

Zinnia Healthcare Limited

Yew Tree Manor Nursing and Residential Care Home

Inspection report

Yew Tree Lane
Northern Moor
Manchester
Greater Manchester
M23 0EA

Tel: 01619452083

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13 February 2020

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Yew Tree Manor Nursing and Residential Care Home (Yew Tree Manor) is a care home providing personal and nursing care for up to 43 people aged 65 and over. The home caters for people who may be living with dementia or lack capacity. At the time of our inspection there were 31 people living in the home.

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

Staff respected people's privacy and dignity and promoted independence, equality and diversity. There was no discrimination in the service. Most staff were patient, kind and friendly when attending to people, however, we did see some examples of poor practice and brought this to the manager's attention. We have recommended staff undergo further training to ensure people receive fully person-centred care. People were reassured as they received support from staff who were familiar with their support needs. Staff demonstrated knowledge of people's personalities, individual needs and what was important to them. The service involved people and their relatives in the planning and delivery of care.

The home was without a registered manager at the time of this inspection, which is a condition of the provider's registration with CQC. There was a manager in place who had taken steps to progress their application prior to this inspection. Staff told us they received better leadership and direction from the new manager; they felt part of a team. The service had more effective systems of quality assurance in place which assessed and monitored the quality of the service. The provider had implemented a number of key changes to the service to improve the quality of care. People living at Yew Tree Manor, their relatives, professionals and staff all considered management of the service had improved. The provider needs to sustain these improvements and ensure they are fully embedded into practice.

People told us they felt safe. Risks to people's health and safety were now managed well. Stairgates had been installed to prevent access to stairwells and reduce potential accidents. People's needs were met safely with appropriate staffing levels; the use of agency staff was minimal and consistent staff were used. People were supported by staff who understood how to identify and report potential abuse. The concerns we identified at the last inspection in relation to covert medicines had been fully addressed. When accidents or incidents occurred, learning was identified to reduce the risk of them happening again. Checks were carried out on new staff to ensure they were suitable to work in the home. Infection control was managed well and an odour in one area of the home was addressed immediately on making the manager aware.

Care records indicated that people would receive effective care. There was evidence of monitoring and review of care, and the home worked in tandem with other health professionals to make sure people received the right care and support to maintain good health. Staff had handovers, regular meetings and had received supervision in line with company policy. Staff considered the training they received meant they could provide effective care and support. People's specific dietary needs were communicated to staff employed in the kitchen, who were aware of recommendations made by health professionals. The manager was aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. Where best interest decisions were necessary appropriate healthcare professionals and

family members were involved.

Electronic care plans were person-centred and contained accurate information about people's health conditions and wellbeing. Handovers ensured information was communicated to all staff to ensure people received safe support. There was a good range of activities and events going on in the home. People and their relatives were confident to raise issues and concerns. Complaints procedures were effective. The service sought feedback to help maintain and improve standards of care. People, relatives and professionals we spoke with were complimentary of the quality of care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 requires improvement (published 13 February 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two inspections.

Why we inspected

This was a planned inspection based on the previous rating.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement 

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-Led findings below.

Yew Tree Manor Nursing and Residential Care Home

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

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

Service and service type

Yew Tree Manor 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. They applied for registration with the Care Quality Commission on the second day of our inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with ten people who used the service and four relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, manager, clinical lead, care workers, and ancillary staff such as maintenance, domestic and kitchen staff. 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, including electronic care plans. This included four people's care records in detail and multiple medication records. We looked at four 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.

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 requires improvement. At this inspection this key question has improved to good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to take reasonable steps to mitigate risks to the health safety and welfare of people in relation to medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 12.

- Medicines were obtained, stored and administered safely by staff. The home had implemented robust ways of working that ensured people were kept safe when receiving all medicines, including medicines administered covertly and time critical medicines.
- Medicine files contained appropriate information regarding people's medical conditions, any medicine allergies and medicines taken on an 'as required' (PRN) basis, for example PRN protocols. One person told us, "I get my medicines every day; they give them to me."
- A clinical lead assumed overall responsibility for medicines. We discussed with the manager best practice in relation to the storage of medicines waiting for disposal and the signing of the disposal book by the pharmacy for audit trail purposes. The manager assured us current practices would be reviewed.
- Staff had the required competency checks prior to administering medicines.

