

Mariposa Care Limited

# Yew Tree Care Centre

## 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 26 June and was completed on 4 July 2018. The inspection was unannounced, which meant staff and registered provider did not know that we would be visiting.

This was the first inspection since the new provider registered to operate this service.

Yew Tree is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Yew Tree can accommodate up to 76 older people and people living with dementia. At the time of the inspection, there were 69 people using the service.

The registered manager had recently left the service and a new manager was in the process of becoming registered with CQC. A registered manager is a person who has registered with CQC to manage the service. Like 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.

People were happy and told us they felt safe. The staff had a clear understanding of safeguarding and ensured that action was taken if concerns arose about the way people were supported. Staff ensured any risks were closely managed. Following the purchase of the service we found that the registered manager and provider had consistently worked to drive improvements within the service.

People who used the service and the staff we spoke with told us that there were enough staff on duty to meet people's needs. The management team closely considered people's needs and ensured sufficient staff were on duty each day and night.

Effective recruitment and selection procedures were in place and we saw that appropriate vetting checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

We reviewed the systems for the management of medicines and found that people received their medicines safely. Medicines were closely managed and this ensured people received their medication exactly as prescribed.

The service was being totally refurbished and action was taken to ensure the building and equipment was maintained to a satisfactory standard. When issues were raised with the maintenance person these were dealt with straight away.

People's care plans were tailored for them as individuals. But the assessment tool provided limited space

and this led staff to detail the assessment information in the care plans. The area manager and manager recognised this difficulty and were working with the provider to review the tool. People were cared for by staff who knew them really well and understood how to support them.

Where people had difficulty making decisions we saw that staff gently supported them to work out what they felt was best. Staff understood the requirements of the Mental Capacity Act 2005 and had appropriately requested Deprivation of Liberty Safeguard (DoLS) authorisations. DoLS authorisations are used for people who need to be deprived of their liberty lawfully in their best interests to maintain their health and safety.

We observed that staff had developed very positive relationships with the people who used the service. The interactions between people and staff were jovial and supportive. Staff were kind and respectful and we saw that they were aware of how to respect people's privacy and dignity. People felt they would receive support from staff when needed.

We found that a range of stimulating and engaging activities were provided at the service.

Sufficient staff were on duty to meet people's needs. The manager had recently reviewed staffing levels and was in the process of increasing them. A training programme was in place that enabled staff to provide the care and support people needed. Staff were all clear that they worked as a team and for the benefit of the people living at Yew Tree Care Centre.

The manager had introduced systems for reviewing incidents and accidents. This was used to consider how lessons could be learnt and positive outcomes were achieved. Staff told us that since starting work at the service the manager had made a range of improvements to the service. People told us they were confident that the manager would thoroughly investigate any concerns but had not needed to raise any and were happy with care provided.

People told us they were offered plenty to eat and we observed staff assisted individuals to have sufficient healthy food and drinks to ensure their nutritional needs were met. The cook also provided a range of fortified meals for people who needed extra calories to maintain their weight.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments.

The manager had a clear vision about the direction of the service. They were committed and passionate about the people they supported and were constantly looking for ways to improve. Quality assurance processes and audits were in place and the manager was ensuring these were used to check that the care and support was delivered in the safest and most effective way possible.

The registered manager actively sought feedback from people who used the service, relatives, staff and external agencies to measure the effectiveness of the service delivered and satisfaction levels.

## 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.

Staff recognised signs of potential abuse and reported any concerns regarding the safety of people to senior staff.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Risks were monitored and managed appropriately with the least restrictive option always considered

People lived in a clean and well-maintained service with environmental risks managed appropriately.

People's medicines were managed safely and audited regularly.

### Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training.

Staff felt supported by their colleagues and the registered manager and staff worked as a team.

People's consent was sought. Staff followed the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards appropriately.

People were provided with a choice of nutritious food.

People's on-going healthcare needs were managed and monitored.

### Is the service caring?

Good ●

The service was caring.

Staff knew people really well and used this knowledge to care for them and support them in achieving their goals.

People felt listened to and their views were taken into account and helped to shape the service.

