

Partnerships in Care 1 Limited

Yew Tree Lodge

Inspection report

17-19 Redlands Road
Reading
Berkshire
RG1 5HX

Tel: 01189313534
Website: www.partnershipsincare.co.uk

Date of inspection visit:
18 September 2020

Date of publication:
27 October 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Yew Tree Lodge is a residential care home that can provide the regulated activity of personal care to a maximum of 16 people. Three of the beds are crisis beds, with the remaining 13 residential (long term stay). The service provides care to people who have been diagnosed with mental health issues. There were 10 people using the service on the day of the inspection. Many of the individuals have experienced periods of stay in hospital and require a level of support prior to transitioning to community-based living.

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

Care plans and risk assessments did not contain adequate information for staff to know how to support people and manage their behaviours safely. People, their relatives and staff told us that staff were not always trained well enough to meet people's specific needs of. Staff told us they did not always feel supported by the registered manager and they were not always listened to while raising concerns with the management team. Staff told us they were unable to spend sufficient time with people. The provider failed to make the improvements we had required at our January 2019 inspection and therefore people remained at risk of harm. The provider failed to ensure there was effective management of the service. There was a lack of effective systems to ensure risk management and oversight of the quality of care people received.

There were procedures in place to prevent visitors to the home from spreading Covid-19 at the entrance and on entering the premises. Medicines were managed safely, and people received their medicines as prescribed. Staff understood what action to take if they suspected somebody was being harmed or abused. Recruitment procedures ensured appropriate staff were employed to work with people and keep them safe as much as possible. The registration regulations were met by the registered manager. The Commission were sent notifications where required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 11 April 2019).

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We carried out an unannounced focused inspection of this service on 29 January and 19 February 2019. Two breaches of legal requirements were found. The service needed improvement because of low quality of risk assessments, gaps in staff training and staff not being trained in specialist areas in which they were delivering support.

We undertook the latest focused inspection to check whether the service had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key

Questions Safe and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service remains requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Yew Tree Lodge on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified two breaches in relation to safe care and treatment and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was not always safe.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Yew Tree Lodge

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

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Yew Tree Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The CQC regulates both the premises and the care provided, and both were looked at 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 announced. However, the specific date of the inspection was not disclosed to the provider.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete 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. We asked the registered manager to provide us with electronic copies of various records such as recruitment records, care plans, complaints, surveys and staff training records. We obtained feedback from five people, four staff members, three healthcare professionals and from four relatives of

people living at Yew Tree Lodge.
We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records. These included a variety of records relating to the management of the service, including health and safety records, accidents/incidents logs and records related to management of medicines.

After the inspection

We received further feedback from eight members of staff and one healthcare professional. We continued to seek clarification from the provider to validate the evidence found.

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 had been rated requires improvement. At this inspection this key question remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was high-probability risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Risk assessments and care plans did not contain enough guidance for staff to know how to respond to people's challenging behaviour or to keep them safe. For example, there was not enough guidance on how to keep safe a person that was at risk of absconion. In another example, there was lack of information about known symptoms and triggers of a person's sexually inappropriate behaviour. A member of staff told us, "It is not really comfortable to work with [person]. We need more training to be aware of the service users' needs." We saw no member of staff had completed the training by the time of the inspection. However, the provider has taken immediate action and staff have now received the appropriate training.
- According to their care plan, one person's behaviour put them at risk of being in a situation where they would not have access to medicines that were crucial for their well-being. However, during the inspection we found the measures to support the person were not sufficient to ensure their safety. A relative of the person told us, "I don't think that they can manage his physical frailties as well as his mental health."
- People were at risk of legionnaires disease. Legionella is prevented by maintaining building water systems to reduce the risk of growth and spread through water temperature control and cleaning. The provider had not complied with their own policies and risk assessments concerning the management of Legionella. There were gaps in weekly outlet flush checks. Under health and safety law, the provider has a duty to identify and assess risks associated with water. A competent person should also be appointed to ensure that all risks are being mitigated and ensure that monitoring is regularly taking place. At the time of the inspection there was no identified person to ensure that the correct outlet temperatures were taken and appropriate outlets flushed.

This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- During the inspection we found the service was delivering staffing levels in line with their commissioned hours.

- However, people, their relatives and staff told us there were not enough staff working at the service. As a result, people did not receive the support they wished to receive. A member of staff told us, "We are expected to complete numerous cleaning tasks, multiple times per day, more since Covid-19 – complete maintenance tasks and safety checks as we no longer have a maintenance person; we also cook, clean and complete paperwork throughout the day for every task we do. The staff understand that some form of each of these roles is part of the job, however, the list of tasks is ever-increasing. The staff are expected to complete all the jobs at a high standard while providing constant support to a number of service users, which puts stress on the staff." People told us that staff did not always have time to support them. One person said, "You get your food and they leave you alone. I would like more daytrips. I went to see the Red Arrows once and they were brilliant." Another person told us, "I would like to see more interaction between staff and residents and more activities being offered." One person's relative told us, "I don't think that there are enough staff. When (my relative) goes to hospital, sometimes (my relative) has to go on his own. Last year (my relative) was left overnight at the hospital on one occasion. I had to go and pick (my relative) up from hospital to take (my relative) back to Yew Tree Lodge. I had to change my schedule for that."
- People and staff told us that due to a high turnover of staff they were unable to build meaningful relationships. One person told us, "It seems like staff would change every other month." Another person told us, "There is a bit of a high turnover of staff. You get used to one person and then they leave." A member of staff told us that a high turnover of staff affected the performance of the whole staff team. They said, "Sadly also good staff are leaving. New staff drain a lot of time, they do not know how to do their job immediately."
- We spoke to the provider about staffing who told us that they were in the process of recruiting a maintenance person for the service and in the interim staff were having to carry out additional maintenance checks. The provider told us they had met with staff in January to discuss concerns over staffing levels and explained to staff how the number of staff required were calculated.
- Appropriate recruitment records including checks from the disclosure and barring service (DBS) and references were in place.

