

Yew Tree Nursing Home Limited

Yew Tree Nursing Home

Inspection report

Yew Tree Place
Romsley
Halesowen
West Midlands
B62 0NX

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Tel: 01562710809

Website: www.yewtreecarehome.co.uk

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 19 January 2016 and was unannounced. Yew Tree nursing home provides accommodation and nursing care for up to 41 older people. There were 41 people who were living at the home on the day of our visit.

There was a registered manager in place at the time of our inspection. 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.

People lived in a safe environment as staff knew how to protect people from harm. We found that staff recognised signs of abuse and knew how to report this. Staff made sure risk assessments were in place and took actions to minimise risks without taking away people's right to make decisions.

There were sufficient staff on duty to meet people's needs. People told us that staff helped them when they needed assistance. Regular reviews of people's care and deployment of staff meant staffing levels were reviewed and reflected the needs of people who lived there. People's medicines were administered and managed in a safe way.

People received care and support that was in-line with their needs and preferences. Staff provided people's care in-line with their consent and agreement. Staff understood and recognised the importance of this. We found people were supported to eat a healthy balanced diet and with enough fluids to keep them healthy. We found that people had access to healthcare professionals, such as the dentist and their doctor when they required them and where supported to hospital appointments.

We saw that people were involved in the planning around their care. People's views and decisions they had made about their care were listened and acted upon. People told us that staff treated them kindly, with dignity and their privacy was respected.

We found that people knew how to complain and felt comfortable to do this should they feel they needed to. We looked at the providers complaints over the last 12 months and found that no complaints had been received.

The registered manager demonstrated clear leadership. Staff were supported to carry out their roles and responsibilities effectively, which meant that people's received care and support in-line with their needs and wishes.

We found that the checks the provider completed focused upon the experiences people received. Where areas for improvement were identified, systems were in place to ensure that lessons were learnt and used to improve staff practice.

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.

People were cared for by staff who had the knowledge to protect people from the risk harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs. People received their medicines in a safe way.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the knowledge and skills to do so. People were provided with food they enjoyed and had enough to keep them healthy. People received care they had consented to and staff understood the importance of this.

Is the service caring?

Good ●

The service was caring.

People's decisions about their care were listened to and followed. People were treated respectfully. People's privacy and dignity were maintained.

Is the service responsive?

Good ●

The service was responsive.

People received care that was responsive to their individual needs. People's concerns and complaints were listened and responded to.

Is the service well-led?

Good ●

The service was well-led.

People were included in the way the service was run and were listened too. Clear and visible leadership meant people received good quality care to a good standard. Staff were involved in improving and developing the service.

Yew Tree Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 19 January 2016 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

We spoke with six people who used the service and three relatives. We also spoke with three care staff, the laundry assistant, one activities co-ordinator, two nurses and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed two people's care records. We also looked at provider audits for environment and maintenance checks, complaints and compliments, staff rota's, incident and accident audit staff meeting minutes and people's monthly newsletter and the surveys sent to people and relatives.

Is the service safe?

Our findings

All the people we spoke with who lived in the home told us they felt staff protected them from harm. One person told us how they could move around the home safely and always had their walking frame to hand. Another person we spoke with told us they felt safe as they had their call bell within reach and said, "They answer the bell very quickly". Another person told us when they had fallen staff came immediately to help them. We spoke with one relative who told us that the knowledge and skills of the staff helped to keep their family member safe as they knew their care needs well.

Staff supported people to feel safe, for example when a person required hoisting from a chair to a wheel-chair staff reassured the person through-out. When the person was in their chair they were made comfortable. Staff asked the person if they were okay the person replied that they were.

Five staff who we spoke with showed a good awareness of how they would protect people from harm. They shared examples of what they would report to management or other external agencies if required. One staff member told us about the safeguarding training they had received and how it had made them more aware about the different types of abuse. We found that safeguarding information was on display at the home. We found the registered manager had a good awareness of the safeguarding procedures and worked with the local authority to ensure people were kept safe.

People's individual risks had been assessed in a way that protected them and promoted their independence. For example, one person was at risk of falls. The person told us that staff made sure they always had their walking frame to hand and the call bell. They told us that staff supported them when they were outside, which reassured them. Staff we spoke with were able to tell us of the person's risk of falls and how they reduced the risk to the person from falling, such as ensuring their room was free from trip hazards.

