

Zinnia Healthcare Limited

Yew Tree Manor Nursing and Residential Care Home

Inspection report

Yew Tree Lane
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Greater Manchester
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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

This was an unannounced inspection that took place on the 10 December 2018.

Yew Tree Manor Nursing and Residential Care Home (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 home can accommodate up to 43 residents who require nursing or personal care and who are living with dementia and may lack mental capacity. At the time of our inspection there were 37 people living in the home.

We last inspected Yew Tree Manor on the 30 April and 1 May 2018. At that inspection, we found multiple breaches of regulations, the service was rated Inadequate and placed in special measures. Following this inspection, we met with the provider to confirm what they would do and by when to improve the key questions of safe, effective, caring, responsive and well led to at least good.

Following our inspection on the 30 April and 1 May 2018, we took enforcement action against the registered provider. This included serving a Notice of Proposal (NoP) to cancel the registration of the service. The provider put forward representations to the Commission (CQC) in respect of the NoP to cancel the registration of the service and the decision taken by CQC was to withdraw the NoP to cancel the registration of Yew Tree Manor.

At this inspection, we found a number of improvements and whilst we still identified some areas of concern in relation to medicines management and aspects of the premises safety, we were satisfied the home had made the necessary improvements to be removed from the special measures framework.

While we were on inspection we received a notification from HM Coroner. This was a Regulation 28 Report (Prevention of Future Death Reports) that was served against the provider. Coronial investigations or inquests are undertaken to determine the cause or manner of a person's death. The coroner identified a number of failures at the time of this death in November 2017. Such as concerns around inadequate and insufficient care plans, failure to have appropriate daily observation records, to ensure full clinical records of any physical examination and action taken as a result being made, to ensure sufficient numbers of adequately trained staff at all times, to ensure agreed protocols for seeking specific medical help, to ensure adequate supervision and governance of all relevant staff and a failure to be able to demonstrate, even at the time of the inquest hearing, specifically what changes in practice and procedure had been made. At this inspection, we found the provider's response was satisfactory and the actions taken had been assessed as effective. The provider was also in the process of responding to the HM Coroner with their response to the concerns noted in the Regulation 28 Report.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was appointed shortly after our last inspection and was supported by a business manager. At the time of our inspection the registered manager was not available due to being on annual leave.

Although some aspects of the medicines systems had improved we found shortfalls in respect of the availability of guidance for medicines that are prescribed to be taken as and when required and in addition the management of medication expiry dates.

During our last inspection we found the laundry room had been left unlocked, the contents of this room which included equipment and chemicals could pose a hazard to people who lived at the service. We found this to be an issue again at this inspection. Furthermore, we had concerns about one of the stairwells not being restricted which at the time presented a possible falls risk. Shortly after the inspection the registered provider notified us that they had installed a stairgate to minimise the risk.

The registered manager was aware of their regulatory responsibilities. The registered manager notified CQC of events and incidents that occurred in the home in accordance with statutory requirements. However, we found one incident had not been report to CQC by the previous manager in September 2017 that was noted in the HM Coroner Regulation 28 report.

We have made a recommendation in respect of care planning. We found inconsistencies in the level of detail recorded in people's care plans. Although we found this had not compromised people's care, we found care plans needed to ensure they were person centred.

Staff received an induction programme and on-going training. Staff had attended a variety of training to ensure that they were able to provide care based on current practice when supporting people. They were also supported with regular supervisions and observed practice. We have made a recommendation that the provider reviews the health and safety and medication training to ensure all staff are fully aware and reminded of the significance of potential risks posed to the environment and the management of medicines.

During this inspection we found there were enough staff available to meet the needs of people living at the home.

Care workers were knowledgeable about safeguarding adults from abuse and knew what to do if they had any concerns and how to report them. Safeguarding training was provided to all staff.

The service was working within the principles of the Mental Capacity Act 2005. Mental capacity assessments had been completed to demonstrate people's ability to understand and consent to care.

People continued to be supported to maintain good health and we saw that people had access to their GP, district nurses and other specialist services.

The home employed two full time activity co-ordinators. People spoke positively about the activities on offer and told us they were looking forward to forthcoming trips out that the activity co-ordinators had arranged.

People's nutrition and hydration support needs were effectively managed. People were regularly assessed and measures were in place to monitor and mitigate risk. We found that appropriate referrals were made to external healthcare professionals and any guidance which was provided was incorporated within care plans.

