

# Partnerships in Care 1 Limited

## Yew Tree Lodge

### 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

This inspection took place on 12 and 14 February 2018, and was unannounced. Yew Tree Lodge is a care home without nursing providing care and support to people with a primary diagnosis of mental health. The service does not provide any nursing care. The service offers 13 residential beds, and an additional three crisis beds, for a maximum of 5 days. At the time of the inspection 12 people were using the provision.

### Rating at last inspection

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

A newly registered manager was in post when we inspected. 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.

The service remained safe. Sufficient staff were employed to manage people's needs. Staff knew how to safeguard people from abuse and were able to describe the protocols to follow should they have concerns. They further advised of the confidential hotline details the provider had given the staff should they wish to raise concerns confidentially. Staff were involved in medicine management. Systems had been employed by the service to ensure safe medicine management. This had recently identified a couple of concerns that were promptly managed. On day two of the inspection, the inspector highlighted two issues with people's medicines. These were reported to the registered manager. Staff were competency checked annually and upon returning to medicine management, with monthly audits of medicines completed to ensure people were kept safe.

The service remained effective. Support was delivered by a knowledgeable and trained staff team, who were able to respond appropriately to people's changing needs. Whilst refresher training courses had not been booked for all staff, this was rectified with competency checks completed until training was made available. Staff were supervised and supported by an effective management team, who made certain they were available to staff at all times. People were supported to have maximum control of their lives through recovery plans that were written by the people for themselves.

The service remained caring. Staff were polite, respectful and ensured they maintained people's dignity when supporting them. They encouraged open communication and worked on motivating people to increase their independence within the home and in the community. Evidence of using systems of communication that reflected the person's choice was evident in the service.

The service remained responsive. Recovery plans were individualised, focusing on people's specific needs. It was recognised by the management that the current IT systems could possibly mean that not all information was made available to staff working with people. The provider had sought to remedy this by introducing a new IT system that would be developed in conjunction with the registered manager. This meant that the information that the staff working with people felt was necessary in supporting people was always made available.

The service took necessary action to prevent and minimise the potential of social isolation. Activities were arranged by the service, with individual programs developed working on reducing people's isolation individually. People and staff were protected from discrimination. Measures were in place to allow people to be treated equally. Systems to monitor and investigate complaints were in place.

The service was well-led. The service had good methods of governance. A thorough quality assurance audit was completed annually with an action plan being generated, and followed upon. Feedback was encouraged from people, visitors and stakeholders and used to improve and make changes to the service. We found evidence of compliments and complaints that illustrated transparency in management. .

## 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 remained good.

### Is the service effective?

Good ●

The service remained good.

### Is the service caring?

Good ●

The service remained good.

### Is the service responsive?

Good ●

The service remained good.

### Is the service well-led?

Good ●

The service remained good.

# Yew Tree Lodge

## 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 12 and 14 February 2018. This was a comprehensive unannounced inspection. The inspection was completed by two inspectors for part of the first day and one inspector for day two.

Prior to the inspection the local authority care commissioners were contacted to obtain feedback from them in relation to the service. We referred to previous inspection reports, local authority reports and notifications. Notifications are sent to the Care Quality Commission by the provider to advise us of any significant events related to the service. As part of the inspection process we also look at the 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 improvements they plan to make. We had received the PIR for Yew Tree Lodge and used this to help inform our inspection plan.

During the inspection we spoke with four members of staff, including one care support worker, one team leader, the registered manager and the deputy manager. We spoke with three people who are supported at the service.

Care Plans, health records, additional documentation relevant to support mechanisms were seen for four people. In addition a sample of records relating to the management of the service, for example staff records, complaints, quality assurance assessments and audits were viewed. Staff recruitment and supervision records for five of the regular staff team were looked at.

# Is the service safe?

## Our findings

The service remained safe.

Staff were able to describe the protocol for reporting and acting on potential abuse. The procedure was available for all staff to see within both the manager's office and the staff office located to the rear of the building. We noted that the topic of safeguarding was discussed frequently within supervisions and team meetings. We were told by staff that they would "not hesitate" to whistle-blow if they had concerns. One member of staff said, "Yes, definitely would report it." The provider had a system set up that would enable staff to report any concerns confidentially on a free phone number. Staff showed us cards the provider had distributed amongst the team enabling them to feel safe when whistleblowing. This detailed the number and reference to the whistle-blowing policy. Staff training in safeguarding was kept up to date and refreshed frequently with staff attending courses arranged by the company in line with the local authority protocols.

