Yew Tree Care Limited

Yewtree Care Limited t/a Yewtree Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Yewtree Nursing Home is a residential care home providing personal and nursing care for up to 36 people with various support needs, including brain injury, learning disability, physical and/or sensory impairment. At the time of our inspection, 36 people were in residence. The home is set in easily accessible grounds and consists of one adapted building. There were a range of communal areas for people to enjoy.

People's experience of using this service and what we found
Feedback from people was largely positive. One person told us, "I'm very happy here". Another said, "You couldn't better the staff". We found, however, that people who were cared for in their rooms lacked social contact. Although they had contact and conversation with staff when care was being provided, there was little time for social contact or activity. Following our feedback, the provider took action to increase the staff time dedicated to providing one to one activity and we will assess the impact of this on our next visit.

Action was needed to improve the systems and processes in place to monitor and improve the service. We found audits had not always been effective at identifying issues, ensuring problems were resolved or sustaining improvements.

While staff knew people well and understood how they wished to be supported, care records did not always contain complete or up to date information to reflect the person's current needs.

The registered manager had only recently started to carry out best interest decisions when a person lacked capacity to make their own choice. We identified a missing capacity assessment and best interest decision for one person where bed rails were in use. Further time is needed to embed changes in the approach to, and recording of, decisions under the Mental Capacity Act (MCA) to ensure people's rights are respected.

People had given their consent to the use of CCTV in communal areas. We have made a recommendation about making signage more apparent to alert visitors to its use.

People were looked after by kind and caring staff who knew them well. People with capacity were encouraged to be involved in decisions relating to their care and were treated with dignity and respect.

People's communication needs were identified and planned for, but the registered manager was not aware of the Accessible Information Standard (AIS). We have made a recommendation about this in the report.

People expressed confidence they could raise any issues or concerns with any member of staff or the management team and these would be addressed.

People could spend the rest of their lives at the home, if their needs could be met and this was their wish. Staff worked proactively with healthcare professionals to facilitate this.

People spoke positively about the staff who supported them and had confidence in their skills and experience. Staff had regular supervisions and an annual appraisal. People enjoyed the food and were able to make suggestions for changes to the menu. Snacks and drinks were readily available throughout the day.

Care staff were well informed about risks to people's health or wellbeing and knew how to deliver their care safely. Staffing levels were enough to meet people's needs. Medicines were managed safely. The home was clean, and staff had been trained in infection prevention and control. Lessons were learned if things went wrong.

People had access to a range of healthcare professionals and support. Premises were suitable and comfortable and met people's needs.

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

Rating at last inspection
The last rating for this service was good (published 12 July 2017).

Why we inspected
This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

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Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out by two inspectors.

Service and service type
Yewtree Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. This included statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection
We spoke with 14 people who used the service and three relatives about their experience of the care provided. We spoke with 13 members of staff including the registered manager, provider, deputy manager, nurses, senior care workers, care workers, activity manager, chef, cleaner and laundry assistant. We met with two visiting professionals and one external activity provider.

We observed how staff cared for people, including at mealtimes and when administering medicines. 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 a range of records. This included eight people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the registered manager to validate evidence found. We looked at minutes of meetings and additional information requested and sent by the registered manager. We spoke with another visiting professional by telephone.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home.
- Staff had a clear understanding of safeguarding and their responsibilities. One staff member said, "It can be a pressure sore, abuse, or any wrong behaviour between the staff and resident. You have to have respect. I would inform the manager first and document it". Another staff member spoke about noticing if a person's demeanour changed or if they became withdrawn.
- All staff felt confident the registered manager would act in response to any concerns. We saw the registered manager had raised safeguarding concerns with the local authority. These had not, however, been notified to the Care Quality Commission. You can read more about notifications in the well-led section of this report.

Assessing risk, safety monitoring and management

- Risks to people's safety had been identified, assessed and minimised. This included risks associated with moving and handling, pressure area care, weight loss and use of equipment such as bedrails and wheelchairs.
- Staff understood the support people needed and guidance was in place for staff to support people in a safe way.
- Staff were vigilant to changes in a person's needs. One shared an example of how a person had been reassessed for using a stand-aid when they did not appear able to weight bear through their legs.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately.

