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# The Yews Residential Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We carried out our inspection on 29 April and 8 May 2015. The inspection on 29 April 2015 was unannounced and we returned on 8 May 2015 this was announced.

The Yews is a care home that provides accommodation for up to 27 people. On the day of our inspection there

were 22 people using the service. The registered manager told us that two people had recently returned to their own homes following a respite stay. Also a double bedroom was currently being used for single occupancy.

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

# Summary of findings

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.

During our last inspection on 2 June 2014 we asked the provider to take action to make improvements to protect people living at the home. The provider was not meeting three Regulations of the Health and Social Care Act 2008.

People were not having their mental capacity assessed to see what decisions they were able to make about their care and welfare. This meant that decisions about people's lives may not be made in their best interests.

The provider had not made arrangements to ensure that everyone using the service had an up to date and relevant care plan. This meant staff did not have the information they needed to ensure people received the care they needed when they needed it.

Although the provider had systems for the safe management of medicines in place they were not being used by staff. So people were not protected from the risks associated with unsafe use and management of medicines. Accurate recording of medicines administered and audit of stock levels were not carried out.

Improvements had been made in the delivery of people's care and people received the care and support they needed and wanted. People's needs were assessed and plans were in place to meet those needs. Plans were regularly updated to ensure they remained relevant to people's needs. People had their risks to health and well-being identified and plans were in place to manage identified risks. Plans of care were person centred and showed how people preferred to receive their care.

People received their regular medicines as prescribed. However, medicines were not always safely stored. We informed the registered manager and provider on the day of our inspection who said they would take immediate action to address this.

People we spoke with and relatives were happy with the care and support provided. People felt safe at The Yews. People also said that care staff knew their individual needs and wishes.

Care staff were caring and kind in their approach to people who used the service. They understood people's individual needs and treated people with dignity and respect. People were involved in discussions and decisions about their care and treatment. People also said they knew how to complain and they would feel confident complaints and concerns would be dealt with by the registered manager.

Care staff received the training and development they needed to develop their practice and keep up to date with changes in legislation. Staff recruitment procedures were robust and appropriate checks were carried out before staff started work. Care staff had the time they needed to get to know people and understand their individual preferences.

Staff knew how to protect people from avoidable harm and understood local safeguarding procedures. This meant that any concerns or allegations of abuse would be reported to the appropriate authority.

People had been asked for their consent to care and treatment and their wishes and decisions respected. The provider understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards 2008.

People were supported to access healthcare professionals when they needed to. Visiting healthcare professionals said that staff contacted them in a timely manner and followed their advice where they could. People's nutritional and dietary requirements had been assessed and a nutritionally balanced diet was provided.

Systems were in place to assess and monitor the quality of the service. The provider made arrangements to gather the views and opinions of people who used the service. People's complaints and issues of concern had been responded to promptly and outcomes were recorded identifying what action had been taken. Internal audits were being used effectively and had recently identified shortcomings in the administration of medication. The registered manager and deputy manager had put a strategy in place to make improvements.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

There were systems in place that protected people from bullying and avoidable harm. Staff received training and understood their responsibility to keep people safe.

Medicines were not always managed safely.

Staff had been properly recruited and there were sufficient numbers of staff to meet the needs of people who used the service.

Requires improvement



### Is the service effective?

The service was effective.

Staff received the training and support they needed from the registered manager.

Consent to care and support had been sought and staff acted in accordance with people's wishes. Care staff and the managers understood the principles of the Mental Capacity Act 2005.

People were supported to eat and drink enough and were able to maintain a balanced diet. People were supported to maintain good health by accessing healthcare professionals when they needed to.

Good



### Is the service caring?

The service was caring.

People's privacy and dignity was respected by care staff. Information was available to care staff to help and support them to develop meaningful caring relationships with people who used the service.

People were able to express their views about their care and care staff respected their views.

Good



### Is the service responsive?

The service was responsive.