We found the home to be clean, hygienic and odour free. Communal areas, toilets, bathrooms and bedrooms were well maintained. Infection prevention control measures were in place and staff had access to personnel protective equipment (PPE) such as gloves, aprons and sanitizing gels.

People told us that they were well cared for and in a kind manner. Staff knew the people they were supporting well and understood their requirements for care needs. We found that people were treated with dignity and respect. People were supported and involved in planning and making decisions about their care. We saw that where they were able to, people had been involved in the development of their care plans and had signed them to say that they had been consulted with.

We noted there were a number of quality audits in the service; these included medicines, care records and health and safety. Actions were identified following the audits. We saw plans were in place to improve the care records, training, recruitment of permanent staff, and to complete the re-decoration and maintenance work at the home. Although we found a number of audits in place and action plans devised, we found the provider needed to ensure audits around medicines, care plans and safety of the premises were much more thorough due to the shortfalls we found during this inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

People who used the service continued to be exposed to a risk of harm through hazards associated with the building and premises.

We found a number of improvements in respect of the medicines systems. However, further improvements were needed to ensure protocols were in place consistently for medicines prescribed to be taken as and when required and for covert medication.

Recruitment procedures were much more robust and ensured appropriate candidates were chosen to work at Yew Tree Manor. There were enough staff on duty to meet people's needs.

Is the service effective?

Good 

The service was effective.

The environment of Yew Tree Manor had received a number of recent refurbishments, which was positive for the people who used the service.

The manager, care staff and registered nurses understood the requirements of the Mental Capacity Act 2005.

Staff received training and support from the provider, to enable them to develop their skills and knowledge.

Is the service caring?

Good 

The service was caring.

Staff were kind, caring and considerate in their overall approach.

People were consulted and assisted in drawing up their care plans.

Is the service responsive?

Good 

The service was responsive.

We found inconsistencies in respect of the level of detail recorded in people's care plans. Although we found this had not compromised people's care, we found care plans needed to ensure they were person centred.

People were able to make decisions about their daily activities and were offered activities and entertainment within the home.

There was a complaints process in place and people felt able to raise any concerns with staff.

Is the service well-led?

The service was not always well-led.

The registered provider had made a number of changes to the home, but further improvements were necessary to meet the regulations.

People were asked for their views about the quality of the care provided and there were systems in place to receive feedback from people using the service.

Staff told us they enjoyed their jobs and felt supported by the registered manager.

Requires Improvement 

Yew Tree Manor Nursing and Residential Care Home

Detailed findings

Background to this inspection

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

We last inspected Yew Tree Manor on 30 April and 1 May 2018. At that inspection, we found multiple breaches of regulations. Consequently, the service was rated Inadequate and placed in special measures.

This unannounced inspection took place on the 10 December 2018, which meant the service did not know we were coming. The inspection was carried out by two adult social care inspectors, one medicines inspector and an expert by experience. The expert by experience had experience in caring for older people and people living with dementia.

Prior to the inspection we reviewed information we held about the service. This included any notifications the service had sent us about safeguarding, serious injuries or other significant events that had occurred whilst providing a service. We reviewed any feedback we had received about the service, including any information received via a 'share your experience' form completed on the Care Quality Commission (CQC) website. Since our last inspection we had received one share your experience form and had received one complaint about the service by phone. We used this information to help plan our inspection.

While we were on inspection we received correspondence from the HM Coroner. This was a Regulation 28 Report (Prevention of Future Death Reports) that was served against the provider. Following the outcome of a coronial investigation, concluded in November 2018, into the death of a person who had lived at Yew Tree Manor since 2013. During the inspection we reviewed in detail the areas of concern noted by the HM Coroner in relation to this home. We also asked the provider to formally respond to CQC within seven days to clarify what changes had been introduced to prevent future deaths at the home. Further information can be found

in the well-led domain of this report. The provider was also in the process of responding to the HM Coroner to the concerns of this Regulation 28 Report.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had returned their completed PIR to us in October 2018.

We requested feedback from Manchester Healthwatch, and the local authority quality and contracts team. Healthwatch Manchester told us they had not received any feedback about the service. We received positive feedback from the quality and contracts team prior to our inspection in respect to the changes the home had implemented. Since our last inspection of Yew Tree Manor, the service liaised with the local authority on a regular basis and received key support with their action plan that was implemented from their last inspection.