Staffing and recruitment

- There were enough staff on duty to keep people safe.
- People told us staff came when they required assistance. One said, "We have the button (call bell) and it is quite effective".
- The provider used a tool to determine staffing levels based on people's care needs. Rotas showed this level had usually been exceeded. Staff were happy with the staffing levels and felt able to provide quality care to people.

- Records demonstrated staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector, such as with the disclosure and barring service (DBS). One recently recruited care worker told us, "I waited for my DBS to come back and then had a few days

induction working alongside some of the other girls".
● The provider made regular checks to ensure nurses were registered to practice with their professional body, the Nursing and Midwifery Council (NMC).

Using medicines safely
● Medicines were administered safely.
● We observed a member of staff giving medicines. We saw they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely.
● On the first day of our visit, we found guidance relating to 'as needed' (PRN) medicines was missing. This is guidance for staff on how a person would present when they required their PRN medicine and how and when it should be administered. The risk of people not receiving their medicines correctly and consistently was low because there was a regular team of nurses who knew people well. By the second day of our visit, this guidance was in place.
● We identified an issue with one medicine and the frequency of administration, which was quickly addressed by the registered manager. The person concerned was not harmed in any way. You can read more about auditing of medicines in the well-led section of this report.

Preventing and controlling infection
● The service and its equipment were clean and well maintained. We observed personal protective equipment (PPE) was readily available and staff confirmed this.
● Relevant information was displayed around the service to remind people and staff of their responsibilities in respect to cleanliness and infection control. We observed staff using gloves and aprons when appropriate.

Learning lessons when things go wrong
● Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. For example, contacting relevant health professionals after any specific incidents.
● The registered manager had a system to assess accidents and incidents and to identify any trends. This audit had not been completed since October 2019. You can read more about auditing in the well-led section of this report.
● The registered manager shared how following some concerns received, she and her staff were keen to engage with family members in a timely way. She said, "If there is an area of concern, let's talk about it. Sometimes we are addressing an issue but the family is not made aware. If you don't tell them they think you haven't done it".

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question no longer met the characteristics of good and has now been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance
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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found a best interest decision around bedrails and a DoLS application that had been missed. Staff used bedrails to keep this person safe but the person was clearly unhappy about them and told us, "I'm locked in". The admission paperwork from several months earlier stated that a DoLS was to be applied for but this had been overlooked. The registered manager completed the best interest decision and DoLS application following our visit. The capacity assessment and best interest decision determined the person lacked capacity to understand the risks in relation to falling from bed. The registered manager told us, "It literally got missed. I don't know why, we have a checklist in the front of everybody's care plans that is a prompt". You can read more about checks and audits in the well-led section of this report.
- The registered manager had only recently become aware of the need for best interest decisions and documentation. A visiting professional told us, "I've explained it has to be decision specific and people have to be given that opportunity". We saw examples of recently completed best interest decisions, including for bed rails. These decisions had considered whether a less-restrictive alternative could be appropriate. The registered manager will need to embed these processes and we will be able to further assess this on our next inspection.
- Staff had a good understanding of the mental capacity act. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
- One staff member described the MCA as, "Right to choice, right to a say". Another said, "It is whether they

can make that decision for themselves. I feel you should always give someone an option. Keeping options short and sweet, not giving too many options so it gets muddled in their head. We know the residents and we know what they like, but that could always change".

● Applications for DoLS had been completed; two were awaiting consideration by the local authority.

● The provider used CCTV in communal areas to monitor the delivery of care and as a means of reviewing the cause/circumstances of any accidents or incidents. People and their relatives had been consulted on the introduction of CCTV and had given their consent. We noted that there was minimal signage to alert visitors to its use. We sent the provider guidance on using surveillance.

We recommend the provider puts up clear notices and reviews the guidance to ensure people's privacy and human rights are respected.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● Staff undertook assessments of people's care and support needs before they began using the service.

● Documentation confirmed people and their family were involved in the formation of an initial care plan wherever possible. Care plans included detailed life histories but had not always been updated to reflect people's current support needs. The registered manager was aware of the issues with care plans and work was underway to improve them. You can read more about care records in the well-led section of this report.