Systems and processes to safeguard people from the risk of abuse

- We received mixed feedback from people regarding their treatment by staff. One person told us, "No concerns whatsoever. When you have built up a good rapport with them, you'll be fine." Another person told us, "It's alright here. I've been here a while." However, one person told us, "We did have a few issues, though. I think that sometimes they showed partiality to other people." Another person stated, "I think some of them need more experience and more mature staff. Some of them can be a bit arrogant."
- Staff were aware of the policy and procedure to follow if they suspected or witnessed abuse. A member of staff told us, "I would report my concerns to the line manager or deputy manager. When the [manager] is not around, I would call local safeguarding team and the Care Quality Commission (CQC)."
- Staff received training in safeguarding people from abuse. Regular refresher training was undertaken to ensure staff knowledge was kept up to date.

Using medicines safely

- Medicines were safely received, stored, administered and disposed of when no longer needed.
- We saw 'as required' (PRN) protocols in place for people who took this type of medicine, such as paracetamol. These provided staff with information about how much to give, when to administer and what signs to look for that would indicate the medicine may be required.
- Records were kept of medicines staff administered. These were checked regularly to help ensure any errors were identified and relevant actions were taken to reduce future errors.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- Following the site visit staff reported to us concerns relating to staff working while displaying symptoms of Covid-19. We raised this with the provider and completed a safeguarding referral. We also signposted the provider to resources to develop their approach.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to take necessary steps to assess, monitor and mitigate the risks relating to the health, safety and welfare of people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- There was a continued failure in governance from leadership and management of the service by the provider. The provider's systems had not identified or addressed continued shortfalls found at this and the previous inspections.
- Staff told us there was a culture of blame within the service. Most staff gave us negative feedback about the management of the service. Some staff described the management as intimidating and others felt criticised unnecessarily. Most staff told us they were not confident in raising concerns. Some staff raised with us issues relating to poor governance of the service, stating they would like to remain anonymous due to the fear of repercussion from the registered manager. A member of staff told us, "Most staff are scared of complaining or reporting their concern for the fear of losing their job."
- Audits, checks and observations were not used effectively to monitor and improve all aspects of the service. For example, staff lacked specific training to meet people's needs. However, provider's quality assurance tool showed 93% training compliance. In another example, one person's care plan review failed identify that risk management strategies were not working.
- Systems to assess, monitor and mitigate risks were not always effectively operated. For example, the provider was not ensuring that action was taken to mitigate risks from legionella.
- Although we received some positive feedback from staff about the management of the service, this was a tiny minority. A member of staff told us, "I see the manager at least once a week, in addition to that he is away available via emails and responds promptly to any communication. In fact, if the home manager is not around, then the deputy manager is in and he is as much supportive and responsive."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and staff told us they were not always listened to and concerns raised by them were not always

addressed. One person told us, "I feel that the residents are not really listened to. They brush you off sometimes which shows signs of unprofessionalism." A member of staff told us, "I have raised concerns and issues about service users that I feel are not dealt with properly." Another member of staff told us, "I feel more supported by my colleagues, the deputy manager and the team lead, and typically turn to them first before asking the manager any questions."

- People's relatives told us that communication between the service and people's relatives was poor. One person's relative told us, "I receive no communication. I used to receive newsletters which stopped two years ago." Another person's relative told us, "They never really updated me when [person] was at Yew Tree Lodge."
- Staff told us how they felt the management of the service was negatively impacting on staff morale and staff retention.
- Although we received some positive feedback from staff about the management's support, this was a small minority. A member of staff told us, "I know that I will always receive fair and constructive feedback from the manager. And if I have any personal problem that might affect my work, I know that I can freely discuss this with the manager and he will try to help."

This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- The provider failed to ensure that staff received appropriate training to meet people's needs. After a monitoring visit from the local authorities in January 2020, it was recommended that the provider consider more training that would ensure staff were given the opportunity to appropriately manage the needs of people with specific health issues. The quality visit report mentioned training in specific needs of people. However, this issue remained unaddressed and most of the staff did not complete the recommended training. Following our inspection the provider addressed the issue and organised training that was specific to people's needs.
- Learning was predominantly self-directed through e-learning. Staff told us they were unable to spend enough time to absorb information provided to them during training sessions. A member of staff told us, "The training is plenty but we have limited time for training. It is losing its meaning, it is like a tick box exercise. You do this without understanding, without absorbing any information."
- We found the management of the service to be more reactive than pro-active in providing appropriate training to staff. Some staff informed us that they were booked to complete specific training only after we requested information about training as part of this inspection. A member of staff told us, "Since the email was sent out with this question, we have been assigned training on (specific health issues) that we will complete in October."

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 team understood the regulatory requirements upon the service, including the need to tell us about certain changes, events and incidents that affect their service or the people who use it. Our records showed they had submitted these 'statutory notifications' in line with their registration with us.
- The management team recognised their responsibility to be open and honest with people and relevant others if something went wrong with the care provided.

Working in partnership with others

- The management team worked with healthcare services and local authority commissioners. This enabled people to access the right support when they needed it and we saw working collaboratively had provided

staff with up to date professional guidance.

- The provider had a business continuity plan in place that specified what action needed to be taken in case of various emergencies. The plan also stated individuals responsible for particular actions and partners involved in these actions.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. The provider failed to maintain securely accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decision taken in relation to the care and treatment provided.