Staff were considerate of people's feeling at all times and always treated people with the greatest respect and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans were produced, which identified how to meet each person's needs. However, increased space in the assessment tool would assist staff to write the care plans.

We saw people were encouraged and supported to take part in a wide range of activities.

The people we spoke with were aware of how to make a complaint or raise a concern. The manager understood how to thoroughly investigate and resolve complaints.

### Is the service well-led?

Good ●

The service was well-led.

The manager was in the process of becoming registered with CQC.

People's and relatives' views were sought and acted upon.

Quality assurance processes were in place, which ensured the safety, effectiveness and standards at the service were maintained.

# Yew Tree Care Centre

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Two adult social care inspectors started the inspection on 16 June and completed this 4 July 2018.

During our inspection we spoke with 16 people who used the service and eight family members. We used SOFI to observe four people and they looked relaxed and happy. We also spoke with the registered manager, area manager, two nurses, two senior carers, seven care assistants, the cook, a domestic staff member, the activities coordinator and two visiting healthcare professionals. We observed staff practices, looked at the care records of seven people who used the service and three staff files plus records associated with the management of the service.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is record about important events which the service is required to send to the Commission by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. Information provided by these professionals was used to inform the inspection.

Due to technical difficulties the registered manager was unable to submit a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

# Is the service safe?

## Our findings

We asked people who used the service and relatives what they thought about the service and staff. People told us they were very pleased to be living at the service and felt safe. Relatives told us they thought the staff provided safe care that met people's needs.

People's comments included; "I can't praise the staff enough, as they all go out of their way to make sure I'm okay." and, "They make sure people are looked after properly."

Relatives said, "It's always clean and you ask for anything and it's there. The staffing is ok, there is always someone around." Another relative told us, "The staff let us know if [person's name] is unwell or needs anything." And another person commented, "I have real peace of mind knowing [person's name] is here as I know the staff make sure they are ok and well looked after."

People who were identified to be at risk had appropriate risk assessments and plans of care in place in areas such as managing pressure area care. Charts used to document change of position and food and hydration intake were clearly and accurately maintained in order to monitor risks and any changes in their conditions. The records reflected the care we observed being given.

Staff were able to clearly outline the steps they would take if they felt they witnessed abuse and we found these were in line with expected practice. We asked staff to tell us about their understanding of the safeguarding process. Staff gave us appropriate responses and told us they would report any incident to senior staff and knew how to take it further if need be. Safeguarding incidents that had been raised since the new provider had purchased the service were dealt with appropriately.

We found information about people's needs had been used to determine the number of staff needed to support people safely. Through our observations, review of the rotas and discussions with people and staff members, we found that in general there were enough staff with the right experience and training to meet the needs of the people who used the service. However, at times staff on the general nursing unit could be under pressure to deliver the care and if the units needed extra support the nursing unit staff were asked to support them. This left these units stretched. "Staffing is ok, nights are a bit of a stretch, if all the buzzers are going it's tricky but it generally feels ok," And, "Staffing is ok but it feels downstairs on an afternoon another pair of hands would be beneficial." The manager had reviewed staffing levels and recognised this issue so was in the process of recruiting additional care staff.

We looked at the recruitment records for five members of staff and saw that appropriate checks had been undertaken before staff began working at the service. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, driving

licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. We saw the provider had ensured they checked with the registering body for nurses that they were fit to practice and registered before employing nursing staff. This meant the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. Staff could clearly articulate what they needed to do in the event of a fire or medical emergency. Staff were also able to explain how they would record incidents and accidents. A qualified first aider was on duty throughout the 24 hour period.

Accidents and incidents were managed appropriately. The manager discussed how they analysed incidents to determine trends. They outlined how they had used this to assist them to look at staff deployment, which had led to reduction in accidents, and to prevent repeat events. We saw that where accidents had occurred they had been fully recorded and appropriate remedial action taken to reduce these reoccurring.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. We also found that fire drills were completed every six months for day staff and every three months for night staff and refresher training was undertaken annually. This frequency was in line with that required in the fire regulations.