● There was a regular team of staff at the service who knew people well and understood how they wished to be supported.

Supporting people to eat and drink enough to maintain a balanced diet

● People enjoyed the meals at the home. One person said, "I congratulate the chef on the food. The chef does a good job for us". Another told us, "The food is marvellous".

● People were offered a choice. There was a pictorial menu and the chef asked people for their preferences each day. Where people were unable to make an advanced choice, we observed staff showing them the desserts on offer, so they could see them and indicate a preference.

● People's preferences were accommodated. One person told us, "I don't like sauce and that, I've told them, so they don't give it me". Another said, "I just say a double helping if it is what I love".

● Some people used adapted crockery, cutlery and cups to enable them to eat independently. Where people required assistance, this was provided on a one to one basis and at a pace that suited the individual.

● Staff monitored people's weights and took action if any unexpected weight loss was identified. Nurses completed a malnutrition screening tool (MUST) each month which helped highlight any concerns. The food and fluid intake of people deemed at risk was closely monitored by staff.

● Some people used thickener in their drinks to reduce the risk of choking and aspiration. Staff were aware on how much to use for each person, but the care plans did not always provide accurate information. You can read more about recording in care plans in the well-led section of this report.

Staff support: induction, training, skills and experience

● People had confidence in the staff supporting them. One person said, "A lovely home, good nursing staff and good carers".

● Staff had received training and were given opportunities to further their professional development. One nurse told us, "If there is any training we need, we only have to say to (Provider) and she will look it up and is quite happy to send us on courses".

● Staff for whom English was not their first language had been given the chance to attend additional language classes to improve their spoken and written English.

● Staff felt supported and received supervision and appraisal.

Staff working with other agencies to provide consistent, effective, timely care

● Staff worked closely with healthcare professionals and valued their advice and support with training. The deputy manager told us the dieticians had provided training and were due to visit soon regarding further training on the use of PEG feeds (this is where nutrition, fluids and/or medications are put directly into the stomach via a feeding tube).

● The service had also collaborated in the Nutrition Resources in Care Homes (NRICH) Project. The registered manager told us how this had led to improvements in their menu and better staff understanding as to why good, nutritious meals were so important. She told us, "It made the residents feel better about mealtimes and they now find it to be an enjoyable social activity".

Adapting service, design, decoration to meet people's needs

● People's individual needs around their mobility were met by the adaptation of the premises. There were handrails along corridors to assist people with their confidence and mobility.

● People's bedrooms were personalised and some had en-suite facilities. There were a variety of communal areas for people to use and two gardens.

● A second television had been placed in the lounge area so the picture could be seen from all communal areas.

Supporting people to live healthier lives, access healthcare services and support

● People's needs were continually assessed. Advice had been sought from a range of professionals and this was recorded. We saw evidence of people's health improving, for example one person was now able to walk using a zimmer frame having been admitted requiring a stand-aid hoist.

● During our visit, a relative came to speak with the registered manager about whether their loved one would benefit from physiotherapy. The registered manager undertook to contact the GP to see about a referral to the community physiotherapists. The relative was happy with the response and said, "I couldn't ask for more".

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke positively about the staff who supported them. One person said, "You couldn't better the staff. They are all very helpful and the nurses are marvellous too". Another told us, "I would recommend it, it is just the way they look after you".
- We observed warm and positive relationships between people and staff. One person gently stroked the activity manager's cheek and appeared very fond of her. A staff member told us, "We are very family orientated, the residents are like your grandparents".
- Staff were quick to offer reassurance if a person became distressed. We observed as one person became anxious over seeing their parents. The care worker sat alongside the person and helped the person write a letter expressing how much she loved and missed her parents. This seemed to help the person relax and they soon moved on to colouring and were seen chatting happily with the staff member.