The provider had employed an activities organiser and they worked with people who used the service to develop meaningful activities and support their interests.

People were supported to make decisions about their care.

People had access to a complaints procedure and concerns were responded to in a timely manner.

Good



# Summary of findings

## Is the service well-led?

The service was well-led

There were effective systems in place to monitor the quality of care. The provider identified areas for improvement through monitoring accidents and incidents.

The provider and registered manager promoted an open and inclusive culture within the service, which encouraged people who used the service to raise concerns.

Good



# The Yews Residential Care Home

## 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 Regulations 2014, 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 the 29 April and was unannounced. We returned on 8 May 2015 and this was announced.

The inspection team consisted of two inspectors.

To help us plan our inspection we reviewed the previous inspection report, information received from external

stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted commissioners (who fund the care for some people) of the service for their views however they did not respond to our request for information.

We spoke with eight people who used the service and four relatives for their experience of the service. We spoke with the provider, the registered manager and the deputy manager. We also spoke with four care staff. During the inspection we spoke with a visiting healthcare professional.

We reviewed a range of records about people's care and how the home was managed. This included all or parts of five people's care plans, three staff records, records relating to the management of medicines as well as policies and procedures and records associated with quality assurance processes.

# Is the service safe?

## Our findings

At our last inspection we found that the registered manager had not protected people against the risk of unsafe care and treatment due to care plans not being kept up to date and reviewed. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which following the legislative changes of 1st April 2015 corresponds to Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found concerns relating to the management of medicines, systems that were in place for audit purposes were not being followed and so records were not accurate. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which following the legislative changes of 1st April 2015 corresponds to Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to send us an action plan outlining how they would make improvements. At this inspection we found that the provider had taken the required action to meet these breaches

We saw that care plans were regularly up dated and reflected the changing needs of people who used the service. Throughout our inspection we observed staff up dating records where information came from GP or district nurse visits. This meant that staff had up to date information they needed to minimise identified risks.

We looked at the internal audit records in place to check that medicines were all accounted for. We saw that they were being used effectively and had recognised where staff had failed to sign but had given medicines to people. In discussion with the deputy manager they told us that they were aware of shortcomings amongst staff in signing for medicines when they should and ongoing work was being done with staff to monitor and improve recording. The provider had improved procedures for recording people's medicines to reduce the risk of medication errors being made.

People we spoke told us they felt safe living at the service and believed they were cared for in a suitable manner. A person told us "The staff are kind and considerate." Another person said "I have lived here for over four years and I have nothing to grumble about. I get on with most of the staff

most of the time. We have our ups and downs but nothing serious, it usually blows over." A relative told us, "My [relative] feels safe here. The manager always encourages us to raise issues."

Staff told us they received plenty of training. This included safeguarding vulnerable adults training. Staff we spoke with all understood their responsibility to protect people from abuse including reporting any concerns they may have. One member of staff told us, "I would have no hesitation, the manager has made it clear, we are here to protect the residents. That's my job."

People told us that the registered manager came into the lounge every day and talked to them to ensure they were well cared for and had no concerns. People also told us that senior care staff, the registered manager and the deputy manager involved them in managing known risks. We saw that risks were identified in people's care plans. Staff told us plans were reviewed regularly to ensure they reflected people's changing needs. We saw that risk plans were completed where people were assessed as being at risk. For example where people were at risk of falling or for poor nutrition and fluid intake.

We saw one person who was at risk of poor nutrition had been referred to the appropriate healthcare professional and the care plan had been amended to include recommendations. The care provided to people protected their freedom and was respectful whilst minimising potential risk.

All accidents and incidents were recorded. These were then audited by the registered manager on a regular basis. They identified if they were any patterns or regular incidents that required changes in care plans or staff deployment.

We saw that each person had a personal emergency evacuation plan. This showed what staff needed to do in the event of an emergency such as a fire to ensure the safety and wellbeing of people who used the service. We saw that the provider had fire safety checks and procedures in place. This ensured that people were safe.