All the people we spoke with told us they felt there was enough staff on duty to keep them safe. One person told us that, "When I ring my bell staff are here within seconds". Another person told us that "There are always staff passing". Two relatives we spoke with told us that there were enough staff to meet their family member's care needs. One relative said, "There is always someone in the lounge to make sure people are safe". We saw that staff did not hurry people and allowed people to do things at their own pace. There were staff within the communal areas and they responded promptly to people's requests for assistance. We found that call bells were answered in a timely way.

All staff we spoke with told us they felt there were enough staff on duty to support people. One staff member said, "The staffing is ok". Staff told us that the team worked together to cover any shortfalls in staff and went onto tell us that the registered manager was visible within the home. Four staff members told us that the registered manager helped the staff if they were busy or short staffed due to unplanned staff absence.

The registered manager consistently reviewed staffing levels and made changes where shortfalls had been found. For example, the staff rotas had been developed around people's care needs. Such as two care staff arrived earlier in the morning to assist the night staff with people who preferred to get up earlier.

The registered manager explained they preferred to get cover from within their own staff team as they knew the needs of the people and people knew the staff. Where agency staff was used, where possible, the same agency staff members were used. Staff who we spoke with confirmed that it was the same agency staff who knew the needs of people who lived there and how the service run.

All people we spoke with did not have any concerns about how their medication was managed. One person said, "My medicines are on time and the right tablets, I have no problems with that". Another person we spoke with said, "They always wait and watch me take my medicine". We spoke with a staff member who administered medication. They had a good understanding about the medication they gave people and the possible side effects. They showed good awareness of safe practices when handling and administering medicines. For example, ensuring that people who required their medicines prior to food had these before they ate lunch and those people who required their medicines following food had these after they had eaten. We found that people's medication was stored and managed in a way that kept people safe.

Is the service effective?

Our findings

People we spoke with felt staff who cared for them knew how to look after them well and in the right way. One person said, "They look after me very very well". Another person said, "I'm very happy here, I would soon complain if I was not". All relatives we spoke with told us that staff were good and had no concerns. One relative who we spoke with agreed the care staff met the needs of their family member and that it was done so in the right way.

Staff told us they had received training that was appropriate to the people they cared for, such as wound dressing training and 'thinking outside the box' which was a training course for the activities co-ordinators for activities for people who have a dementia related illness. Staff gave examples of how learning and sharing experiences helped them to understand why and how to provide the right care for people. For example, a nurse staff member told us how the wound dressing training had helped refresh their knowledge but also gave them up-to date information about new dressings and techniques for wound management.

We spoke with a staff member who had recently begun working for the service. They explained to us how they were supported in their role and how their knowledge was developed. They told us that they shadowed an experienced staff member. They told us that the registered manager and staff were supportive and that they only begun working alone when they felt ready. We spoke with the registered manager who showed us how they ensured the staff member was utilised within the team, so that they were not put in the position of undertaking tasks that they had not been trained to do, such as moving and handling people with reduced mobility.

Staff told us that they worked together and had good communication on all levels. All staff we spoke with told us they had detailed handover of information. One staff member told us that when they had been off for a period of time, they were given detailed information of what had happened while they were away. Staff told us that they said they would spend time talking with people and their relatives to get to know them.

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 we spoke with told us that staff sought their agreement before carrying out any personal care and staff respected their wishes. One person told us, "Staff do what I ask of them". They went onto say that staff respected their wishes to stay in their room and said, "They know I prefer to stay in my room and they respect that". Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant or how it affected the way the person was to be cared for. Staff told us they always ensured that people consented to their care. One staff member said if a person refused they would ask them later. We saw that people's capacity was considered when consent was needed or when risk assessments were carried out. We found the registered ensured people received care and treatment that was in-line with

their consent.

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). We checked whether the service was working within the principles of the MCA.

The registered manager had a good understanding of the MCA process and completed reviews for people where it had been identified that they lacked capacity. The registered manager was aware of the Deprivation of Liberty Safeguards (DoLS) and told us that some people who lived in the home had their liberty restricted lawfully. They had taken steps to determine who had legal responsibility to make decisions for people where they lacked capacity to make them. The registered manager had made applications to the local authority where it was assessed that there were restrictions on people's liberty in order to meet their care needs and keep them safe.

All people who we spoke with told us they enjoyed the food at the home. One person said, "The food is very good. I asked for eggs for breakfast, next morning I got poached eggs. They are very obliging". Another person said, "The food is excellent. They do traditional and exotic food if you like that". Lunch time was a positive experience for people. We saw people chatting with staff and other people. People were given time to enjoy their food and staff ensured people had enough to eat, with more offered to people. People were able to join others for their meal in the dining room if they wished or away from the main dining area, in their bedroom or lounge. One person explained how they preferred to eat on their own and staff respected this.