Supporting people to express their views and be involved in making decisions about their care

- When people moved to the home they were asked what was important to them. In each room there was a 'Remember I'm me' poster which detailed the person's main interests and preferences, along with what they liked to talk about.
- We saw staff checking with people what they wanted to do throughout the day and how they wished to be supported.
- Where people wished to have meals at different times this was accommodated. A staff member said, "A couple of clients that don't want to eat at 8am so they have a 9/9.30 breakfast".
- There was a photo board showing all the staff. The registered manager said this had been useful when people or relatives wished to pay a compliment to staff or raise any concerns.
- One person told us how they enjoyed helping in the home. They said, "I get up early and fold the table clothes and put them on and I fold the bibs that they wear. The serviettes come in a roll, I fold them and then I go and open the front door. I find as many jobs to do as I can".

Respecting and promoting people's privacy, dignity and independence

- We observed staff treated people in a friendly and patient manner. Staff knocked on doors before entering and engaged people in conversation about the tasks in hand or assistance required.
- People spoke highly of the staff. One person said, "They are all great, all respectful". A relative had written a card of thanks saying, "We cannot express adequately our gratitude for all the consideration, care, thoughtfulness and practical support you all gave to (name of person)".
- A visiting professional told us how staff had worked hard with one person to rearrange their room, so their

commode was not directly in front of the door. Their approach had involved the person in the decision, whilst increasing their privacy.

● People were supported to retain and increase their mobility. One person had recently moved to the home. Their hospital discharge paperwork stated they could mobilise with a walking frame but staff had found they required a stand aid. The registered manager told us, "With two staff supporting (name of person) was more reassured. We don't want to hoist her if we don't have to as she will lose the remaining strength in her legs". One person had written to the staff saying, "Thank you for having me, for making me more confident".

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question no longer met the characteristics of good and has now been rated requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We found that people who spent most of their time in their rooms, either through choice or health, lacked social contact. The activity manager had half an hour a day to spend on one to one time, to cover all of the people living at the home. Records showed people had occasional chats or nail-care but this was infrequent, for one person there were four recorded occasions of one to one time in a month.
- People told us they would enjoy more social contact or activity. One said, "I'd like to have a bit of activity offered. Staff are too busy with their appointments. I would love for them to have time to have a chat but that doesn't happen". Another told us, "I've never been so bored in all my life". A third said, "All I've done is been sat in the chair or in bed". A fourth, "I read quite a lot and I watch the tele, occasionally people come in".
- Some people said they would wish to go out more. Staff told us in the summer people were supported to go to the village green and perhaps enjoy an ice cream. One relative said a staff member had taken their loved one out in an open top sports car and, "(Name of person) was thrilled to bits with that". Others who were able to go out independently attended day centres. For those requiring support to go out, however, there was little evidence of individual activity or outings.
- We shared our concerns with the provider who was quick to arrange additional social support. This took the form of an additional staff member on shift, providing two hours for one to one time, seven days a week. This was an area requiring improvement and we will review the impact of the changes at our next inspection.
- An activity manager worked in the home five mornings a week. We observed an exercise class with an external entertainer and an in-house bingo session. People appeared to enjoy the activities on offer, which included visiting animals, crafts and seasonal parties. One person told us, "(Activity manager) is very good, we play games. We have quite an active life. We sit out in the sun when the weather is nice". One person said, "We could do more in the afternoon, it's alright in the morning when (activity manager) is here".
- There was a fortnightly church service for those who wished to attend. The local primary school had visited to sing Christmas carols and some people had been taken to the village fete in the summer.
- People were supported to maintain relationships with family and friends. During our visit staff brought a telephone to one person so they could speak with a friend. Another person was supported to send photographs to their family who lived abroad. The home had Wi-Fi and a laptop people could use if they wished to send emails or make video calls.
- Visitors were encouraged. The registered manager told us, "Our motto is you don't make appointments, you come when you want, you stay as long as you want, if you want some food just let us know".

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● Care plans contained information about people's communication needs.
● Staff used picture cards to help people understand the menu.
● One person who was unable to communicate verbally had guidance in their file detailing physical indicators that expressed when they were feeling a certain way.
● While people's communication needs were clearly documented and understood by staff, the registered manager was not aware of the AIS.