People we spoke with including relatives felt there were enough staff on duty. One person told us, "You don't have to wait, there are enough staff." Another person told us, "Even in the middle of the night you don't have to wait long if you press your call bell. I think there is enough staff." A relative commented, "I come at different times of the day and night. You don't wait long at all, they come quickly."

## Is the service safe?

We looked at recruitment processes and saw that the provider ensured that appropriate checks were carried out on all people prior to them starting work. This ensured that where possible only people suitable to work at the service were recruited.

People told us they received their medicines when they needed them. One person told us, "The staff look after my tablets, I don't need to worry about them."

We looked at how medicines were stored. The room where the medicines inappropriate for its purpose. We found there was insufficient storage for equipment and stock; as a result medicines were stored in three different locations. This meant that staff may not have been able to locate medicines when they needed to. There was potential for people who use the service not to receive their medicines

as prescribed by the doctor. We brought this to the provider and registered manager's attention. They made arrangements whilst we were there for medicines to be stored in a more suitable location.

Where we brought identified shortcomings in the storage of controlled drugs to the provider's attention they were addressed immediately.

We saw a medicines pot with two tablets in it. It was not possible to identify when these had been left and who the medicines were for. This meant potentially someone may not have received their medication or someone may have picked them up and taken them placing them at risk of taking unprescribed medicines. We brought this to the provider and registered manager's attention. They made arrangements to investigate the error and take action to minimise the risk of it occurring again.

# Is the service effective?

## Our findings

People we spoke with told us they thought staff were trained and knew what they were going. One person said, "The staff seem exceptionally well trained." Another person told us, "I don't think you can get better care anywhere. They are always on training." A relative told us, "I think the staff are well trained, you can talk to them if you have a problem and they offer advice."

Staff told us they receive an induction when they first started to work at the service. The registered manager told us staff had an induction regarding the building and fire safety when they initially started. This was followed by moving and handling and safeguarding vulnerable adults training. They then shadow more experienced staff until they felt ready to work on their own. We were told how long someone shadows a colleague depends on the individual staff member and if they have previous experience. We looked at training records and this confirmed what the registered manager told us.

We saw training records that showed staff had completed all the mandatory training such as moving and handling and infection control. The registered manager and deputy manager were in the process of arranging refresher training where staff required it. Staff told us that the manager supported them to attend training. They were also encouraged to attend training that developed their skills to support people who used the service. One member of staff told us they were completing a qualification in dementia care and had attended other courses on dementia awareness. A staff member told us, "If I need to know anything about dementia I can use the computer for information." Another said, "There is always someone to talk to (about training)."

We were told by staff that they have both formal and informal support from the manager. We were told they received regular supervision with either the registered manager or the deputy manager. They were also encouraged to discuss concerns with the manager outside these formal meetings. All staff described the manager as "very supportive".

People told us that staff ask them what help and support they needed before any help was given. We were told by one person, "I feel in control. Staff listen to me." We saw that care plans were written in a way that assumed the

person had the ability to make decisions about their everyday activities. Staff told us they assume the person has the ability to consent unless they have been assessed as not being able to.

Training records showed that all the staff had attended Mental Capacity Act training. The Mental Capacity Act 2005 MCA and Deprivation of Liberty Safeguards (DoLS), is legislation that protects people who are not able to consent to care and support. It ensures people are not unlawfully restricted of their freedom or liberty. The registered manager and deputy manager had both completed this training and understood their responsibility in relation to this legislation. They ensured people were assessed for their ability to consent to care and treatment. We observed care staff throughout the two days we were present asking people if they wanted help and respecting their answer.

People told us they received sufficient food and drink. A person told us, "If you don't like the meal they will offer something else." Another person said, "I get plenty to eat, they know how much I like." Comments also included, "Yes it was nice. I had enough." "The food is good." "Sometimes the steak is tough to cut." We discussed this with the registered manager who told us they were aware that the meat had been tough on one occasion and changed the menu to ensure that

people did not experience that again. People told us that the menu had been changed.