Assessing risk, safety monitoring and management

- Two weighing scale chairs were being stored in the dining area of the home. This equipment posed a potential hazard to people. We brought this to the manager's attention who arranged for these to be stored elsewhere.
- Risk management plans were in place and were accessible to staff. Risk assessments explained the actions staff should take to promote people's safety and ensure their needs were met appropriately. Stairgates had been fitted to stairwells to prevent access and reduce any potential accidents.
- Staff knew people well and described the actions they took to manage risks. For example, staff described specific approaches they used to help people move safely around the home.
- Records confirmed that health and safety checks were carried out. Required LOLER examinations had been carried out by external companies, with no defects or observations noted in reports. These checks are required in law for all lifting equipment used in the home environment, for example passenger lifts and hoists. During our inspection a staff member identified a fault with a person's walking frame. This was dealt with and rectified immediately.

Staffing levels and recruitment

- On both days of the inspection we saw sufficient numbers of staff were employed to meet people's needs. The use of agency staff was minimal. Where this was necessary the home tried to use the same agency staff so that care remained consistent for people.
- People told us they felt safe living at Yew Tree Manor. Staff responded when people needed help. One person told us, "If I use the bell, they are quick."
- Four staff files we looked at during the inspection showed recruitment practices were safe. This included carrying out disclosure barring service (DBS) checks, seeking references from previous employers and having photographs of staff on file. DBS checks help employers make safe recruitment decisions as they identify if a person has had any previous convictions or cautions.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from the risk of abuse.
- Staff were able to tell us what steps they would take if they suspected people were being abused. Staff understood where people required support to reduce the risk of avoidable harm and had confidence in the manager to address any concerns.
- Processes were in place to reduce the risk of financial abuse. Regular audits of financial transactions were carried out and receipts were in place to evidence any expenditure.
- The registered manager kept the Care Quality Commission (CQC) up-to-date with safeguarding investigations they had carried out. Appropriate actions had been taken to keep people safe.

Preventing and controlling infection

- Most communal areas of the home, including bathrooms and toilets were clean and fresh-smelling on the days of our inspection. An area of the home had a slight malodour. We discussed this with the manager and possible reasons for this. Remedial action was taken.
- Staff had access to disposable gloves and aprons when providing personal care. Staff entering the kitchen area also wore protective clothing, for example blue aprons.
- There was a public health England poster on display in the foyer of the home. This outlined best practice to help combat the coronavirus infection. Staff had access to hand wash and hand sanitizers situated around the home.

Learning lessons when things go wrong

- The manager had dealt with a safeguarding incident involving missed medicines. Processes had been reviewed and changed to reduce the risk of this reoccurring.
- The manager could demonstrate transparency and a duty of candour in reporting incidents to the required agencies. Appropriate action had been taken with staff, including supervisions and reflective practice.

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 has remained the same.

This meant people's outcomes were good, and people's feedback confirmed this.

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

- Prior to a person being admitted to the service a pre-admission assessment was completed to ensure individual needs could be met. The needs of people currently living in the home were also taken into consideration.
- The pre-admission assessment gathered information relating to people's medical, physical and emotional needs including levels of support required and any known risks.

Staff support: induction, training, skills and experience

- Staff received the induction and training they required to do their job effectively. Training included care related topics, such as diabetes, wound care and skin integrity as well as health and safety issues.
- The supervision of staff had been a priority for the new management team. Staff we spoke with felt supported and valued supervision sessions.
- Delays with two staff undertaking refresher training were explained by the manager; for example, one member of staff had recently returned from a long-term absence. Two nurses were also required to complete elements of outstanding mandatory refresher training and the manager took action to address this.

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

- Menus were varied; food was mainly homemade and nutritional needs were monitored to ensure people remained healthy. One person told us, "The quality of food is good here and there is plenty of it." Another person said, "The food is good, and it arrives on time."
- People's specific dietary needs were communicated to all staff. Staff employed in the kitchen were aware of recommendations made by health professionals.
- Care staff knew what kind of assistance people required when eating meals.
- People had their weight monitored to ensure they were receiving enough to eat and drink. One person told us, "They weigh me every few weeks to see that I am alright." Appropriate action was taken when necessary, such as referral to the speech and language team or dietician.

Staff working with other agencies to provide consistent, effective and timely care; supporting people to live healthier lives, access healthcare services and support

- Care records reflected a multi-disciplinary approach to meeting people's individual needs. For example, there was evidence of input from GPs, community nurses, podiatrists, dentists, and other health

professionals.

