Yew Tree Care Limited

Yewtree Care Limited t/a Yewtree Nursing Home

Inspection report

North End Road
Yapton
Arundel
West Sussex
BN18 0DU

Tel: 01243552575
Website: www.yewtreecare.co.uk

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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

The inspection took place on 1 June 2017 and was unannounced.

Yewtree Nursing Home is registered to provide accommodation and personal and nursing care for up to 40 people. At the time of the inspection there were 33 people living at the home ranging in age from 56 to 100 years.

There was a mix of double and single bedrooms. Twenty one bedrooms had an en suite bathroom which consisted of a shower, toilet and wash basin. There was a large living room which was also used as a dining room plus other communal areas which people used for activities or to have meals. There was also a separate activities room. A passenger lift was provided in two areas so people could access the first floor.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider had recruited a new manager who was in the process of applying for registration with the Commission. The provider had notified us of these changes.

At the previous inspection of 3 and 4 May 2016 we found the provider had not ensured people received safe care and treatment. This included the maintenance of safe premises and procedures for supporting people who had problems swallowing food. We made a requirement for this regulation to be met. The provider sent us an action plan of how this was to be addressed and at this inspection we found the regulation was met.

At the previous inspection of 3 and 4 May 2016 we found the provider had not ensured staff received adequate support and supervision to enable them to carry out their duties. We made a requirement for this regulation to be met. The provider sent us an action plan of how this was to be addressed and at this inspection we found the regulation was met.

At the previous inspection of 3 and 4 May 2016 we found the provider had not ensured care and treatment was only provided with the consent of people and where people lacked capacity had not acted in accordance with the Mental Capacity Act 2005. We made a requirement for this regulation to be met. The provider sent us an action plan of how this was to be addressed and at this inspection we found the regulation was met.

People and their relatives said they were satisfied with the standard of care provided at the home. For example, one person commented, "I would recommend this place if you need care." Health and social care professionals also said the service provided a good standard of care.

Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at

risk of harm or if they needed to report any suspected abuse. People said they felt safe at the home.

Care records showed risks to people were assessed and the action to be taken to mitigate those risks. These assessments and care plans were reviewed and updated at regular intervals to ensure people's changing needs were met.

There were sufficient numbers of staff to meet people's needs. Staff recruitment procedures ensured only those staff suitable to work in a care setting were employed.

Medicines procedures were safe.

The home was found to be clean and free from any odours.

Newly appointed staff received an induction to prepare them for their work. Staff had access to a range of training courses and said they were supported to attend training courses.

There was a varied and nutritious menu where people could make choices. Steps were taken to ensure people had adequate food and drink.

People's health care needs were assessed, monitored and recorded. Referrals for assessment and treatment were made when needed and people received regular health checks.

The environment and décor had greatly improved since the last inspection. Bedrooms had been refurbished and en suite bathrooms added. The home had ramped access for those with mobility needs. The décor and furnishing were of a good standard. The home was light and airy.

People were treated by staff in a kind and compassionate manner. People and their relatives described the staff as kind, respectful and as treating people with warmth and love. People were able to exercise choice and their privacy was promoted.

The previous report recommended the provision of activities should be extended. At this inspection we found there were a range of activities for people who were satisfied with this level of provision.

Each person's needs were assessed and this included obtaining a background history of people. Care plans and assessments were comprehensive and showed how people's needs were to be met and how staff should support people. Care was individualised to reflect people's preferences.

The previous report recommended the complaints procedure was updated to include the correct details of the government ombudsman. At this inspection we found this had been completed. People and their relatives said they knew what to do if they wished to raise a concern.

A number of audits and checks were used to check on the effectiveness, safety and quality of the service which the provider used to make any improvements. These included audits by external consultants, medicines audits and health and safety checks. The provider sought the views of people, professionals and relatives as part of the quality assurance process.

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.

Risks to people were assessed and actions taken to mitigate those risks.

The premises and equipment were well maintained and the premises were safe.

The service had policies and procedures on safeguarding people from possible abuse. Staff knew what to do if they suspected any abuse had occurred.

Sufficient numbers of staff were provided to meet people's needs.

People received their medicines safely.

Is the service effective?

Good

The service was effective.

Staff were trained in a number of relevant areas and had access to nationally recognised qualifications in care. Staff received supervision and appraisal of their work. .