Due to the nature of the service provided at Yew Tree Manor, some people were unable to share their experiences with us, therefore we completed a 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. In addition to this, we spoke with 13 people who used the service and two visiting relatives.

We spoke with nine members of staff including the registered provider, business manager; senior carers care assistants; domestic staff and an activities co-ordinator.

We looked in detail at five care plans and associated documentation; three recruitment records; supervision and training records; audit and quality assurance; policies and procedures and records relating to the safety the building, premises and equipment.

Is the service safe?

Our findings

At the last inspection of Yew Tree Manor, we found serious systemic failures which meant safe care was not being provided. This resulted in multiple breaches of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulation 2014 repeated. Consequently, this key question was rated 'Inadequate.' At this inspection, we found improvements had been made to recruitment of staff and analyses of accidents and incidents, but some further improvements were required around medication and safety of the premises. Whilst further improvement is required in these two areas the risks associated to people were considered low. On this basis, we have revised the rating for this key question from 'Inadequate' to 'Requires Improvement'. However, to improve the rating to 'Good' would require compliance with the regulations and evidence of sustainability a longer-term track record of sustained safe care.

We asked people who used the service if they considered Yew Tree Manor to be a safe place to live. Overall, people told us they had no concerns about their safety or the support they received. Comments included: "I like it here and I know I am much safer here than being at home", "I feel safe as there is always someone around and I am not on my own. If I need anything I use the call bell the staff and do come to see what I want. They don't always answer straight away it depends how busy they are", "You hear and read awful things that happen in care homes. I am fortunate I have not experienced anything like that here" and "I feel safe as my room is near the fire escape. I use my buzzer and people come to help me."

At the last inspection we found that medicines were not managed safely. During this inspection we looked at the issues found last time and saw that systems had been introduced and improvements had been made. However, we found that some aspects of the management of medicines was still not being managed safely.

Some people were assessed to be given their medicines covertly, hidden in food or drink, as it was in their best interests. There was no information to guide staff how to give the medicines without reducing their effectiveness in line with the provider's policy. Some medicines cannot be crushed or chewed but staff we spoke to told us they mixed them in water or put them in food. This may prevent the medicine from working properly or cause side effects. After the inspection, we were provided with assurance that the registered manager had contacted a pharmacist to obtain appropriate administration guidance.

Additional information to help staff give 'when required' medicines safely, was not always available or the instructions were different to how the medicine was prescribed. These were put in place after we raised this with the provider. We found a spray in a medicine trolley that was used to relieve chest pain, but there was no medicines administration record (MAR) to record if or when this was used.

Medicines were stored securely and temperatures were monitored and were within the required range. Controlled drugs were checked regularly. However, we found a medicine used in emergency situations to treat seizures had expired and may not have been effective if it needed to be given. Staff arranged a new supply during the inspection.

We looked at the MARs for 10 people. There were no gaps indicating that medicines were not being given as

prescribed. When medicines were to be given at specific times of the day, we saw that this was being done properly. Additional information was available to ensure staff applied creams and patches effectively. If people wanted to administer their own medicines, risk assessments were completed and appropriate records made.

Staff who were responsible for administering medicines had their competencies checked. Audits to check medicines management were completed regularly but they were ineffective and require review as they had not identified the issues found at this inspection.

At our last inspection we found the registered provider had not taken reasonable steps to ensure the premises were safe. At this inspection we found improvements had been made, however we still found concerns in relation to keeping people safe, particularly where people lack capacity.

During our tour of the premises we were able to access an unlocked laundry room on the ground floor and we found one person leaving this room carrying laundry. We found this person was confused and went on to sleep in a vacant bedroom close to the laundry room. At the last inspection in May 2018 we found the laundry room was unlocked, which meant the provider and care staff had not minimised the risk of people unintentionally coming in to contact with electrical equipment. We discussed this further with the nurse on duty, who ensured the room was made secure by locking it and they supported the person to their own bedroom. Shortly after the inspection the registered manager contacted us to say they have held urgent supervisions with the staff that were on duty, to advise them this was not acceptable and put people at risk.

While we looked round the home, we found one person was sat sleeping on the shower chair in the ground floor bathroom. The care worker who assisted us on the tour attempted to redirect the person and we continued independently with our tour. We returned to the same bathroom 45 minutes later and found the person was still sleeping while sat on the shower chair. This posed as a potential risk as the person could potentially slip off the chair and cause themselves a serious injury. We brought this to the same care workers attention who then got additional support to move the person to a safer place within the home. The care worker told us they did originally support the person to leave the bathroom, but we were told the person went back without the care staff knowing.