- The manager took appropriate action following any incidents or noted changes in need.
- Referrals were made to other agencies and health professionals when warranted, such as the falls team, nursing home team or to the opticians for an eye test.
- The home had worked in partnership with external stakeholders, such as the local authority and the clinical commissioning group's medicines team.
- We spoke with five health and social care professionals during the inspection. They spoke highly of the new manager and staff team. The service had improved in their opinion.

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.

- The manager was aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions.
- People's capacity was assessed around specific decisions, and best interest discussions about people's needs and on-going care took place. Where appropriate, healthcare professionals and family members were involved in these decisions.
- There was evidence of the appropriate legal authority to make decisions for people within care plans.
- Where required, DoLS applications had been submitted to the local authority.

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

- Toilets and bathrooms were adapted to the needs of people with limited mobility. Walk in wet rooms contained equipment to help people remain independent, such as grab rails.
- We saw that people had personalised their own rooms according to their own tastes.
- There was dementia signage in place to help people orientate around the home. The home had pleasant gardens; staff we spoke with told us these were well-used during the summer months.

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 deteriorated to requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Our meal time observation showed most staff were patient, kind and friendly when attending to people. However, we saw one member of staff standing up when offering assistance, until instructed by the manager to sit down. Another member of staff did not interact with the person when delivering a meal. We discussed our observations with the manager. They assured us appropriate action would be taken with staff.

We recommend the manager consults best practice guidance around the delivery of person-centred care and all staff take part in additional person-centred care training.

- Staff ensured people's rights were respected and not discriminated against regardless of their disability, culture or sexuality. There was a "Proud to Support Pride" poster on display in the service.
- We saw some nice interactions between people and staff. In our discussions with staff it was clear they enjoyed caring for people living at Yew Tree Manor. One person told us, "They do treat me with respect when they are talking to me."
- People were reassured as they received support from staff who were familiar with their support needs. Staff we spoke with demonstrated knowledge of people's personalities, individual needs and what was important to them.

Respecting and promoting people's privacy, dignity and independence

- People were served lunches on trays, including people who chose to eat at tables in the dining room. We discussed this with the manager. The practice was changed to reflect a more individualised and person-centred approach.
- People were supported to maintain and develop relationships with those close to them. There were no restrictions on visitors.
- Referrals were made for appropriate equipment so people could remain independent when safe to do so. One person told us, "I try and do a lot for myself, but I am restricted; they are there all the time to help me if I need it."
- People's right to privacy and confidentiality was respected. Staff were patient and reassuring in their approach, providing words of encouragement to people where necessary.

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

- In the main staff offered choices to people, for example in how they dressed, what they ate and what

activities they preferred to do. We saw occasions where staff assumed people's preferences and did not offer choice; we made the manager aware of this.

- People told us that staff listened to their specific requests and respected their preferences when providing care. Staff were able to describe people's individual needs, likes and dislikes. Three staff we spoke with knew not to give a person a red cup or red food because of their allegiance to the blue local football team.
- Records showed where appropriate relatives were consulted about their family member's care. Relatives we spoke with told us they were kept informed and involved.
- People could access an advocate. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard. People would be supported to make decisions about their care and support.

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 has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Electronic care plans detailed people's preferences for care, including elements about people's life histories, past employment and hobbies they had enjoyed. Staff were aware of this and used this information in conversations or when trying to reassure people.
- Care plans reflected people's involvement in planning their care. Where this was not possible, or where people had given consent, relatives or other representatives had been consulted.
- Care plans were reviewed and updated to ensure they reflected people's current needs. Care plans contained accurate information about people's health conditions and wellbeing.
- Handovers ensured information was communicated to all staff on each shift to ensure people received safe support. People received the correct care regimes, such as wound care and pressure relief, as directed by other health professionals.

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.

- Communication needs were recorded in care records and electronic care plans. These provided staff with information on how best to communicate with people.
- The manager was aware of resources available to them to assist in meeting people's communication needs, for example Google translator.
- Some members of staff were able to understand and communicate with one person whose first language was not English. The manager recognised that improvements were necessary to fully meet the communication needs of people whose first language was not English when producing documents about the home, for example, producing menus and service user guides.