The service had risk assessments in place. We noted that on day one, these did not always detail sufficiently how staff were to mitigate risk. The responsibility of mitigating risk was placed on the person using the service. By day two of the inspection, the registered manager had ensured each person's risk assessment contained information on the actions staff needed to take to mitigate risk. The details of the risk assessment were incorporated within the recovery plans, or reference was made to the risk assessments, so that staff knew there was further reading necessary. Risk assessments sought to minimise the risk whilst allowing people to maintain independence preparing them for the next step – independent living. Personalised evacuation plans were in place for all people. These were detailed and individualised, clearly advising staff who may be heavily sedated by their medicines, and what action to take in the event of an emergency.

People continued to receive support as required with their medicines from trained and assessed staff. Medicine support was evidenced and signed off on a medication administration record (MAR) sheets. Observations of staff administering medicines were completed to ensure staff remained competent to complete this task. If a medicine error occurred a thorough investigation was completed with staff being removed from medicine administration duty, until another competency assessment was completed. We noted on day one of the inspection, in one MAR sheet that information was not always accurately recorded, or reflected in the daily records. For example, the MAR stated that a person had refused their morning medicine. In comparison the daily record stated that the person had not been seen all morning. On day two of the inspection we noted that a medicine error had occurred. A medicine for another person had been signed off as having been taken when in fact the medicine was still within the medication dispensation system for the day. We advised the management of the errors, who then immediately took action to rectify the concerns. The GP was consulted regarding the missed dose of medicine and the staff member was taken off administration task until further investigation had been completed. The deputy manager completed monthly audits on all medicines staff were involved in administering to ensure no errors had occurred. This involved checking the MAR sheets and details of medicines in house. We saw evidence of action taken by the management historically when errors had been noted.

On day one we noted that recruitment files held by the service on site, did not contain all the necessary

information. The content of the files implied the provider was not doing all that was necessary to keep people safe, when employing potential staff. We spoke with the registered manager regarding this, who ensured by day two of the inspection, the service could evidence a robust recruitment process. This included character reference checks, appropriate relevant training, information and conduct checks in last social and health care employment and a Disclosure and Barring Service check (DBS). A DBS enables potential employers to determine whether an applicant has any criminal convictions that may prevent them from working with vulnerable people.

Incident and accidents were monitored. Systems were in place for trends to be noted, which would then alert the manager to complete written guidance to prevent the likelihood of similar incidents. We found sufficient staff deployed to keep people safe. We observed staff interacting with people and trying to engage them in activities. We observed staff assisting people with food preparation and medicine management. The service took the necessary precautions to ensure infection control. Cleaning products were colour coded for different areas and clearly indicated when areas had been cleaned. All safety checks for the environment had been completed and audited as required. The maintenance person was able to illustrate when concerns were highlighted these were appropriately and carefully remedied.

# Is the service effective?

## Our findings

The service continued to provide effective care.

Staff underwent a comprehensive induction process upon commencing employment. This included completion of mandatory training and additional training that would be supportive to their role being selected and booked. New staff shadowed experienced staff until they felt confident to work independently. The training matrix showed that staff training was not all up to date. The current system used by the service did not alert the management when training was due to expire, and required physical manual checks to be completed. The administrator was assigned the task of ensuring all refresher training courses were booked for staff. We saw evidence of this having been done on day two. Management told us that staff competency was checked following training. This was checked through observations, meetings, staff discussion forums and supervisions. The management reiterated the need to feel "confident that staff know what they practice." Each member of staff went through the same induction irrespective of qualifications or experience. One member of staff told us how the deputy manager would discuss the teaching of a recent training course during a team meeting, and work with staff to assess their knowledge. The registered manager showed us the new flash cards that were being designed to be implemented to help assess competency moving forward.

Staff continued to receive regular supervision and support from the senior management team. We saw the annual rota for staff supervision which accurately reflected when supervisions had been completed. This ensured that staff and the relevant line manager had the opportunity to discuss their job role in relation to areas where extra support was needed, as well as areas where they excel. This was then used positively to improve both personal practice and that of the service. Annual appraisals were completed for each staff in addition to supervisions. Staff told us they found both the supervision and appraisal process useful. One said, "Allows us to reflect on our practice and ask any questions."

Recovery plans indicated that people's right to make decisions related to their care was always respected and sought prior to support being delivered. Prompts and cues were in place to remind staff that this needed to be done, with much of the responsibility being on the person leading the care and support. One person we spoke with reported, "Oh yes, always ask". Staff had received training in the Mental Capacity Act 2005 (MCA) and were able to clearly illustrate how this applied to their practice. The 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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the service had made all the necessary applications where they felt this was not in place already.