During the afternoon of our inspection we met one person on the stairs close to the dining room. They appeared to be struggling to get up the stairs and were in danger of falling backwards. We intervened and got a care worker to assist the person to safety. We were told this person should not have been accessing the stairs as they were considered a risk of falls. We raised concerns with the provider who immediately arranged for a stair gate to be installed on the stairs. As a result of this near miss the registered manager updated this person's care plan in terms of accessing the stairs.

The issues with covert administration, records, expired emergency medicine and the provider not taking reasonable practicable steps to mitigate risks to the health and safety of service users meant there was a continuing breach of Regulation 12 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

At our last inspection we found the safety of people who used the service was placed at risk as the recruitment system was not robust enough to protect them from being cared for by unsuitable staff. At this inspection we found improvements had been and the service was no longer in breach of regulations.

We looked at three newly recruited staff personnel files to check how the service recruited staff. We found that a safe system of recruitment was in place. The files contained an application form that documented a

full employment history; a medical questionnaire; a job description and two references connected to the applicant's previous employment with children and vulnerable adults. Checks had also been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

Staff were aware of their responsibilities in relation to safeguarding. They were able to describe signs of potential abuse or neglect that they would report to the registered or business manager. We saw there was a safeguarding flow chart displayed in a staff area, which would help ensure staff were aware of the correct reporting procedures. Staff and the business manager were able to provide examples of instances when they had been pro-active in identifying and escalating potential safeguarding concerns to the local authority safeguarding team. We saw safeguarding was a regular topic of discussion at staff team meetings, and the registered manager had emphasised that safeguarding was 'everybody's business'. This would help re-enforce the correct reporting procedures and ensure staff remained alert to identifying potential safeguarding issues.

Staff were aware of procedures to follow in the event that someone had an accident such as a fall. We were provided with an updated falls management policy that the home followed. Aspects of this policy meant staff were required to complete accident records and post-incident observations in the event that someone had sustained a fall and remained at the home. This would help ensure any injuries that were not immediately apparent would be recognised and acted upon.

When we asked people if they thought there were enough staff to meet their needs they told us there were. One person told us, "I feel there are enough staff." Another person told us, "At times staff can be busy, but overall I feel there are enough staff. However, we received differing opinions from two people's family members we spoke to. Their comments included, "My relative can sometimes be kept waiting when they ring for assistance" and "My relative feels safer here than at home and especially at night as there is staff around."

Staff told us they were kept busy, but believed they had enough time to accomplish their tasks. They explained that they shared daily duties which afforded them time to spend with the people whom they supported. Comments from staff included, "It's a busy job, but to be fair the tasks are now shared equally and yes we now have enough staff", "I am comfortable with the current staffing levels" and "The additional nurse on duty has taken the pressure off greatly, also we are recruiting new staff."

We spoke to the business manager about the use of agency staff who explained that unless relevance - some staff had left for alternative employment, which had created vacancies within the service. The recruitment of staff was a high priority for the service and the provider had recently recruited new care workers to the home, which has resulted in less usage of agency staff.

We saw no evidence that people were not attended to within acceptable timescales. The atmosphere on all floors during the inspection was calm and pleasant. We heard no one calling or shouting for help. Call bells, when rang, were attended to promptly and staff did not appear hurried or under pressure when undertaking their duties.

Records showed the equipment within the home had been serviced and maintained in accordance with the manufacturer's instructions. The service held records of weekly and monthly tests completed for the fire alarm, fire extinguishers and the water systems. Monthly checks on all wheelchairs were also completed. This should help to ensure that people were kept safe.

The building was clean and tidy, and the staff took pride in the environment they worked in. Regular cleaning took place, and new domestic staff had been recruited. Many of areas of the home had been re-decorated and refurbished.

Is the service effective?

Our findings

At our last inspection we found one person's eating and drinking requirements was not being correctly followed, which placed the person at risk due to the care staff preparing their fluids incorrectly. At this inspection, we found improvements in this area and the service was no longer in breach of this regulation.

We visited the kitchen and saw there was a list of people's dietary requirements displayed. This included information on people's weights and any nutritional risk. Furthermore, we were now satisfied the home were accurately following people's specific eating and drinking requirements in respect of the correct use of drink thickeners. The use of thickening powder is added to foods and liquids to bring them to the right consistency/texture, so they can be safely swallowed to provide required nutrition and hydration. Further detailed information was also recorded in people's care plans.