The staff were trained in the Mental Capacity Act 2005. Where people did not have capacity to consent to their care and treatment their capacity was assessed. Applications to deprive people of their liberty called a Deprivation of Liberty (DoLS) were made when appropriate.

People were supported to have a balanced and nutritious diet and there was a choice of food.

Health care needs were monitored. Staff liaised with health care services so people's health was assessed and treatment arranged where needed.

Is the service caring?

Good

The service was caring.

People were treated with kindness and dignity by staff who took time to speak and listen to them. Staff treated people with warmth and knew how to communicate well with them.

Care was provided based on each person's needs and preferences and people were able to make choices. Staff asked people how they wanted to be helped.

People's relatives were able to visit and people's privacy was promoted.

Is the service responsive?

Good

The service was responsive.

People's needs were comprehensively assessed and reviewed. Care plans were individualised and reflected people's preferences. A range of activities were provided to people.

People knew what to do if they wished to raise a concern. There was a complaints procedure displayed in the home.

Is the service well-led?

Good

The service was well-led.

The provider encouraged people and their relatives as well as health and social professionals to express their views about the service. This demonstrated the provider was open to suggestions for improvement.

There were a number of systems for checking and auditing the safety and quality of the service.

The ethos of the service was friendly and family like with a staff team who promoted people's rights to a good standard of care. Staff felt supported by the service's management team.

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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.

This inspection was unannounced and took place on 1 June 2017 and was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We reviewed information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

During the inspection we spoke with four people who lived at the home and to five relatives. We also spoke with three care staff, two registered nurses, the manager, a representative of the provider and two members of the administrative team.

A number of the people at the service were not able to communicate with us very well so we spent time observing the care and support people received in communal areas of the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked at the care plans and associated records for five people. We reviewed other records, including the provider's internal checks and audits, staff training records, staff rotas, accidents, incidents, medicines records and complaints. Records for six staff were reviewed, which included checks on newly appointed staff and staff supervision records.

We spoke with a visiting community nurse who gave their permission for their comments to be included in this report. We obtained the views of the local authority commissioning team who funded placements at the service and carried out periodic checks on the service. We also spoke to a member of a community learning disability team.

Good

Is the service safe?

Our findings

At the previous inspection of 3 and 4 May 2016 we found the provider had not ensured people received safe care and treatment. We made a requirement for this to be addressed and the provider sent us an action plan of how they would ensure this regulation was to be met. At this inspection we found improvements had been made and this regulation was now met. The requirement was made due to areas of the premises not being safe due to maintenance and refurbishment. At this inspection we found the refurbishment had been completed and the premises was now safe and well maintained. The last inspection report also identified that checks as set out in the service's own procedures for preventing the risk of Legionnaire's disease were not being completed. At this inspection we found action had been taken to address this. The previous report also noted suitable privacy locks were not always installed on bathroom and bedroom doors. At this inspection we found this had been addressed and locks were in place.

The previous report made a requirement regarding the care and support of people at risk of choking when eating. At this inspection we observed staff supported people who needed mashed or pureed food. This included sitting people in an upright position to reduce the risk of choking. Care plans included guidance for staff about the support people needed when eating, such as which food items needed to be mashed or pureed. Referrals had been made to the speech and language therapist (SALT) to asses those who might be at risk of choking. Reports from the SALT were included in people's care records and had guidance for staff to follow to support people to safely eat. This requirement was now met.

People and their relatives said the service provided safe care. For example, a relative commented that staff used moving and handling hoists safely. Another relative said staff made frequent checks on people and made sure people were always safe. One relative said the staff were skilled in managing people's behaviour which ensured they were safe.

Records showed staff were trained in safeguarding people and this was also included in the induction for newly appointed staff. One staff member said they had also attended safeguarding training which was provided by the local authority. We spoke to staff about the safeguarding of people and each staff member had a good awareness of the principles of safeguarding procedures and who to report any concerns to.