All areas we observed were very clean and had a pleasant odour. We saw that personal protective equipment (PPE) was available around the service and staff explained to us about when they needed to use it. Ample stocks of cleaning materials were available and these were appropriately stored and used.

Appropriate steps had been taken to protect people who used the service against the risks of unsafe or unsuitable premises. Records confirmed that regular checks of the fire alarm were carried out to ensure that it was in safe working order. The water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a regular basis to make sure that they were within safe limits. Appropriate checks of the building and equipment were carried out to ensure people's health and safety was protected.

We inspected medicines on the ground floor and first floor of the service. We found the administration of people's prescribed medicines was clearly recorded and non-administration codes were used correctly.

We looked at how medicines were stored. Appropriate checks had taken place on the storage, disposal and receipt of medication. Staff knew the required procedures for managing controlled drugs [these are medicines liable to misuse]. We checked the records for the management of controlled drugs on the ground floor and found these were correctly and safely administered.

We looked at the current medicines administration record for one person prescribed a medicine that required regular blood tests. Arrangements were in place for the safe administration of this medicine. We looked at how medicines were monitored and checked by management to make sure they were being handled properly and that systems were safe. We found that the provider had completed regular medication audits and had worked to improve the quality of recording around topical medicines [these are medicines, usually creams, applied to the skin].



Treatment rooms where medicines were stored were clean, free from clutter and items were stored at the correct temperature.

## Is the service effective?

### Our findings

The people and relatives we spoke with told us they thought the staff were good and had the ability to provide a service which met their needs and goals.

People's comments included; "The staff really make us feel important", "There is always someone around", "Staff know what they are doing", and "I have never found it a problem or had to wait."

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 a particular decision, 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 staff understood of the Mental Capacity Act 2005 (MCA) and what actions they would need to take to ensure the service adhered to the code of practice. The care records we reviewed contained assessments of the person's capacity to make decisions. We found that in line with the MCA, code of practice assessments were only completed when evidence suggested a person might lack capacity. Care records also described the efforts that had been made to establish the least restrictive environment.

When people had been assessed as being unable to make complex decisions discussions had taken place with the person's family, external professionals and senior members of staff. Records were in place to show the outcome of these discussions and any decisions that would be in their best interests. Best interest decisions were clearly recorded in relation to care and support, administering medicines, amongst other things. We discussed with the manager how these could be extended to cover other restrictions such as accompanying people when they were outside.

At the time of the inspection, we found that where appropriate people were subject to Deprivation of Liberty Safeguards (DoLS) orders. Staff we spoke understood why they needed to seek these authorisations. The manager also kept a record of when the DoLS expired and were aware they may need to do further assessments and re-apply for another authorisation. The staff were aware of the person's right to contest the DoLS and apply to the Court of Protection for a review of this order.

Staff were in the process of changing the care records to those used by the new provider. We discussed the existing assessment tool with the regional manager and manager and how this provided limited space for staff to record information. We found that this had led to staff needing to write assessment information in the care plans, which reduced the detail they provided around how to support people. They agreed to review the new documentation and ensure this issue was not replicated in the new care records.

Staff members were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff members we spoke with told us they received mandatory training and other training specific to their role. Mandatory training is training that the provider thinks is necessary to support people safely. Staff had received training specific to the needs of the people they supported such as end of life care and understanding behaviour that challenges. Staff told us they felt able to approach the management team if they felt they had additional training needs and were confident this would be arranged. The nurses told us that the provider assisted them to comply with the requirements for revalidation with the Nursing and Midwifery Council (NMC).

New staff completed the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care that are expected.

Staff we spoke with during the inspection told us they had regularly received supervision sessions. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. Staff told us that plans were already in place to make sure they had an annual appraisal. We saw records to confirm that supervisions were taking place. Staff we spoke with were very positive about the new manager and felt they were very approachable.

People received appropriate assistance to eat in dining rooms and in their own rooms. The tables in the dining room were set out well and consideration was given as to where people preferred to sit. The cook told us that the registered provider gave them a very ample budget. The cook told us that they expected food to be of a high quality and the range of actions they took to make sure meals were nutritious. They ensured meals for people who needed adapted diets such as pureed meals were presented in appetising ways. Staff explained how the cook readily responded to requests people made and cooked lemon chicken for one person, curries for another and steak for other people when they told them they liked these meals.