At the last inspection in May 2018 we found the lunchtime meal experience needed to be improved, as we found the staff levels of interactions with people was not always well managed to ensure people received a pleasant meal time experience, due to some staff not fully engaging with people. At this inspection we found the lunch time meal experience was much more relaxed and we noted staff interacted with the people in a caring and unrushed manner. However, we did note one negative experience for one person who didn't eat their meal and walked away. We observed an agency staff member brush pass this person without re-directing them or providing support. One of the activities co-ordinators noted this and intervened to support the person with their meal. We provided this feedback to the provider during the inspection who confirmed they would speak to the agency worker. Since our last inspection the registered manager had undertaken a number of meal time experience audits, we found these audits recorded by the manager were all positive.

Staff confirmed that they received a wide range of training and the training records confirmed this. Staff received training that meant they could be effective in their role. This had included key training in health and safety topics as well as training linked to the needs of individuals they supported. Staff had received training in safeguarding and dementia awareness. Training had also been received in the Mental Capacity Act (MCA). Staff told us that training had been varied and was ongoing. Nursing staff confirmed that they received support in ensuring that they could develop their professional practice. Aspects of additional nursing training included, syringe driver, wound care management and a six steps work shop. The Six Steps is an end of life programme in the North West, designed to enable care homes to improve end of life care.

Although we found key training had been delivered to all staff, we recommended the provider reviews their health and safety training and medication training to ensure all staff are fully aware and reminded of the significance of potential risks posed to the environment and the poor management of medicines. As we have continued to identify several concerns in these areas at Yew Tree Manor.

The provider's induction and training programme ensured that all staff had completed the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that care workers are nationally expected to achieve.

Supervision sessions were completed regularly and appropriate records were maintained. Where particular issues had arisen within the service, records demonstrated that supervision sessions were being used to good effect in order to resolve matters in a timely manner. Annual appraisals were also completed, and records maintained.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

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 that consent was sought before care and support was provided. People's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff. The MCA and associated Deprivation of Liberty Safeguards (DoLS) were applied in the least restrictive way and correctly recorded.

Assessments of people's needs were completed before they moved into the service. This was done to ensure that the service could meet their needs. Before people moved in they were encouraged where applicable to visit the service, look around and meet the other people currently using the service. This ensured people had a good understanding of how the service operated before choosing to move in. It also gave people an opportunity to observe staff interacting with people and gain an understanding of how the service operated.

Over the past two inspections of Yew Tree Manor, we found improvements were continuing in respect of providing a suitable environment for people living with dementia. Corridors within the home were painted in different colours which was intended to help people know where they were. Signs on doors with people's names on were easy to identify; these included photos that were important to people to provide a gentle reminder. We found the provider had also created a new managers office that replaced the smaller ground floor lounge. This gave the management team better access to observe care and allow people to easily access the manager's office. Other areas of the home benefited with refurbishments such as new bathroom suites throughout.

Records in people's care files showed a range of health professionals had been involved in their care. This included GPs, district nurses, opticians and podiatrists. People told us they were confident staff would arrange for them to see a GP or other health professional promptly in response to any health concerns they had. One relative we spoke with told us, "I am kept informed of any decisions about my relative's care. A few months ago my mum had to be admitted to hospital and a member of staff phoned which I appreciated." We saw staff monitored people's weight where a need had been identified. This would help ensure any change in that person's health would be recognised and acted upon.

Is the service caring?

Our findings

We asked people who used the service if they considered staff were kind and caring. Comments included: "The staff are good they know me and are very good. They look after me and I can talk to them", "The staff know me and call me by my Christian name", "The staff call me by my first name they are all friendly" and "I do not feel restricted I can choose where I want to sit and eat."

It was apparent that staff had developed positive relationships with people living at the home. Staff were able to talk to us in detail about people's likes, dislikes, interests and preferences. We observed that staff spent time talking with people when they were not engaged in care tasks. People living at the home were comfortable approaching staff to ask for assistance or to start a conversation.

During the inspection we observed one person becoming anxious. We saw a staff member quickly intervened to reassure this person. We spoke to the staff member who confirmed this person's anxiety was part of their diagnosis and they discussed the importance of redirecting the person to help reduce their anxiety levels.