People's care records included risk assessments regarding possible falls, mobility, activities, nutrition and the risk of skin damage. There were also risk assessments regarding behaviour needs. For example, one person's care records described the hazards and measures to control risks regarding going out, preventing falls, moving and handling procedures, nutrition and risks of choking. There were corresponding care plans to show how the risks were to be mitigated. The risk assessments were reviewed and updated. Moving and handling assessments gave staff clear guidance on how to support people when moving them. We observed people were safely moved from chairs to wheelchairs and to sit at the dining table. Risks regarding falls and developing pressure areas on skin due to prolonged immobility were completed. Appropriate referrals had been made to health care services. These included referrals for assessment by the tissue vitality service regarding pressure area care, and, physiotherapy services where people were at risk of falls. Health and social care professionals said people received safe care and that staff worked well with community health

care services such as the physiotherapist regarding moving and handling.

Specialist equipment was used, such as pressure relieving mattresses, to reduce the risk of pressure areas developing on people's skin. One person had a record to show they were repositioned at intervals to relieve the pressure on their skin due to prolonged immobility. The care plan, however, did not include instructions of how often this repositioning should take place. We raised this with the registered nurse on duty who agreed this needed to be done and indicated this would carried out.

Relatives said there were enough staff to ensure people were safely looked after. For example, a relative said, "There's lots of staff. They are there when you want them. Plenty about." People and their relatives said they were supported well by the staff who responded when they asked for help by using their call point. Another relative said, "If you ring the buzzer the staff respond immediately. There's usually loads of highly skilled staff and the same familiar faces too so they get to know people."

The service provided sufficient staffing levels to meet people's needs. We based this judgement on observations of staff with people, what people, relatives and staff told us as well as the views of health and social care professionals we spoke to.

At least six care staff were on duty from 8am to 8pm each day plus a registered nurse. At night time four care staff and one registered nurse were on duty. The service also had an activities coordinator, a cook, and cleaning staff. Staffing arrangements were organised on the staff rota. On the day of the inspection there were two registered nurses on duty from 8am to 2pm plus seven care staff. Additional staffing was provided for one person due to their care needs, which was funded by the local authority.

We looked at the staff recruitment procedures. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting. Checks were made that nurses were registered with the Nursing and Midwifery Council (NMC). There were records to show staff were interviewed to check their suitability to work in a care setting as well as an assessment that prospective staff were able to speak English.

We looked at how the service managed people's medicines. There were policies and procedures for the safe handling of medicines. Medicines were administered by registered nurses. Training for the registered nurses in the safe handling of medicines was provided by the supplying pharmacist, which also involved the completion of a questionnaire assessment. The previous inspection report noted that there was no formal observation of the competency of the registered nurses to safely handle medicines, which is recommended in the Royal Pharmaceutical Society guidance, The Handling of Medicines in Social Care. At this inspection we found the provider had implemented a system of observing registered nurses' competency to handle medicines safely.

Medicines were supplied to the service in a monitored dosage system which meant the medicines were easier to handle as they were organised in a pack for each time the person needed the medicine. Staff completed a record each time they administered medicines to people and we observed this practice taking place. Stocks of medicines showed people received their medicines as prescribed.

Where people had medicines administered on an 'as required' basis there was a protocol for this which described the circumstances and symptoms of when the person needed this medicine. We noted one person's 'as required' medicine protocol did not give sufficient information about when it was needed as it said 'when in pain.' This was an exception as protocols where other people needed to have 'as required' medicines were well recorded. The manager agreed to check this and to add more details to the protocol.

The temperature of the medicines storage room was monitored as was the temperature of the fridge used to store medicines. These were within the recommended safe limits.

People told us they received their medicine when they needed it.

We found the premises were clean and free from any offensive odours. Hand sanitiser was in place for staff and visitors to use to help prevent infection. Staff were trained in infection control and we observed staff wore protective aprons and gloves when they needed to.

Servicing and checks on equipment was carried out such as the passenger lifts, fire safety equipment, hoists, gas heating, the call point system, electrical wiring and electrical appliances. Radiators were covered to protect people from possible burns from hot surfaces and window openings on the first floor were restricted to prevent people falling.

Good

Is the service effective?

Our findings

At the previous inspection of 3 and 4 May 2016 we found the provider had not ensured staff received appropriate support, supervision and appraisal to enable them to carry out their duties. We made a requirement for this to be addressed and the provider sent us an action plan of how they would ensure this regulation was to be met. At this inspection we found improvements had been made and this regulation was now met.