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

- There was a focus on providing activities and holding events that people enjoyed. Two people who enjoyed football had visited a local football stadium and seen the trophies. Another person told us, "We are going to a farm on a day out." The home was planning a trip to a sensory farm in the future.
- Individuals had their own interests that they pursued in the home. One person loved to listen to culturally

specific music; others enjoyed playing chess and scrabble. We saw staff joining in with games with individuals, including chess and dominoes.

- Where people chose not to get involved in group activities staff spent one to one time with them. They would read to people or reminisce about past hobbies, jobs and events. There were two activity co-ordinators in the service, covering seven days a week.
- The manager promoted people attending social groups that were culturally relevant to them. The benefit of people attending such groups and events was communicated to relatives.

Improving care quality in response to complaints or concerns

- People were provided with information about how to make a complaint and we saw that the service had a complaints policy and procedure.
- The complaints log indicated that these were dealt with within acceptable time frames, as dictated by the provider.
- The registered manager was proactive in their approach on receiving both formal and informal complaints. They had offered to meet with representatives from the North West Ambulance Service following safeguarding concerns they had raised about the service.

End of life care and support

- The home was proactive in ensuring people approaching the end of life received adequate pain relief. Anticipatory medicines and the required authorisations were in place.
- We spoke with a visitor to the home whose relative had received recent end of life care. They were extremely complimentary of the patience and care shown to their family member and praised staff in the home.

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 requires improvement. At this inspection this key question has remained the same. We could not improve the rating for well led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection systems were not operated effectively to ensure the effective monitoring and improvement of the safety and quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 17.

- There were systems in place to check the quality of the service. These included monitoring and reviewing of care plans, weights, medicines and health and safety and the analysis of accident and incidents for any trends.
- Audits of the dining room experience were undertaken; these included assessing the environment, presentation of food and staff interaction. These hadn't identified the concerns we found which we shared with the manager. Following our feedback the manager indicated practices would be reviewed and changes implemented where necessary.
- The provider had implemented a number of key changes to the service to improve the quality of care; including improved oversight of medicines administration. The provider needs to sustain these improvements and ensure they are fully embedded into practice.

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

- The home had been without a registered manager since May 2019, which is a condition of the provider's registration with CQC. A manager in post had started their application process in November 2019.
- The manager, with support from the deputy manager, clinical lead and provider, was aware of their responsibilities with regards to the regulatory requirements. The CQC inspection rating from our last inspection was displayed in the home, as required.
- Staff were clear about their roles and knew when to raise things with their manager. Staff made positive

comments about the new manager and said, "[Manager's name] doesn't let anything go. Nothing slips by her."

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 obligation to notify CQC of all significant events occurring within the home.
- Staff informed relatives of any concerns with people's health or if an accident had happened.
- The registered manager and other staff were responsive and keen to share information during the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- At this inspection the home had improved in its approach in engaging with people, relatives and staff. In one meeting people had said they were too warm at night so the service had addressed this and adjusted the heating in specific bedrooms.
- Daily walk rounds were undertaken by the manager to check on elements of the service, such as the environment, staff, the kitchen and security in the home. The manager used this time to engage with people and staff to see if they had any informal concerns or complaints.
- Meetings with staff took place. Staff meetings provided staff with the opportunity to share their views with the management team and to discuss important information. Topics for discussion included maintaining fire safety, standards of personal care, laundry and maintenance of equipment, such as wheelchairs.
- Relatives, staff and professionals we spoke with had confidence in the new management. Professionals we spoke with told us there was more structure in the service and an improved quality of care. One member of staff said, "Managers were coming and going. [Manager] has been really supportive. The best so far."

Continuous learning and improving care

- The management had revised existing processes or introduced new ones. An improved management structure was in place. The quality of care for people had improved due to new ways of working.
- The manager was keen to improve the quality of care by being responsive. They had offered to meet with external health professionals who had raised complaints about the home.
- There was evidence that events and incidents were explored and analysed to identify trends and patterns and to try and prevent similar incidents reoccurring in the future.

Working in partnership with others

- The service worked in collaboration with key organisations, including the local authority and health and social care professionals. We approached the local authority for feedback and received positive comments.
- The current inspection rating for the service was displayed. The new manager understood their regulatory responsibilities.
- Accidents and incidents were reported to the Care Quality Commission, including any potential incidents of abuse referred to the local authority.