We saw people were offered hot and cold drinks throughout the day and staff ensured people had drinks to hand. We spoke with staff about what steps they took to ensure people received adequate fluids. Staff told us and we found those who required support with drinking were assisted by staff to do this. Staff said everyone had their fluid intake monitored. This was so that checks could be made to ensure people were drinking enough fluids to keep them healthy.

Staff were able to tell us about people's individual nutritional care needs. Staff told us how they had monitored a person's weight monthly and recognised they were losing weight. They told us the doctor was contacted who ensured the person received high calorie drinks. Staff told us they would also increase the person's food intake by adding calories to food. We saw that following this input from healthcare professionals the person had begun to put on weight.

People we spoke with told us they had access to healthcare professionals when they needed to and that visits were arranged in a timely manner when they requested these. One person we spoke with said, "If I need a doctor they will call one for me". People told us they saw the chiropodist regularly and did not have any concerns with access to the dentist or optician. People told us how they were supported to hospital appointments by staff with access to the providers transport. A relative told us that staff always informed them if their family member had become unwell and needed the doctor or hospital treatment. Staff recognised when a person became unwell and contacted the relevant health care professional where necessary. Staff were aware of people's healthcare appointments and ensured that people attended these appointments where they had been arranged.

Is the service caring?

Our findings

People we spoke with told us staff were kind and caring towards them. One person said, "They are wonderfully caring." Another person said, "The staff are very kind and caring. They are very patient". A relative we spoke with told us that staff were, "All very good".

Throughout the inspection we saw that staff were kind and caring towards the people they cared for. We saw people smile at staff when they spoke with them. Staff interacted with people in a natural way, which encouraged further conversations. We saw that when one person was trying to get out of their chair, staff were attentive and responded quickly to them providing the person support to stand up. They stayed with the person and assisted them to walk were they wanted to go, until they wanted to return to the seat.

People told us they were invited to discussion groups, or if they were concerned about anything they could speak with any member of staff and were confident they would do something about it. People told us that staff knew them well and respected their wishes. For example, one person told us that they were encouraged to bring their piano into the home. They told us the registered manager had encouraged them to begin playing again which made them feel supported by staff.

People told us staff supported them to make their own decisions about their care and support. People said they felt involved and listened to and their wishes were respected. People said staff worked with them to ensure they received the support when they required it. One relative said, "I have been involved in talking about what care (the person) needs".

People were supported and encouraged to maintain relationships with their friends and family. Throughout our visit family and visitors would come into the home to see the person to just have a cup of tea and a chat. People told us visitors were welcome at any time. Relatives we spoke with told us they could visit as often as they liked and were able to take the person out for the day and staff ensured they were prepared.

People had the choice to stay in their room or use the communal areas if they wanted to. We saw staff always knocked on people's bedroom or bathrooms doors and waited for a reply before they entered. People told us they chose their clothes and got to dress in their preferred style. We saw staff ensured people clothes were clean and changed if needed. One relative we spoke with said, "[The person] always has their hair done and looks nice, as they would want". Where staff were required to discuss people's needs or requests of personal care, these were not openly discussed with others. Staff spoke respectfully about people when they were talking to us or having discussions with other staff members about any care needs. Staff told us that people's personal letters were kept private for the intended person and were sorted and put into people's individual post trays.

Where a staff member was assisting a person to get comfortable in their chair, we found the staff member was supportive and ensured the person was comfortable before leaving. We saw when a person was hoisted from their wheelchair to a chair, the staff asked where they wanted to sit. The staff did not rush the person and went at the person's own pace. Once seated, they ensured the person was comfortable in their chair before they left. The person's dignity was maintained throughout.

Is the service responsive?

Our findings

People told us they were involved in the development and review of their care. We found that a system was in place to ensure people's care was reviewed on a monthly basis or when their needs changed. For example when a person became un-well staff contacted the person's doctor. Staff followed the guidance of the doctor and provided care and treatment in-line with their new care plan. A relative we spoke with told us, "They keep me involved all the way through".

We spoke with staff about some people's care needs. For example, a new person who had begun living at the home. All staff we spoke with knew about the person's health care needs and what daily support the person required. Staff told us that this information was shared during handover time when they began their shift, to ensure that staff had the most relevant and up-to date information about the person's care and support needs. Staff told us that they would speak with the person to ensure they were providing care to them the way in which they preferred. Relatives we spoke with told us that staff always respected people's decisions about their care.