We observed the midday meal and saw that staff provided choices as well ensuring they had plenty to drink throughout the day. We also noted there was a long wait between the main course and the pudding was served. We saw that people started to get up and leave the dining room. This meant that people may leave the dining room before completing their meal. We brought this to the registered manager's attention. They told us that they would look into this and ensure that people received their meals promptly.

We asked staff about people's dietary needs. One member of staff was not clear if people had special diets but all the other staff we spoke with were able to tell us who had special dietary requirements such as who was diabetic or lactose intolerant. We saw that care plans had the information available to ensure that staff could provide effective care to people when they needed it.



## Is the service effective?

Not everyone had their walking aid next to them at the table so would not be able to leave the table when they wished. When we spoke with staff about this they told us this was to reduce risk of people falling over other people's aids. They would return people's walking aids as soon as they requested them.

We saw that people who had been assessed as being at risk had their fluid intake monitored. This ensured that they had sufficient to drink during a 24 hour period. People's dietary needs were recorded in their plans. Menus offered during the month appeared to be nutritionally balanced and people's special dietary requirements were recorded. We saw that where people were at risk of dehydration or not receiving sufficient nutrition referrals were made to health care professionals for advice and this advice was followed. The menu was not provided in a written format that was accessible to everyone. The registered manager had told us that the daily menu was written on a white board in the dining room, this was not the case when we checked. The registered manager said they would follow this up to ensure it was available in the future.

The registered manager told us that the menu was as a result of people who used the service making suggestions. People we spoke with confirmed they had been asked what type of food they enjoyed eating and their suggestions were included in the menus.

People told us they saw healthcare professionals when they needed to. One person said, "If I need to see a doctor they (the staff) call one." A relative told us, "They always let me know if my [relative] needs to see a doctor."

We spoke with a visiting healthcare professional who told us that care staff would listen to any advice given and would, where possible follow it. If there were problems it was usually outside the staff's control. For example the person who used the service did not want to follow the advice. They also told us that care staff contacted them in a timely manner. They understood the need to act promptly if they noticed any reddening of people's skin indicating concerns. This meant that people received health care support when they needed it.

# Is the service caring?

## Our findings

People we spoke were positive about the way care staff treated them. They described staff as "caring", "like family" and "lovely people". One person told us, "I was in hospital recently and I couldn't wait to get back here. The staff bend over backwards to look after you." Relatives also praised staff. We were told by a relative, "The new staff introduce themselves and they spend time getting to know the residents."

People told us care staff responded to their requests promptly. One person said, "I like to stay in my room and staff will come quickly if I call them."

Throughout the inspection we saw care staff and people who used the service interact in positive ways. A member of staff went round people who were sitting in the lounge area and chatted and had a laugh with them. We saw another member of staff sat with a person who appeared anxious and held their hand occasionally talking to them in a calm voice. This appeared to give the person comfort and reduce their anxiety.

Care staff told us that they read people's care plans to help them understand people's likes and dislikes. After reading a person's care plan they would talk with them to further develop their understanding and respect for the person. Staff were able to describe people's preferences and personal details about them that showed they had spent time getting to know people as individuals. Care staff also knew about people's lives prior to moving to the home. For example what they did a job and if they had been involved in the Second World War and in what capacity. This meant that staff took time to develop positive caring relationships with people who used the service.

People told us they felt in control of their daily lives. A person told us, "The manager comes to talk to us most

days and asks if we are happy or want anything." Another person said, "There is a man who works here he helps me sometimes, but I have no problem with that. He always asks me if it ok."

A person told us, "I was asked about my care needs when I arrived." However other people we spoke with could not recollect being involved in their care plans. We did see evidence in plans that people were involved where they were able.