Staff supervision and appraisal was found to be well planned and organised. Records showed staff received supervision, which included observation of them working with people. This enabled the provider to assess the competency of staff to provide safe and effective care. Staff confirmed there was a system whereby they were observed working with people as well as supervision with their line manager. For example, staff told us they had regular supervision and their work was observed and assessed by their line manager, which included handling medicines. Staff said they felt supported in their work and could ask for advice when they needed. A registered nurse told us, "The providers are brilliant. You can ask for support, advice and training." Staff also said they were supported by colleagues adding that they worked well as a team and had regular meetings to discuss people's care needs.

At the previous inspection of 3 and 4 May 2016 we found the provider had not ensured care and treatment was always provided with the consent of people. Where people were unable to consent, the provider had not acted in accordance with the Mental Capacity Act 2005 and its Code of Practice. We made a requirement for this to be addressed and the provider sent us an action plan of how they would ensure this regulation was to be met. At this inspection we found improvements had been made and this regulation was now met.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the last inspection we found the provider did not have a full understanding of the MCA and DoLS, as applications were made to deprive people of their liberty where people had capacity to consent to their care and treatment. This was because the capacity of people was not being appropriately assessed. At this inspection we found where people did not have capacity to consent to their care and treatment, that a capacity assessment was carried out and recorded. We also saw capacity assessments were completed to determine when people had capacity when this was appropriate. For those who lacked capacity to consent to their care and treatment the provider had applied for a DoLS authorisation. At the time of the inspection the provider confirmed three people were subject to a DoLS authorisation and a further three had an appointee from the Court of Protection for someone to make decisions on their behalf. Where decisions were made on behalf of people who lacked capacity there was a record of a 'best interests' meeting being

organised for certain procedures and as required by the MCA.

The service had policies and procedures regarding the MCA with guidance of what to do if someone did not have capacity to consent to their care and treatment. Staff received training in the MCA and had an understanding of the principles of the legislation.

We observed staff gained people's consent before supporting them. People and their relatives said staff consulted people and gained their consent when providing care where this was possible.

People and their relatives described the staff as skilled in working with people. People told us their health care needs were met. For example, a relative described the staff as, "Very skilled. Highly skilled." Another relative said, "The staff are caring and perceptive. They pick up on any changes."

Newly appointed staff received an induction to prepare them for their work. There was a comprehensive induction pack which covered the service's policies and procedures and how to help people with personal care.

The provider maintained a spreadsheet record of training in courses completed by staff, which were considered mandatory to providing effective care. This allowed the provider to monitor when this training needed to be updated. These courses included fire safety, infection control, moving and handling, health and safety, safeguarding people, the MCA, nutrition, dysphagia, wound care, oral care, whistleblowing procedures and feeding people by a percutaneous endoscopic gastronomy (PEG). Additional training was available to staff needed in caring for those with specific conditions such as epilepsy, respiratory conditions and people who had behaviours which challenged. Staff confirmed they received training which they said was of a good standard and that they were able to suggest relevant training courses which were then provided. Registered nurses said they were supported to complete training in order to maintain their registration with the Nursing and Midwifery Council (NMC). A community nurse from the NHS told us the registered nurses had a good skill level, dealt well with people with complex needs, and always sought appropriate advice.

Each member of the care staff team had enrolled on the Care Certificate. Staff were supported to attain the National Vocational Qualification (NVQ) in care or the Diploma in Health and Social Care. The provider confirmed five staff were trained to level 5 in the Diploma in Health and Social Care, 20 staff had attained the NVQ 2 and three had NVQ level 3. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard.

People told us they liked the food. Comments from people included the following: "The food is good. I haven't had a bad meal." Relatives said people who were fed via PEG were supported well.

The service had a menu plan which showed varied, nutritious and balanced meals. People were offered a choice of food and were asked in advance what they wanted to eat which was recorded for the kitchen staff to follow. Stocks of food included fresh vegetables and fruit and the chef told us dishes were home-made from fresh ingredients.

We observed the lunch and noted people had different meals according to their choice. Staff gave people assistance to eat by either encouragement or by supporting them to eat. Some people ate independently. Staff responded to people's requests for food and tried to give people alternatives if they decided they did not like the meal.

