Yew Tree Nursing Home Limited

Yew Tree Nursing Home

Inspection report

Yew Tree Place
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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

About the service
Yew Tree House Nursing Home is registered to provide accommodation, nursing and personal care for up to 41 older people, including people living with dementia. At the time of our inspection visit, 38 people lived at the home. The home has two floors, with communal areas throughout and a dining area on the ground floor. People had their own bedrooms.

People's experience of using this service and what we found
We found improvements since our last inspection and some improvements in staff practice were still required. Medicines were administered safely to people by trained staff. However, we found prescribed thickeners were not stored safely and during our visit, we saw thickeners prescribed to named individuals, given to other people. We also found some paraffin-based creams were not stored safely. We raised our concerns to the registered manager. Following our visit, the registered manager sent us an immediate action plan to show lockable storage in communal areas and people's rooms was now in place. This would help mitigate the risk of people choking and unopened creams from being used by others.

People told us they felt safe living at the home. Staff knew how to protect people from poor and abusive practice. Safe staffing levels ensured people received support when needed. Agency staff use continued to be used to support permanent staff whilst plans for recruitment continued. Since the last inspection, staff followed safe principles for infection control and their training and practice meant the potential for cross infections was kept to a minimum.

Staff were confident in their abilities because their training and development needs were met by the provider. Staff training included refresher training alongside an induction for new staff, plus training support from external health professionals. One to one supervision meetings; observed practice and regular staff meetings gave staff the opportunity to discuss any development opportunities.

People said staff were respectful, polite and caring in how they supported them with any choices they made. People had individual care plans and assessments that met their health and social needs. People were supported by nursing and care staff and on occasions, other health care professionals were involved to maintain their overall health and wellbeing.

People were not always supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; most of the policies and systems in the service supported this practice. However, CCTV recorded images internally and externally to help identify any potential issues within the home. Although signs were displayed, there was no evidence to show people's feedback and consent had been sought and that the on-going use of CCTV had been considered and reviewed. We recommended the provider sought guidance from our website and other agencies responsible for such imagery as well seeking people's feedback. Following our visit, the registered manager said they would notify people and relatives in the January 2020 newsletter about this matter and raise at

people and relatives meetings.

Staff protected people's privacy and dignity, however, when people used one downstairs shower room, the door was not always closed if equipment (hoist or wheelchair) was required. A privacy curtain was used to minimise privacy, however not everyone was happy with this. We recommended the registered manager explored other opportunities to make sure people's personal care routines were respected.

There were opportunities for people and relatives to give their feedback on the service. The provider's complaints policy was displayed so people had the information they needed.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 5 January 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found enough improvements had been made and the provider was no longer in breach of regulations.

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

Follow up
We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, 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 not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well led. Details are in our well led findings below.	**Good**

Yew Tree Nursing 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
On 2 January 2020 one inspector carried out this inspection visit and one specialist advisor. The specialist advisor was a nurse experienced in supporting older people.

Service and service type
Yew Tree Nursing Home is a care home. People in care homes receive accommodation and personal care. 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 the inspection
We reviewed information we had received about the service since the last inspection. This included statutory notifications sent to us by the provider, information received from the public and health agencies and the local authority. 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 used all of this information to plan our inspection.

During the inspection

We spoke with four people and three visiting relatives to get their experiences of what it was like living at Yew Tree Nursing Home. We spoke with two nurses, one senior staff, four care staff, an activities co-ordinator and a kitchen assistant. We also spoke with the registered manager and an administration manager.

We reviewed a range of records related to people's care such as care plans, risk assessments and daily records. We reviewed provider records related to the management of the service, audits, complaints, evidence of activities people were involved in as well as how people's feedback led to providing good care outcomes.

Requires Improvement

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 requires improvement because the provider had not always followed effective infection prevention and control procedures. Although improvements had been made, we found other issues related to medicines management could be improved. At this inspection we found the rating had stayed the same. This meant people were not always safe and protected from avoidable harm.

Using medicines safely

● Safe medicines storage was not always followed. We found four-part full tubs of prescribed thickener were left out (unsecured) in a communal area. This had potential for people to be put at unnecessary risk of choking if consumed.