Care staff told us that people have a choice of how they spend their day. For example some people prefer to stay in their bedrooms and they are supported to do that. The provider had arrangements in place to seek people's opinions about the service and involved them in their care plans.

People we spoke with including their relatives told us they felt that staff treated them with dignity and respect at all times. A person told us, "There isn't one person who wouldn't help you." A relative told us, "This place is a palace. My [relative] loves it here. They call it their home." Throughout the day we observed staff asking people if they needed assistance with their daily routine. This was done discreetly showing respect for the person's dignity. Staff we spoke with understood what it meant to maintain a person's dignity. For example we saw staff taking people to toilet promptly or ensuring their clothes were not soiled at mealtimes by giving people, who needed them, aprons to protect them.

Care staff were very clear about the standard of care both the provider and registered manager expected at the service. A member of staff told us, "The manager is very supportive; we know that the residents come first."

All the relatives we spoke with told us they could visit whenever they wanted to. We were told by one relative, "I come at all times and staff always make me feel welcome. They always offer me a coffee." Another relative said, "Staff are so caring, kind and considerate. I'm always made to feel welcome."

# Is the service responsive?

## Our findings

People who use the service had their needs assessed prior to moving into The Yews. Some people we spoke with could remember being asked about their care needs before they moved. However others told us they could not recall being asked. One person said, "I've been at The Yews a while, they may have asked me but in all honesty I can't remember." Another person told us, "My son makes sure everything is right. He wouldn't let me somewhere that didn't look after me properly." A relative told us, "The manager spoke to me before my [relative] moved in. Then when they came back from hospital we talked again. I feel confident that staff know how to care for my [relative]."

People we spoke with told us staff knew how they liked their care. One person told us, "They treat us really well; it's like your own home." Another person said, "Without a doubt the staff know how to help me." We looked at people's care records and they provided staff with the information they needed to provide personalised care for people. For example each record had a brief personal history about the person and included details that would help staff understand each person as an individual. This showed that people who used the service or their representative had been involved in providing information to help create people's care plans.

We saw that the registered manager or the deputy manager reviewed people's plans regularly to ensure they information remained up to date and relevant to the person's needs. We were told by relatives that the managers talk to them about their relative's changing needs so they know what is happening. The deputy manager said that they always talk to people who use the service and staff to ensure that care plans reflect people's needs. We also observed staff update plans during the day as they received information from visiting health care professionals such as doctors or district nurses. This meant that all staff had access to up to date information about people's care needs.

The registered manager told us that an activities organiser is employed to encourage people to maintain their interests and hobbies. For example they encourage some people who use the service who like gardening to be involved in growing sunflowers and compete to see who can grow the tallest one. People who were involved said they liked to get outside and enjoyed a bit of competition.

We were also told that because a high percentage of people who live at The Yews have some form of dementia or short term memory loss the activity organiser has become a Dementia Friend. Alzheimer's Society's Dementia Friends programme is a national initiative to change people's perceptions of dementia. It aims to transform the way the nation thinks, talks and acts about the condition. This means they have access to information about how best to support people with dementia.

A person who had recently returned from hospital told us, "I couldn't wait to get back, staff know what I like and how to help me. It's not like that in hospital." A relative told us, "There is a feeling of being wanted here." We saw that care plans included people's preferences on how they wished to take their medicines. For example one person's plan said the person looked after some of their own medicines such as creams. Care plans were centred on the individual and at the beginning of each plan there was a short narrative on how staff should provide personalised support to each person who used the service. This meant that care staff had the information they needed to meet people's needs.

People told us they were unsure if a representative from the local place of worship visited the home. One person told us, "The minister used to come but I haven't seen them for a while." Care staff said they were not aware of anyone at the home with a faith but a representative from the local church did come to celebrate major Christian festivals such as Christmas and Easter.

People we spoke with knew how to raise concerns or complaints. We were told by a person, "I would speak with [the manager]." Another person said, "I haven't made a complaint but I would if I needed to as I think they would respect that." A relative told us, "I have never witnessed anything that gave me cause for concern. If I wasn't satisfied I would talk to the manager or owner. I've never had to complain."