People's nutritional needs were assessed and care plans recorded where people needed support with eating and drinking. Where people had problems with eating and drinking, referrals were made to the GP, dietician or Speech and Language Therapist (SALT). Copies of SALT reports were included in people's care records so staff knew the type of support people needed. Some people's food and fluid intake was monitored, which was recorded and showed people had sufficient to eat and drink. People's weight was monitored and recorded. Guidelines were recorded where people needed feeding via a PEG.

Care records showed people's health care needs were monitored by staff and arrangements made for health care checks and treatment. Relatives told us arrangements were made for health care and treatment when this was needed. Records showed medical attention and advice was sought from GPs and health care professionals. We observed a registered nurse discussing the needs of one person with a visiting community nurse to plan how to meet the person's needs. Care records also showed people were supported to have eye sight checks and that oral health care needs were assessed.

Since the last inspection a number of improvements and refurbishment of the interior and exterior of the home have taken place. This included the refurbishing of bedrooms and the creation of en suite facilities. The building was found to be decorated to a good standard and was bright and airy. Gardens at the front and rear of the home were well maintained and accessible to people by the provision of ramped access. There were tables and chairs for people to sit at in the gardens. The service had a large communal area with armchairs and dining tables and chairs. The area was also used for people to take part in activities. There was another activities room with equipment for activities, such as crafts and games, which people could use.

Good

Is the service caring?

Our findings

People were treated by staff in a kind and compassionate way. People and their relatives made positive comments about the approach of staff who were described as, kind, considerate, respectful and friendly. One relative referred to the way treated their relative living at the home, "They love her. They treat her like a human being. She's surrounded by love." Another relative said of the staff, "They are kind, considerate and respect the elderly. I have only ever seen the staff being nice and kind to people."

People and relatives said the staff communicated well with people. For example, one person said, "The staff are nice. I like people talking to me all the time and they do that." Relatives said staff took time to talk with people who did not leave their bedroom.

Relatives said the staff were also friendly and welcoming. Relatives also said the staff provided support to them as well.

We observed staff and people together in the lounge- dining area. Staff and residents chatted and joked with each other continuously. Staff responded well to those who gestured for help because they did not have verbal communication. Care plans included details of how staff should communicate with people with limited communication skills. There was laughter and free communication between staff and people. Relatives described the atmosphere in the home as being like, "One big happy family," and the staff as, "Really lovely people."

At lunch the staff provided support to people who needed it. They responded when people wanted a different meal. Staff spoke to people warmly and interacted well with those who needed help. The staff made eye contact with people and crouched down so people could see them when they spoke to them rather than standing over them. This showed staff took care to treat people in a way which made people feel they mattered.

Staff demonstrated they treated people as individuals and with care. For example, one staff member said they treated people according to their cultural needs, offered choices and made sure people were treated as individuals. Another staff member said they treated people as they would treat a member of their own family. Staff said they knew each person's needs and preferences. The staff induction included instructions for staff in treating people with dignity, maintaining people's independence and treating people as individuals.

Each person had a person centred care plan which was personalised to reflect people's preferred routines and choices in how they spent their day and how they wished to be helped. People confirmed they were able to choose how they spent their time and a relative said staff took account of people's wishes. Care plans also included details of how staff should support people with emotional needs. Staff told us care was provide based on what the individual needed and that choices were available to people.

People's privacy was promoted by the staff. We observed staff knocking and waiting before entering

people's bedrooms.

People and relatives said there were no restrictions on when friends and relatives could visit.

Care plans included details of any end of life care where this was relevant. These included people's preferences. A community nurse said they were involved in supporting staff regarding end of life care such as training staff in management of pain control.

Good

Is the service responsive?

Our findings

At the previous inspection of 3 and 4 May 2016 we found the provider had not met people's needs and preferences by the provision of activities and meeting their social needs. We made a requirement for this to be addressed and the provider sent us an action plan of how this regulation was to be met. At this inspection we found improvements had been made and this regulation was now met.

People and their relatives said there were a range of activities provided. One relative said these consisted of "in house" games such as bingo and bowls as well as entertainment by visiting musicians and entertainers. Another relative said there were good facilities and activities for people. People said they liked the activities, although one person said they liked the card games but found the other activities "boring." We observed people taking part in games activities during the inspection. An activities coordinator was employed from 8am to 2pm from Monday to Friday. Staff informed us that care staff provided activities at the weekends. A record of activities was maintained and showed these ranged from trips out, games, group sessions and one to one sessions with people. There was an evaluation form to show the activities coordinator had assessed if the session was successful.