We recommend the manager updates themselves with their responsibilities under this legislation to ensure people's communication needs are identified, met, documented and shared appropriately.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● People told us they were happy with their care. One said, "I'm very happy here, as I say the staff are all very, very good". Another told us, "I don't think you'd get any better anywhere".
● Before moving to the home, a thorough assessment was completed. People were then invited to complete a 'life story' to share information about their past and interests with staff.
● Care plans included detail about people's preferences. Staff used this information, and their knowledge of the individual, to tailor the support they provided to the person.
● Where people wished for spiritual support this was arranged. Staff told us how they had arranged for a priest to visit some people. They told us, "We are quite lucky with the church, we've got a lot of phone numbers so anyone that needs a bit of support from the church we can arrange that".
● Communication between staff was good and they appeared to be aware of people's most recent needs. Care plans did not always contain all relevant guidance and assessments and had not been regularly reviewed. This presented a risk that people may not receive consistent or appropriate care. The registered manager was aware of the issues with care plans and work was underway to improve them. You can read more about records in the well-led section of this report.

Improving care quality in response to complaints or concerns
● People felt confident to raise concerns with staff.
● The complaints procedure was displayed. One person told us, "I can't fault anything". A relative said, "I mentioned it (their issue) and they did something about it straight away".
● The registered manager kept a complaints record book. This demonstrated that small issues had been quickly resolved. The provider told us, "We do have little complaints but I sort it out verbally and talk to them".
● There had not been any formal complaints but the registered manager was able to describe how they would respond, and within what timescale. This matched the provider's policy. In a recent relative survey, one wrote, "We have no complaints. (Name of person) is so happy here".

End of life care and support
● People's end of life care was discussed and planned, and their wishes were respected. People had been invited to complete a 'thinking ahead' document detailing their wishes.
● Nursing staff had completed training in using syringe drivers and verification of death. They told us they had good support from a local hospice and GP practices.

● One of the care workers told us, "What is important is having someone there and having that care. Having that bit of comfort there. Some residents don't have family so having us in their eyes we are their family. I'd want to give them what I'd want for myself". A nurse said, "We are very lucky here with staff and the trained nurses, everyone is happy to come in and do extra if somebody is very poorly".

● A family had written a card of thanks to the home following their relative's passing. They wrote, "Thank you so much for the beautiful flowers you sent to (name of person's) funeral. That was a very kind and thoughtful gesture. (Name of person) was invariably treated with great care and friendliness at Yewtree and always spoke highly of those who attended her". A nurse told us, "Families are welcome to come any time night or day, no visiting restriction. Families can stay the night if they want to and we provide them with meals".

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question no longer met the characteristics of good and has now been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There were systems and processes in place to audit the service, but these had not proven effective at identifying or rectifying all issues. In some cases, audits had identified a problem, but action had not been taken. Recent audits had not identified issues picked up during this inspection, including a missing application for DoLS and missing sections in certain care plans.
- In an audit by an external quality company in April 2019, one of the actions included, 'Where any form of restraint is used (bedrails etc.) that the appropriate risk assessment is in place including consent and an MCA or best interest decision'. This action was marked complete in June 2019. Most best interest decisions we saw on file had been completed after November 2019. This was because the registered manager had been made aware of the need for best interest decision making and recording during a visit from a healthcare professional at the end of 2019. At our visit we found a capacity assessment and best interest decision relating to bedrails to be absent for one person.
- Records relating to people's care and treatment were not always up to date. We identified missing documentation and out of date information. For example, in one person's care plan it stated they required their fluids thickened to stage two, with coffee at stage one. All staff described thickening fluids to level three, but the care plan had not been updated to reflect this. While there was no evidence to suggest the person had been harmed, this presented a risk they may not receive appropriate care as the care plan did not reflect their current needs.
- Audits had not ensured identified actions were sustained. A medication audit identified staff were not consistently recording the dose given for variable dose medicines, for example if a prescription says to take one or two of a given tablet. This was raised as an issue in a staff meeting during August 2019, yet we identified this same issue during our inspection.
- The registered manager was aware of issues with the care plans. She told us, "The paperwork side of it needs catching up with". A visiting professional also shared concerns with us regarding 'Poor quality of documentation, mainly missing or outdated care plans'. Our findings confirmed this. The registered manager told us responsibility for care plans had just been allocated to one of the registered nurses and a new system of audit was being put in place. She told us, "I was doing an audit, but I was trying to do every single resident each month and I just couldn't manage it".
- Prior to our visit, the registered manager held a meeting with the registered nurses and senior staff and they had agreed areas of responsibility. We found some audits, for example that of accidents and incidents, had not been completed monthly as required by the provider. The registered manager planned to address

this by sharing the responsibility for audits, so she could have better oversight.
● While necessary action had been taken to safeguard people, the registered manager had not notified the Commission of abuse or allegations of abuse in relation to people using the service. This is a requirement of the registration regulations. The registered manager had been unaware of her responsibilities in this area and quickly submitted the missing notifications to us. Notifications regarding other events had been submitted appropriately.