Staff we spoke with all understood their responsibility to support people to complain. One care staff said, "If someone made a complaint to me I would explain the procedure, help if I could and then point them in the direction of the management."

The provider had a complaints procedure that was available to people and their relatives or representatives. Where the manager had received complaints they were

## Is the service responsive?

fully investigated and showed any outcomes or changes made if they were needed. This showed the provider had a system to record and respond to complaints that was effective.

# Is the service well-led?

## Our findings

At our last inspection we found that the registered manager had not protected people as monitoring systems that were in place were not being used. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which following the legislative changes of 1st April 2015 corresponds to Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to send us an action plan outlining how they would make improvements. At this inspection we found that the provider had taken the required action to meet this breach.

We looked at internal quality assurance systems in place to maintain and improve the quality of the service. We checked the medicines records and we found that they were correct. We found that the recent internal audit had identified that two medicines had not been signed for. The registered manager and deputy manager told us that where aware that shortcomings were identified these were raised with staff in their supervision to help improve standards and the safety of medicines being administered within the service. We looked at care staff supervision records and saw that these discussions were taking place. This showed that the audit systems in place were being used effectively.

People who used the service and their relatives all told us that the manager was available if they needed to speak to them. They knew who the staff were including any new staff and they felt involved in the service. One person said, "[The manager] is very good, they make sure we are well looked after. They would do anything for you." A relative told us, "Staff spend time with my [relative] just talking to them. It's important. People also told us they knew who the provider was. One person said, "[The provider] visits regularly, they always come to the lounge to see we are alright." During our inspection we saw the provider in the lounge saying hello to people and they acknowledged them and were clearly pleased to see them.

We saw that the provider had policies and procedure in place to support people who used the service and staff to raise concerns. Care staff we spoke with understood the whistle blowing procedures. They were able to tell us who they would report concerns to within the organisation as

well as externally. A staff member told us, "I feel supported and they (the manager, deputy manager and provider). We've got a lovely manager and assistant. I've had a few and these are really good. This is by far the best management I have had since 2002." Another staff member said, "I feel listened to. If I raise an idea, concern or opinion they will explain one way or another what they can and cannot do about it."

People we spoke with and their relatives could not recall if there were residents meetings. The registered manager told us rather than have residents meetings, which had not been very successful; they spoke individually to people to gather their views of the service. They felt this ensured that everyone was able to give an opinion and feel listened to. We asked people if they had chats with the registered manager about the service and people told us they did.

Staff told us there were regular monthly staff meetings. Staff told us that any changes were usually communicated at these meetings. One staff member said, "We are asked our opinions. We're asked if things would or wouldn't work. We saw the minutes of meetings for staff and senior staff. These showed that issues about how best to support people were discussed. This shows that the manager promotes a positive, open, inclusive and empowering culture within the service.

The registered manager was fully aware of their responsibilities. They ensured that there were effective arrangements in place to inform CQC of events at the service such as accidents and incidents. We saw that these were monitored and where patterns occurred the registered manager took action such as referring to the falls team for advice to reduce future risk. This meant the service met its legal obligations.

We spoke with the manager about their vision for the service. We were shown the service's mission statement part of which said "We aim to provide the best quality of service to achieve a warm, safe and healthy environment." People we spoke with and their relatives confirmed they thought the service provided this.

We looked at a selection of policy documents for the service. Some of the policies had gaps in them. For example the violent incident procedure did not advise staff on alternative techniques such as distraction. Where this was the case we brought them to the manager's attention and they amended them during our visit.

## Is the service well-led?

Relatives we spoke with told us they had completed a quality assurance questionnaire where they had been asked about the service and how it met their relative's

needs. The registered manager had started to analyse the information and respond to any comments. This shows that systems to monitor the quality of the service are effective.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.