● We found staff gave those people assessed as requiring thickener in their drinks, thickener from a tub which may not have been prescribed to them. We recommended the registered manager considered current guidance on storage and safe administration of thickeners to minimise the potential risk of choking.

● In an unlocked room, we found some paraffin-based creams were temporarily left on top of a cupboard before being moved to their usual location. Following our visit, the registered manager put lockable storage areas in communal areas and in people' bedrooms. This helped minimise the potential risks of choking and helped ensure creams remained secure and fit for use.

● For medicines that needed to be disguised in food or fluids, we found safe practices were followed. Patch medicines were documented to show where patch medicines were applied and the location of the next patch followed manufacturers guidance.

● Medicines were administered safely by trained staff. Medicine administration records (MAR) we checked, showed staff had correctly signed MAR's when medicines had been given.

● As and when required medicines were administered in conjunction with safe protocols that explained when to give these medicines, why and maximum dosages.

Assessing risk, safety monitoring and management

● Risks associated with people's care were assessed, known and followed by staff to help keep people safe. One staff member said to know and monitor risks they referred to the person's care plan and spoke with other and senior staff. The registered manager said risks were always discussed at shift handover so any emerging risks were shared promptly.

● Example of risk management included safely transferring people or regularly re-positioning people to minimise skin breakdown. Staff knew what to do to keep people's exposure to known risks reduced.

● Environmental, health and safety, fire and water control checks were completed regularly. This helped maintain a safe environment.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe. One relative told us, "I leave (person) knowing they are safe."

● Staff knew how to protect people from abuse and poor practice. Staff were confident any concerns raised would be investigated swiftly if poor practice was suspected. One staff member said, "I would tell the Police if I had too."
● The registered manager was clear about their responsibilities and how to safeguard people from poor practice.

Staffing and recruitment
● People told us there were enough staff. We saw staff had time to check on people and spend time chatting and engaging them in things to do. One person said, "If I need help, staff come quickly."
● All most all staff said they had time to support everyone at their own pace and to support people who needed closer supervision. Our observations showed their where enough staff to meet people's needs.
● The registered manager regularly assessed people's dependencies and changing health conditions which helped them to continue to provide safe staffing levels.
● We did not look at recruitment records, however the registered manager said all new staff continued to have pre-employment checks such as criminal record checks and previous references before they commenced work.

Preventing and controlling infection
● People were pleased with the levels of cleanliness in the home.
● Staff told us and we saw, they used Personal Protective Equipment (PPE) to reduce the risk of the spread of infection. This included wearing aprons and gloves at mealtimes when they provided and supported people with their meals, as well as using and safely disposing of PPE when personal care was given.

Learning lessons when things go wrong
● The registered manager knew what to do to investigate any issues and to learn from them. For example, falls and incident analysis was completed. The registered manager said they reviewed this information to see what could be done to prevent further reoccurrence if a poor outcome was found.
● Following our inspection visit, the registered manager took prompt action to make improvements that we identified to them.

Good

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 consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● The provider assessed people's needs before they started using the service. These pre-assessments created plans of care for staff to follow. Assessments included people's care needs, life histories and individual preferences and life style choices. This ensured people's needs could be met and protected characteristics under the Equality Act 2010 were considered. This ensured staff would be able to meet people's needs effectively.
● The pre-assessment considered people's preferences and sexuality so the support people received was specifically tailored to their wishes.

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.
● Where people required authorisations to be made under the Deprivation of Liberty Safeguards these were completed and followed. The home had some restrictions of entry or exit of the home and outdoor space which restricted people going out unsupervised. Six people had a DoLS in place.
● Staff offered people choice and encouraged people to make decisions for themselves. Staff understood the importance of seeking consent before care was provided.
● CCTV was used throughout communal areas of the home. However, consent had not always been sought, recorded and regularly reviewed. Following our visit, the registered manager agreed to speak with people and relatives and record their views about consent and privacy.

Staff skills, knowledge and experience
● People felt staff were skilled, trained and knowledgeable to meet their needs.
● The provider's records showed staff training was refreshed when needed.
● Staff told us they were trained to meet people's physical, health and emotional needs. Staff told us the training was very good and in addition to mandatory training, further training was provided. For example, the registered manager sourced training from hospitals to ensure some nurses clinical skills and knowledge

was maintained.