We saw that tools, which are used to monitor whether people's weight were within healthy ranges, were being accurately completed. Where people had lost weight the staff ensured referrals were made to their GPs and dietitians for further external input into their care.

One of the senior carers explained "The rapid response service we get from the nurse emergency practitioners is excellent. It means if someone is very symptomatic we can start them on medicines straight away and then submit samples for checking. It's a godsend that on weekends we also have a service from the G.P and nurse practitioners at the local surgery, they are quick to come out." We saw records to confirm that people had regular health checks and were accompanied by staff to hospital appointments. Staff contacted other healthcare professionals as soon as people's needs changed or where they needed additional expertise such as contacting tissue viability nurses.

# Is the service caring?

## Our findings

The people we spoke with said they were happy with the care provided at the service. They told us that staff respected them and were considerate. People found that all of the staff were kind. Relatives told us they thought the care being received was very good.

People's comments included; "They are all very kind here and we have a laugh", "I can't think of anything they could do better", and "The staff really look after us really well."

We saw that staff were caring and compassionate when working with the people who used the service. Staff we spoke with described with great passion their desire to deliver high quality support for people. We found the staff were warm and friendly. Staff told us, "I always treat people how I would expect my family to be looked after", and "I love working here and I really want to make sure people get excellent care."

The manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussions that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

The staff we spoke with explained how they maintained the privacy and dignity of the people. Staff knocked on people's bedroom doors and waited to be invited in before opening the door. All of the staff we observed worked with people in ways that were respectful.

People were seen to be given opportunities to make decisions and choices during the day, for example, what activities to join. The care plans also included information about personal choices such as whether someone preferred a shower or bath. The care staff told us they used this information and took the time to read the care plans of new people.

Staff used a variety of communication methods and ensured people had their hearing aids and glasses and these were working properly. We saw that information about advocacy services was available, and when needed, the staff enabled people to access these services. Advocates help to ensure that people's views and preferences are heard where they are unable to articulate and express their own views.

A recent redecoration programme had been completed and this had led to a wide range of dementia-friendly signs and furnishings being removed. The manager was in the process of making sure these were replaced and units for people living with dementia were made dementia friendly.

We noted that the dining room in the dementia nursing unit had lost all of its tearoom furnishings. Staff told us that when people had used the dining room before they would comment positively about the room and the nice china and furnishings aided them to recognise they were going to have a meal. Staff told that the tearoom furnishings had been used downstairs in the residential unit. We discussed the loss of the stimulating environment from the dementia nursing unit and they undertook to make sure the tearoom

effect was re-introduced.

The activities coordinator had a programme of creating communal rooms that assisted people to engage in reminiscing. They had recently opened a replica shop and created a beach front.

## Is the service responsive?

### Our findings

People told us they were provided with care and support that met their specific needs. People's comments included; "They know me well and I feel very comfortable with them", "I am happy with the care they provide to [person' name] and find even the littlest of niggles are sorted out", and "I'm waiting for the newspapers to come as I get them each day. I went out yesterday to the shopping centre [with the activity co-ordinator]. I have no complaints, there is always someone around."

Staff were extremely knowledgeable about the care and support people needed and received. We found that the staff made sure the service worked to meet the individual needs and goals of each person. We found the care records were well-written and detailed each person's needs. However, staff needed to provide more specific information around how they would meet a need. We discussed this with the regional manager and manager who explained that they would ensure the documentation the provider put in supported staff to detail the exact nature of the assistance people needed. We saw as people's needs changed their care plans and risk assessments were updated.

The staff also worked closely with the local palliative care team and people told us this assisted staff to put together end of life care plans, which met individual's need. We found that staff understood the actions they needed to take when someone was reaching the end of their life. Care records contained evidence of discussions with people about end of life care, so that they could be supported to stay at the service if they wished. A nurse told us how they had received specialist end of life care training and felt this had enhanced the service. They passionately explained the goal of the nursing unit was to give the best support they could and, when needed, to ensure people experienced excellent care at the end of their life. A relative said, "My relative could not have had better care, her last months were difficult but the end of life care was brilliant."