People were observed to be well cared for. Relatives also made positive comments about the responsiveness to meeting people's needs. For example, one relative described the care provided to their relative as follows, "They provide the best possible care. Always clean, tidy and not in pain." Another relative said of their mother's care, "Good care. She is comfortable, happy, well looked after with attention to detail such as nails and hair." People said care was provided in the way they preferred. For example, one person said, "Staff get me up in the morning when I want to." Another person said, "Staff will provide care in the way I want."

People's needs were comprehensively assessed at the time they were admitted to the service. This included communication needs, personal care, continence, mobility and nutrition. Further assessments were carried out regarding moving and handling and any risks to people. Each person had a care plan which was detailed and well recorded. For example, support for treating diabetes, managing risks of pressure areas on skin and for dealing with needs such as Parkinson's disease were well recorded and met NICE (National Institute for Clinical Excellence) guidelines. Care plans for dealing with people's behaviour needs were well recorded and gave staff clear guidelines on how to support people. Care plans also included information about people's background and family life. The staff were responsive to people's changing care needs. Care plans and risk assessments were reviewed at regular intervals and were updated to show changing needs were addressed.

Health and social care professionals described the standard and responsiveness of care as being very good. For example, a community nurse said of the outcome for one person, "The placement has worked well and they have worked wonders. She's happy. The family are happy. It's good nursing care." This professional also said the staff contributed to care reviews of people's needs. Another community nurse said the staff worked well with community nursing services by always putting in place any equipment which was suggested and following any advice to meet people's needs.

The service had a complaints procedure which was included in the terms and conditions contract. The last inspection report recommended the complaints procedure should be updated to include the correct details for the ombudsman should any complainant wish to complain. At this inspection we found this recommendation had been completed.

The provider told us there had been no formal complaints but that any issues were resolved informally. People and their relatives said they did not have any complaints about the service and that when they had raised any issue or concern these were dealt with to their satisfaction.

Good

Is the service well-led?

Our findings

People and their relatives said they felt able to contact the management of the service and that they were asked to give their views on the quality of the service. Relatives described the ethos of the service as having a, "Family atmosphere." When we asked relatives about the management and running of the service they replied with comments such as, "Most helpful. Couldn't find a better place. The office staff are welcoming," and, "It's like a family there. Really lovely people."

The provider was open to receiving feedback about the service. Relatives said they were asked to give their views of the service by completing satisfaction survey questionnaires. One relative said they were encouraged and reassured that it was safe to make any comments or suggestions about the service. Another relative said there was a 'comments and suggestion' box in the hall. The results of these were looked at by the service's management to see if any changes or improvements were needed. We saw the feedback from relatives and people about the standard of care and this was positive. People were also able to give their views about the service at the residents' meetings.

The views of health and social care professionals were also sought. We saw the following feedback regarding one person's care, "It's wonderful to see her so settled, happy and well. Yew Tree staff have done an excellent job in caring for her."

Since the last inspection the registered manager has resigned as manager. There was a manager in post who was applying to the Commission for registration. This person was a registered nurse and was also responsible for taking a lead role in any decisions regarding nursing care. The provider had notified us of these changes.

A health and social care professional said the administrative staff worked well in ensuring the right equipment was provided when this was requested by community nursing services.

Information was available to people and visitors in the hallway of the service. These included the provider's Statement of Purpose, the last CQC report and satisfaction survey forms for people to complete. This facilitated communication channels between people and the service's management.

Staff told us they attended staff meetings where they could discuss the care of individuals and any updates to policies and procedures. Staff said they felt supported and said there was a culture where they could ask for support and training to enhance the standard of care they provided.

Staff were aware of their responsibilities regarding the safety and rights of people and demonstrated they were committed to promoting people's welfare, safety and dignity.

The provider checked on the quality and safety of the service in a number of ways. This included the commissioning of an audit by external consultants who produced a report. There were weekly and monthly audits of medicines procedures in the home as well as a monthly health and safety audit check. Monthly

audits also took place of staff supervision, staff files and staff training. Audits on equipment and procedures included the kitchen, daily routines, pressure relieving equipment, infection control, medicines and care plans. Records showed incidents, such as falls to people, were looked into and changes made so lessons were learned.