Recovery plans continued to indicate where people needed support with food and drink, and how this



support was to be carried out. We saw that one meal a day was encouraged within a communal setting on the ground floor. Generally people were assisted with encouraging their independence and preparing their own foods in their shared kitchens per floor. We saw evidence of individual menus, with staff names to indicate who was to help them prepare the meal. If a person did not feel they were up to cooking for the day, staff would prepare the food for them. Mealtimes were seen as a positive way to increase interaction and gauge how the person was feeling.

Each person had a nutritional profile and health information in place where support was provided in this area. If a person had dietary requirements for medical, cultural or religious reasons, these were catered for, as per need. The service worked very closely with the local crisis team. If and when concerns were raised by staff they knew who to call and were told how to respond to the crisis. If the concern was significant the local team would come to assess and take necessary action.

The service made certain people were cared for in line with the Equality Diversity and Human Rights Act (EDHR). People were provided care and support that ensured they were not discriminated against. The service type automatically ensured people with protected characteristics such as a mental health issues were supported appropriately. The service further ensured staff needs were met in line with EDHR. One staff told us, "They make sure if we have any special needs that we are looked after and not discriminated against."

The premises were broken down into floors. The first and second floor both contained two kitchen and dining areas per floor, with a communal bathroom. Each bedroom was en-suite. People were encouraged to take responsibility for their bedrooms and communal areas, with rotas developed to help people gauge their independence and develop the necessary skills for independent living. Staff supported people where necessary to complete tasks, but were encouraged to work productively together in a similar way to flatmates whilst sharing communal areas. People told us "this works... it prepares us for when we may be living on our own."

## Is the service caring?

### Our findings

The service continued to deliver good caring practice.

People were involved with the development of their recovery plans as far as possible. Where this was not a possibility an appropriate professional was involved, until the person was able to provide insight into their needs. Information on how people wished to be supported, their likes, dislikes and information that could enable general communication were sought. People we spoke with reported that the staff were "very polite and respectful" and "all good."

The service ensured that people received support from a consistent staff team, who had been selected based on their knowledge of mental health needs. In addition, as far as possible, the key worker system was developed where staff were paired with people based on their general likes and dislikes. This would allow them to develop an association with people, and talk to them to develop a relationship enabling them to assist them with their recovery. One member of staff reported, "Some people don't have any interaction with family members. We try and talk to them about things that are important to them". The registered manager told us that if a person did not build a relationship with a member of staff, both would be spoken with separately to determine the reason for this. Where applicable, a new member of staff would be introduced as the key worker. The service had introduced regular meeting of key workers with people. They set goals together and reviewed it regularly. It also informed staff on how to work with the person for the following month. When a person reached a goal they were commended on their achievement and were given positive encouragement on how they were working towards independent living. One person told us, "They praise me when I do things well... it's all about me."

People told us that staff respected their privacy and dignity when they knocked on their bedroom doors or saw them in communal areas. Staff were able to describe how they maintained this. They told us they addressed people how they wished and always took note of what people wanted. For example, if a person was conversing with another person in a communal area, staff would not interrupt or remain in situ.

Confidentiality was promoted within the service. Staff ensured they did not speak about people in front of others, including families or visiting professionals where possible. Records were maintained securely in the office and on the IT system operated by the service. Information related to people was circulated within the staff team on a need to know basis. It was recognised that by having two offices at separate ends of the building both containing personal information, there was a risk of confidentiality being breached. Especially when people attended the staff office for their medicines. The service were exploring if it would be possible to reduce the risk of any confidentiality breach by creating a separate medicines room.

## Is the service responsive?

### Our findings

The service continued to provide good responsive care and support to people.

People continued to have their needs assessed prior to support being offered to them. This would involve professionals involved in people's care, when the person was not able to provide the necessary information needed for the assessment. The management team would then use this information to develop a recovery plan and the relevant risk assessments. These were discussed with the person by the key worker to allow them to lead their own recovery pathway.

Recovery plans remained individualised. They contained important information such as, the person's past history, possible areas that may cause a relapse and how to work with the person to help them have a healthy recovery. The recovery plans were written in simple step by step guidance, which allowed staff to do their job effectively. However, there was potential for confusion as two different IT systems were used, that meant it was not clear where the information may be retained. The registered manager advised that both IT systems were going to be replaced in April 2018. The provider had asked the registered manager to consider how they wanted the information to be presented. We were shown a system that was both simple and be located within one IT system, therefore reduce the potential for confusion.