We saw that people were engaged in a variety of activities. From our discussion with the staff and people we found that the activities were tailored to each person. People told us the range of activities they enjoyed. We saw photographs from recent events and could see that everyone was laughing and smiling. One person said, "The activities are such good fun."

Two activity co-ordinators work at the home and at the time of the inspection one of them was on duty. We saw that the activity co-ordinator was a very lively encouraging person who had a great rapport with everyone. We saw they opened a sweet shop for people to make purchases and people living with dementia popped in and out of it and were encouraged to pick items up and hold them if they wished. They even gave people sweets saying, "Go on you know you like these ones."

Staff, relatives and people told us that the activity coordinator was an inspiration and was always finding new and exciting things for people to do. We discussed with the activity coordinator their plans and heard how they got a range of people to assist them create a stimulating environment. They had recently with the assistance of the maintenance person created a shop in a spare room. This had an authentic shop front and inside replicated a sweet shop from the 50's. They told us they were in the process of creating a street and their neighbour was making things for this. We found that their enthusiasm was contagious.

Staff were very attentive to people and made sure they enjoyed all the activities. We observed staff going outside where a person was sitting with their relative in the sun and brought a sunhat and sunscreen as well as providing drinks to keep them cool.

Staff were able to explain what to do if they received a complaint and how they encouraged people to discuss any concerns or issues with them. We saw the complaints policy was on display on both floors as well as in the lift. We looked at the complaints procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. We found that the manager understood how to investigate complaints and take action to rectify concerns. Relatives told us the management team were approachable and they felt able to raise any issue no matter how minor. People we spoke with told us that if they were unhappy they would not hesitate in speaking with the manager.

## Is the service well-led?

### Our findings

People and relatives, we spoke with were very complimentary about the service and how it was run.

People's comments included; "The staff are lovely and can't do enough for you", "It's lovely here, I have such piece of mind now. he girls are really kind and caring. [Name] the acting manager has been a great support to me. Me and my son come and have dinner with everyone here, that's lovely", and "It seems to be well run."

The registered manager had recently left their post since then provider had recruited a new manager who was in the process of registering with CQC. Staff were very complimentary about the new manager. One staff member commented, "The atmosphere is loads better. [Name] the acting manager is doing a great job. She listens and is supportive and is one of us." Another said, "It's been a bumpy road but it's getting better", and "It's really going forward. We have a great team now." We found the new manager provided focused leadership and demonstrated a great desire to provide an excellent service. They adopted an approach that empowered staff to constantly look at how improvements to the service could be made.

The manager said they were effectively supported by the provider and regional manager. Staff told us that they felt able to approach senior managers. The activity coordinator discussed how recently one of the directors, who is also the nominated individual, visited and the activity coordinator had raised with them the uniform for their role. They had argued it was not conducive to engaging in a therapeutic relationship and highlighted that people were from a care home when they went out. The director agreed that the activity coordinators could wear ordinary clothes. The activity coordinator told us this made them feel valued and that their views mattered.

We found the whole staff team expressed the view that they were there to provide care and support for the people living at the home. People told us that they found that the maintenance, domestic staff, catering staff and care staff would go the extra mile to make sure people were content.

The manager had started to hold regular discussions with the people who used the service, relatives and staff, which provided a forum for people to share their views. Questionnaires were regularly sent out to people and their relatives, and resident and relative meetings were held. The provider analysed the feedback from questionnaires to identify areas highlighted where improvements could be made.

The quality, safety and effectiveness of the service was monitored by a wide variety of quality assurance processes and audits. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service that meets appropriate quality standards and legal obligations. There had been a gap in the completion of these but the new manager had addressed this and was regularly reviewing the service. The regional manager completed a review of the service each month and reported their findings to the provider. When gaps in practice and recording were identified, action plans were developed and these had been used to drive



improvements.

The staff we spoke with displayed pride about the service that they worked in. One member of staff said, "I love working here."

Services that provide health and social care to people are required to inform the CQC of deaths and other important events that happen in the service in the form of a 'notification'. The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.