Supporting people to eat and drink enough to maintain a balanced diet
● People's nutritional and hydration needs were met. People were offered two choices of main meals. Choice of hot and cold drinks were provided throughout the day. Snack stations provided people with snacks so they could help themselves.
● Mealtime experience at lunch was well organised. People were relaxed and enjoyed their meal. Where people lacked capacity to make an informed choice, plated meals were shown to them to help them make a visual and sensory choice. One person told us, "I enjoyed my meal – it was very nice."
● Information in the kitchen informed staff who needed their meals prepared in a certain way to help reduce any potential choking risks, or so they could have their meals presented in a way to support their dietary requirements.
● Fluid charts were routinely recorded however the completion and accuracy needed improvement. Following our visit, the registered manager told us they had updated these charts to make the information clearer to show what had been offered and consumed.
● 'Fluid day' was a taste session introduced by staff to promote good hydration. These sessions were designed to be educational so people tried new tastes to help understand what they may like or want to try that was different.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People were supported to access health professionals when they needed it. For people reaching or at end of life, health professionals were involved, including GP's, speech and language therapists.
● Oral health care was promoted, especially for people whose health condition required regular oral checks.

Adapting service, design, decoration to meet people's needs
● People were involved in how the indoor and outdoor space was decorated and furnished. People had their own room and communal areas enabled people to spend time with others and family members. Quieter areas were available for time spent more privately.
● The garden area was adapted so people with limited mobility or who used equipment, could access the outdoor space.
● An indoor lift helped people access other parts of the home.
● The use of colours signified different areas of the home, for example bathrooms, toilets and people's rooms. This helped people associate colours with specific rooms.

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 remained the same. This meant people were respected and valued as individuals; and empowered as partners in their care.

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

- People and relatives told us staff had a kind and caring attitude and were friendly and approachable and they were looked after very well.
- People said staff were attentive to their requests for help.
- We saw staff supported people at their own pace so they did not feel rushed. We saw two staff assisting people with their meals. They concentrated on the person completely, so they knew when the person was ready for the next mouthful and constantly checked to ensure they were enjoying the meal.
- Relatives told us the caring approach of staff extended to them which meant they felt welcomed when they visited the home. We heard one staff member ask a visiting relative how their health was following recent medical appointment. Relatives said staff always asked if they wanted anything to eat and drink. We saw relatives eating a meal together with their family member.

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

- People told us they were encouraged to share their views and opinions about the service provided. People's feedback was sought at regular meetings, events and reviews throughout the year. Feedback formed an important part in personalising the service to people.
- A staff member told us people's individual preferences were supported when they received personal care. For example, some people preferred personal care from staff of the same gender and the provider respected these choices.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to be independent where this was possible. Individual care plans explained the levels of support each person needed and what aspects of their care they could complete themselves, or with encouragement.
- People told us staff were respectful of their privacy and dignity. However, one person told us they used to enjoy a shower but the lack of available space, meant the door was not always closed. A privacy screen was used but the person did not feel comfortable, so now made alternative arrangements. We discussed this with the registered manger to see if an alternative arrangement could be provided.
- Our observations showed staff were respectful and discrete when talking with people.
- We saw staff had taken time and effort to support people with their personal care and appearance. People were dressed in a way that reflected their own individuality.

Good

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

- Each person had a care plan which set out the care and support they required. Care plans and assessments although basic, were reviewed and any changes were updated. These records were being updated to include more personal information so they were truly reflective of people's individual preferences. People and families were involved.
- Staff knew people well and were able to respond quickly to support them. For example, two care staff encouraged a person who needed prompting to eat. This person was initially reluctant and refused. Staff were gentle, persuasive and described the benefits of why they should eat. This worked well and we saw the person eat and they told us they enjoyed their lunch.

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

- During our visit we saw people spent time involved in hobbies and interests. There were objects to occupy people's minds, some people completed puzzles and some people listened to relaxing music.
- People valued the opportunity to go out into the gardens. The home listened to people's feedback and had created wildlife areas including a pond, a bug hotel and cameras had been set up for people and relatives to monitor wildlife during the night.
- Staff told us the wildlife project was important to people. An external bird enthusiast involved in a project had contacted the home because of people's efforts to encourage wildlife into their home. From this, planned talks and events from experts about wildlife were planned with people's involvement.
- Other activities included trips out, visits to coffee shops and garden centres which ensured people were not socially isolated.
- Family values played an important part in people's care and welfare. A local school partnership had been created which meant local school children came into the home. People enjoyed seeing and talking with the children. A secure outdoor area allowed children to play safely and with families. This meant the wider family could enjoy spending time with each other.