The service met the Accessible Information Standards (2016), which is a new legal framework under the Equality and Diversity Standard. This legislation focuses on the need to provide communication to a person that is within a format that they can understand. We were shown an example of how fonts had been changed to meet the needs of a person who had sight problems.

The service had a complaints procedure which was displayed throughout the property, directing people on how to complain and who to raise issues with should they be dissatisfied with the outcome of an investigation. It was recognised that some people may need support to express a complaint or concern. Independent advocates or family members were suggested to act on behalf of people, and promoted by the service, where need be. We saw that any complaints received were appropriately logged and responded to as required. Where appropriate an investigation was completed. The service had also received compliments from people and visitors. One staff member told us of instances when they had received cakes and pastries and thank you gestures from people and visitors.

The service considered ways to reduce people's isolation, recognising that for many people due to their mental illness, they felt increasingly isolated. On day one of the inspection was noted an internal activity had been arranged. People and staff were engaged in a coffee morning. We observed staff and people discuss news issues, whilst eating pastry. We spoke with a person about the activity and were told, "We were all equal then. The staff were asking our opinion and were discussing the world... no one was a patient, no one was a [member of] staff." Another person admitted, "Arranging activities here is difficult, sometimes no one turns up. It's not fair on those that want to do something. But it's also not fair to the staff."

Staff focused on developing other methods of engaging people. In another example, staff were supporting a person with obtaining employment. When they found the person was repeatedly unsuccessful in securing paid employment they suggested the person seek voluntary work. This proved successful. The person was not only engaged in what? but reportedly felt confident that they were doing something to help others, for no cost.

The service aimed to provide responsive care to meet people's individual needs and preferences. For example one person chose to practice a faith that meant they were unable to engage in festivities including birthdays, Easter, Christmas, Halloween and Valentine 's Day. The staff respected the person's wishes, and ensured they did not feel pressurised to partake in an activity that they felt went against their religious beliefs. The person was asked whether they wished to eat with other people. If they declined, staff ensured the person was not isolated, and arranged for them to have staff company.

## Is the service well-led?

### Our findings

The service had a newly registered manager, who although had been in post since August 2017, had only become recently registered. Staff reported positive feedback about the registered manager, although recognised that the transition to another new manager had been difficult. One staff reported, "It was another change. It was difficult initially trying to get used to another approach, but it's good." Another person stated, "He's a good manager, he listens. Both the [deputy manager] and [registered manager] make time to listen to you."

Staff reported that they were kept up to date with any changes that were occurring within the service. Team meetings clearly evidenced how information was shared, with anything urgent being raised during daily handover sessions and the communication book. The management involved staff to ensure they felt integral part of the change moving forward. This was reiterated by the staff who advised the open door policy and approachability of the management meant they felt as though they were included in all decisions related to the way the service operated. This was further enhanced with the management and staff team demonstrating commitment in ensuring equality and inclusion within the workforce. Regardless of their faith, ethnicity, sexuality and disability staff were made to feel equal. Staff were supported with supervisions regularly, and annual appraisals. Spot checks and observations were completed in addition to this, so to continually evaluate staff practice and seek methods of improvement.

We saw strong evidence of good governance within the operations of the service, which highlighted accountability, monitoring of practice and mitigated risk, whilst aiming to continually improve the service. The management had systems in place that allowed comprehensive audits to be completed, with thorough action plans generated highlighting what needed to be completed and by when. It was recognised that it was possible for some issues to arise immediately after an audit, and not be picked up until the next scheduled audit. Such issues are understandable, and rely on the auditor taking the necessary steps to manage the concern. We noted that the concerns we picked up around medicines was managed appropriately, and saw evidence within the audits that when issues were evident these were investigated and actioned.

Quality Assurance Audits were completed annually by the service. This sought feedback from stakeholders, people, and staff. This information was then used to create an action plan. The action plan was completed with evidence of how the feedback had helped to effectively change the service. Staff reported, "They are always willing to listen", and another staff said, "[We can] definitely suggest things".

The service worked well with the wider community, and aimed at supporting others organisations and seeking support as required. We saw evidence of this, with staff consulting and liaising with the crisis team as and when an issue with a person arose. The service did not shy away from seeking reassurance and guidance, when working with a client group that had the potential to challenge.

We found there to be continued good management and leadership. The registered manager was supported by a strong deputy manager, both of whom worked well together. The deputy manager knew the service

well having worked at the location for over fifteen years. The registered manager told us that he had good support mechanisms from his line manager. He stated he could seek assistance as need be, and this would be appropriately responded to.