The lack of an effective system to assess, monitor and improve the quality and safety of the service was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● There was also evidence of positive action taken following audits. Recent visits from the Fire and Rescue Service had resulted in changes to improve fire safety at the home. Audits of equipment had identified equipment that required replacing or updating and this had been arranged.
● The registered manager and provider took prompt action to address the issues we identified during this inspection and we will assess the impact of these changes at our next visit.
● People and staff spoke positively about the registered manager. A staff member said, "Any issues we discuss and try to find solutions".
● Staff appreciated the regular contact with the provider. A nurse told us, "I love that (Provider) is so involved and will help us with anything we need".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● We found that people who were cared for in their rooms did not have the same opportunity to put their views forward at monthly resident and relative meetings. This was an area requiring improvement. We discussed with the activity manager, registered manager and provider how they could seek views from people on any discussion points and share feedback with them following the meetings.
● Those who attended the meetings found them helpful. One person told us, "It's a good home. We have a meeting once a month and everyone is invited. We discuss anything, if you have something to say you say it there at the meeting, but I've got nothing to complain about". In the minutes we saw how the dining room had been rearranged following Christmas and people liked the layout with long tables.
● The provider sent surveys to people, relatives and professionals. The activity manager supported people to complete the forms if they required assistance. The feedback was largely positive. The provider took action to meet with anyone who raised concerns. She told us, "If there are issues, I address it straight away. I look at them before I file them".
● Staff felt supported and involved. One staff member said, "We are like family, I feel very comfortable here". Another told us, "I didn't find any difficulties here myself. When I tell something they listen".

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● There was a positive and happy atmosphere at the home. A staff member told us, "We try to keep it as relaxed as possible, so residents feel comfortable". A relative said, "It feels like home".
● Staff knew people and clearly cared about them. When staff arrived for their shifts, they greeted people and people seemed really happy to see them.
● A large and colourful poster in the main entrance read, 'Our residents do not live in our workplace, we work in their home'. This had been made by staff and residents together, with residents making butterflies which surrounded the writing.
● The registered manager told us they were proud of the atmosphere. She said, "The staff are just so

positive. We go with the flow and what the residents need. We have banter with the residents".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

● The registered manager told us, "We have to be open and honest over everything we do". A visiting professional said of a past incident, "They did everything they needed to do with good candour and responsiveness".

Continuous learning and improving care

● Staff told us of recent improvements, for example the handovers were now held jointly between nursing and care staff. They told us this had helped improve communication.

● A visiting professional told us the home learnt and improved their practice. They told us, "They do seem to learn from one case to the next, they apply stuff".

● The provider was making upgrades to the premises and environment. At the time of our visit flooring in some areas was being replaced.

Working in partnership with others

● Healthcare professionals spoke positively about working with the home. One said, "They always seek help appropriately and respond to advice". Another told us, "If they are concerned, they pick up the phone and they are asking the right questions". They added, "They are adaptable and they are keen to learn".

● The same professionals told us the provider was willing to order equipment that would help in people's care. They said, "We mentioned in office a PAT slide (used for repositioning people) was needed and it was ordered. They are responsive".

● The home was a member of the registered nursing home association. The provider and/or registered manager attended forums and meetings held by this organisation and by the local authority. There were also meetings at a local GP surgery and the home participated in these. This helped to keep abreast of changes and best practice and to share ideas.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Audits to assess, monitor and improve the quality and safety of the service had not identified all areas requiring improvement or delivered the necessary improvements. Records in respect of each service user were not always complete. Regulation 17 (1)(2)(a)(c)