were involved in their care and made decisions about their own lives as much as was possible.
- We saw a 'You said we did' explanation of improvements that had been made after people had raised questions or concerns on different subjects, for example, changes to the laundry service and staffing levels.
- People told us they felt comfortable speaking with staff and managers. People's communication needs were documented in their care records, this supported staff to understand and communicate effectively with each individual person.

Respecting and promoting people's privacy, dignity and independence

- Staff considered people's privacy and dignity at all times. One person told us, "Staff are very polite and respectful. They help me when I need the loo, and it's all done properly."
- Staff knocked on people's doors before entering and considered people's dignity when providing care, for example, offering up protective aprons to people who wanted them whilst eating lunch to protect their clothes.
- Suitable arrangements were maintained to ensure personal information was kept confidential. Records were kept secure and protected so they could only be accessed by authorised members of staff.

# 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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care was personalised and met people's needs. For example, care plans contained a 'This is my life' document which contained information such as, personal and family history, former careers, pets, favourite pastimes and holidays. This enabled staff to understand people's personality and help engage people in meaningful conversation.
- Activities were planned to meet people's needs, this included a visiting religious service for people to attend if they wished to. Other activity included crafts, knitting, bingo and one to one sessions ..
- We saw photographs of people enjoying baking sessions with attendance from local school children to help them. People were able to work with the children to make Christmas cakes across several different sessions.
- Consideration was given to people's individual needs in relation to the call bell system used. Call bells had large buttons and operated with light touch, to make it easier for some people to use .
- One staff member told us, "We took people out for a pub meal. Everyone had the opportunity to go, and we made several trips across different dates. We arranged taxis and people loved it. Everyone was interacting with each-other."

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.

- Consideration was given to provide people with information in a way they could understand. We saw that picture cards were used for a person who was deaf, and pictorial activity planners were used.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which they followed. All complaints were recorded along with the outcome of the investigation and action taken. We saw that management had acted to investigate previous complaints and had resolved any concerns.
- People we spoke with were confident they could make a complaint if required, and it would be responded to sufficiently by management.

End of life care and support

- People who required end of life care were given the support they required. Staff we spoke with understood the needs of the people who were receiving this care.

- Specific end of life care plans were developed for those who needed them. These detailed any anticipatory medicines required, and guidelines for staff about people's changing needs relating to nutrition, hydration, pain, and emotion.

# 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 remained the same. 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The staff and management were open and honest and were clear about their roles and responsibilities. One staff member told us, "I've worked here for 8 years, this is the best registered manager we have ever had. She didn't brush anything under the carpet when she arrived, and she sorted out all the issues. It's great home to work in and its very well led." Another staff member said, "Any problems, the management are always there to listen and help me out. Good approachable people."
- The registered manager received the support they required from the provider of the service. The registered manager said, "The provider is here all the time, they are amazing and know all the residents. They come to staff meetings and relative meetings. They have a vision about creating a home that is an integral part of this community."
- Managers and staff were enthusiastic and committed to providing a good quality service for people.
- The registered manager understood their role and shared information with CQC about all aspects of the service including quality performance, risks, notifications 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 management staff maintained records of accidents and incidents, and responded to complaints appropriately. Information and learning were shared with staff to reduce the likelihood of recurrence.
- The management understood information sharing requirements. We saw that information was correctly shared with other agencies, for example, when the service had identified concerns. Also, the manager sent us notifications about events which they were required to do by law.

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

- People and their relatives were consulted and engaged with about the service. Meetings were held for people to attend and be updated on subjects such as staffing levels, the environment, and activities.
- Surveys were sent out to people to enable feedback on all areas of the service. We saw that results were largely positive, and any actions were taken by management as required.

Continuous learning and improving care

- Regular and comprehensive audits were conducted by management to check on the quality of all areas of

the service. The registered manager had slowly driven improvement within the service, and had developed an ongoing 'home improvement plan' which outlined goals for improvement within the home, and timescales in which to achieve them.

- The management team demonstrated an open and positive approach to learning, development and feedback.

#### Working in partnership with others

- The service had positive links with outside professionals and organisations. We spoke to one visiting health professional who told us, "This is one of the best services I come in to. The paperwork is excellent and detailed. The staff here really know their stuff. The new management team let the staff take responsibility in their roles. It's the best in the area."