We asked people if they were supported to maintain their hobbies and interests. Some people we spoke with told us that they did not wish to pursue their hobbies and interests as they wanted a more relaxed pace of life. One person told us how they preferred to stay in their room and staff respected this. They went on to say that staff would "pop in for a chat", which they enjoyed. Another person told us the activities which the home provided suited their needs and they could choose which ones they wanted to attend.

People were supported to continue with their interests that they had prior to living in the home. We spoke with one person who attended an external event outside of the service. They told us that they were happy that they were still able to go and that staff had supported them to keep their independence in arranging transport to and from the event.

Staff who we spoke with told us they provided meaningful activities to people and did things people enjoyed. Staff told us they spoke with people and their relatives to gain more understanding about people's past. We spoke with one relative who told us that their family member enjoyed the painting and decorating, and would often tell them what they had been painting. The relative said, "[The person] really enjoys it, so I am happy they are supporting them with that".

We spent time in the lounge and saw how staff interacted and engaged with people who lived with dementia. We found staff knew people well, their likes and their dislikes. We spoke with the activities co-ordinator who told us that one person's past time hobby was playing chess. They told us when the person played chess it relaxed them. They told us that it engaged the person in conversation, which prior to playing they did not do.

The provider shared information with people about how to raise a complaint about the service provision. This information gave people who used the service details about expectations around how and when the complaint would be responded to, along with details for external agencies were they not satisfied with the

outcome. One person we spoke with told us, "If I had anything to complain about I would tell the staff". The person felt confident that their concern would be resolved. Another person said, "I have no problems here." We looked at the provider's complaints over the last twelve months and saw no complaints had been received.

Is the service well-led?

Our findings

People told us they had many opportunities to contribute to the running of the service. They told us about 'residents meetings' that were held for people to voice their comments about the service provided. The meetings were used to discuss what was important to the people who lived there. One person we spoke with told us that meetings were held and they had been invited however they had chosen not to attend.

Staff told us they felt supported by the management team and their peers. All staff members we spoke with told us they enjoyed their work and working with people in the home. They told us that any concerns or questions they felt confident to approach the registered manager. One staff member said, "[The registered manager] listens". Another staff member told us, "[The registered manager] is doing a good job for people and they are very caring, like an angel". Staff we spoke with felt the registered manager listened to their suggestions such as what training needs they had and how they were supported to attend these training courses, for example, the activities co-ordinators attended a training course to further their ideas for maintaining people's hobbies and interests.

People and staff told us that the registered manager was always visible within the home and felt able to talk to them in passing, or felt able to visit them in their office. We found that when visitors came they would visit the office first to check how the person was. Staff told us that visibly seeing the registered manager and deputy manager made them feel more confident to approach them and they were part of the everyday running of the home.

People who we spoke with told us that they knew who the registered manager was. One person said, "I know the manager I see her everyday". Another person said, "Yes, I see them a lot, they have been to see me today". Relatives confirmed they knew who the registered manager was.

The registered manager spoke about how they worked with the provider to continually improve the home. The registered manager told us that the provider supported their decisions relating to the running of the home. They told us that decisions for purchasing equipment for the home, could be made quickly and effectively resulting in minimum impact to people and staff, for example, re-decorating of bedrooms or new equipment that was needed.

The registered manager looked at areas such as staff training, incidents and accidents, medicines and care records. The experience of people was looked at within these areas. For example, the registered manager had identified that not all people, who needed it, were having their blood pressure checked routinely every month. They told us that implementing a better record system, that was easy and a good visual aid for staff to use, meant people's blood pressure was checked on time and it reduced the risk of people being missed.

The registered manager analysed incidents and accidents that happened within the service on a monthly basis. They told us how they looked for patterns or trends for the service as a whole and for people on an individual level. The registered manager told us that since each lounge within the home had the activities co-ordinator present throughout the day incidents and accidents had reduced. They felt this was because

they were able to attend the person promptly. We saw the activities co-ordinators being in the lounges throughout the day meant they were able to attend to people's needs and requests in a timely way, and call staff for further support where necessary.

The registered manager had submitted surveys to people and relatives in November 2015. We found there were positive comments from people and relatives. For example, one survey resulted commented, "Excellent standard, warm friendly home". Another commented, "Good, friendly caring knowledgeable. Truly excellent care". There were no actions for improvement following the results of the survey.