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.

- Information about how people communicated was included in their care records. From our observations, staff understood which people required additional help and how to support them.

● One member of staff explained how they used visual prompts such as pictures to help people make decisions.

Improving care quality in response to complaints or concerns

● The provider had a formal complaints procedure. The registered manager said they had not received any complaints in the 12 months prior to our inspection visit.

● People told us they had not made any complaints because they were pleased with the service.

End of life care

● At the time of our visit, nobody was receiving end of life care although some people received palliative care. Some people had life limiting illnesses and staff were supporting them nurses were supporting her with oral care and keeping her comfortable.

● Where people had made decisions about the care they wanted should a medical emergency occur, this was recorded in their care plans.

● The registered manager said they had received compliments from bereaved relatives thanking staff for the care and support loved ones had received.

Good

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 our last inspection the provider had failed to ensure their systems of audit were robust and where improvements were identified, actions had been taken. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 and the rating has improved from requires improvement to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager had addressed the issues from the last inspection by implementing an immediate action plan. This included looking at bathroom cleanliness and wider infection control measures. We found one bathroom had been decommissioned since the last visit to provide more storage which helped. However, storage continued to be a priority at this home and this was continuing to be addressed. However, some communal bathrooms although clean, still contained mobility aids. These were cleared before we left the home.
- Systems of audit and checks were effective and regularly checked to make sure quality improvements were made. For example, checks were made on health and safety, medicines and clinical checks such as pressure areas and pressure relief equipment helped ensure good outcomes for people. People's fluids and weights were regularly checked and where concerns were noted, actions were taken.
- The registered manager was upskilling their staff team so audits and checks were 'everyone's responsibility'. They felt this would help them to further improve the service because staff took ownership of their own areas of responsibilities. The provider's audit process would continue to have overall oversight to monitor actions were taken.
- The registered manager understood their responsibilities. They had sent us statutory notifications for notifiable incidents and had displayed their ratings in their office and on their website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager told us they wanted to deliver a service they were proud of. The last inspection made them re-evaluate the service. Good outcomes for people continued to be the provider's focus with people and relatives very much involved in how the service runs. To achieve this, people were encouraged to share their opinions through regular meetings and daily interactions. Where improvements or suggestions were given, these were implemented. For example, improvements with the garden and outdoor activities.
- People, relatives and staff told us the registered manager was available if needed because they had an open-door policy. The registered manager continued to work a shift so was always 'in touch' with people.

● The registered manager held staff meetings which encouraged good communication between staff and management. This was one way to share good practice and learning.
● Staff said they could raise any concerns or suggestions. Staff spoke positively about the registered manager. Through the management of the home, all staff said they worked well as a team. One staff member said, "We all go the extra mile." Another staff member said, "Staff are good at their job."

Continuous learning and improving care
● The provider learnt from the previous inspection to improve the overall environment at the home. A planned refurbishment programme continued to update people's and communal rooms within the home.
● Internal newsletters included important updates and progress at the home, activity interests as well as sharing meetings from people and relatives' meetings.
● The registered manager saw this inspection visit as a positive and valued the feedback we gave and acted upon by this by improving their systems and processes
● The registered manager completed their own research on safer crushing of medicines with other partner health agencies. As a result of their research, the register manager is confident they have made their processes safer for people and limited the risk of cross infection.

Working in partnership with others
● Strong local community links were established with local schools, organisations and charities. There is a positive local network within the village that supports the home which benefits people living at Yew Tree Nursing Home.
● The provider worked with health professionals, safeguarding teams and GP surgeries to improve people's access to support. Our discussions with people, relatives, staff and the registered manager showed Yew Tree Nursing Home was respected locally and had a good reputation for providing good care.
● The registered manager showed us feedback from another agency who reviewed their quality of care. One comment read, 'Good level of reassurance from this visit'.