We saw staff treated people with dignity and respect. Staff respected people's privacy by knocking on doors and calling out before they entered their bedroom or bathrooms. We saw people and staff were comfortable together. One person told us, "The care staff are good here. They help me keep on top of things and never make me feel awkward."

People and their families were encouraged to be involved in making decisions about care and support. We saw that care plans were regularly reviewed, and changes were made when required. People told us that staff would regularly check with them if their care was satisfactory, and if any changes were required. Staff all felt they had time to spend with people so that care and support could be provided in a meaningful way and they could listen to people's views and opinions.

People were supported to be independent where possible. During the inspection we observed one person managing their meal with minimal staff support. People were supported to communicate in ways that suited their own individual needs.

People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. Relatives confirmed there were no restrictions when they visited, and they were always made to feel welcome.

Records showed that staff had received training in respecting people's privacy and dignity. The provider had a policy on dignity, privacy and respect which reminded staff that they were guests of people who used the service and they should behave accordingly. We noted in October 2018 the provider held an awareness session that 16 staff attended. This awareness covered key areas such as age, gender, disability, race, religion or belief, gender reassignment, sexual orientation and marriage or civil partnership.

Confidential information was stored securely and protected in line with General Data Protection Regulation (GDPR). People's personal information was appropriately protected and sensitive information was not unnecessarily shared with others.

Is the service responsive?

Our findings

The provider used an electronic care planning system and all care plans, risk assessments, monitoring charts and daily notes had been transferred to the electronic system. Electronic care planning enabled the provider to set up alerts and pick up on trends, for example there was a live system with a list to show what care had been provided to each person. For instance, the electronic system automatically calculated whether people had lost or gained weight. The information was accessible to staff via monitor screens located in corridors of the home, where staff accessed care plans and recorded the care and support people received.

During the inspection we found inconsistencies in respect of the level of detail recorded in people's care plans. Although we were satisfied that the five people's care plans we reviewed captured their assessed needs, we found the provider needed to ensure people's care plans fully reflects their personal preferences, such as people's family relationships, significant life events, previous occupation, hobbies and their likes and dislikes, as we found this level of detail had not always been recorded. We discussed this with the business manager who acknowledged there was differences in terms of the content captured in all care plans. The business manager told us the home was advised by the local authority not to put too much information in the care plans and focus on people's clinical assessed needs.

We recommend the provider reviews the latest guidance on developing people's care plans to ensure they are person centred.

The Accessible Information Standard (AIS) was introduced by the Government to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS. We found the electronic care planning system had a function that generated care plans in an easy read format with pictures if required. We were told by the business manager this function for AIS had not yet needed to be used, but they were confident the home could deliver AIS if required.

During the inspection we saw staff involved people in activities such as singing and dancing to Christmas songs. We saw people joined in with these activities and were smiling and laughing along with staff. The home employed two activity co-ordinators who shared the responsibility of arranging the homes activities. They had a pictorial activity notice board by the entrance that advertised the weeks activities. Some of these activities included, coffee and cake morning, tuck shop, hand massage, games and exercise, singing and arts and crafts.

On the day of the inspection we observed the activities co-ordinators in the lounge encouraging the people to participate in soft ball games. We found the people were interacting and appeared to be enjoying the activity. In the afternoon we noted the tuck shop was available and taken around to people on all floors during the afternoon. The activity co-ordinators had also arranged for a local school choir to do carol singing for the people, that was due to take place the following week.

We received a positive response about the activities on offer. Comments included, "The activities are good fun. I am shy at times but the girls [activity co-ordinator's] always encourage me" and "I like to keep busy, much more events at the home now."

End of life care was provided at the appropriate time. Staff liaised with people's GPs to review their prognosis and with district nurses to request pain relief medication. Yew Tree Manor enrolled on the Six Steps programme in 2013. The Six Steps is an end of life programme in the North West, designed to enable care homes to improve end of life care. We found many of the homes nursing staff had attended update training in relation to six steps, end of life care by Macmillan and syringe driver training. We noted the care plans we viewed included a section about people's preferred priorities in respect of end of life care. Advanced care plans with updated 'do not attempt resuscitation orders' in place had been signed by an appropriate clinical lead such as the GP were in place.

People and their relatives told us they knew how to make a complaint and they would inform the registered manager if they were unhappy with their care. Comments included, "I go to the manager and she actions it" and "I am content, but I know what to do if I wasn't."

We looked at records of complaints and saw four complaints had been raised since our last inspection. The outcome of these complaint and any actions taken to resolve them were recorded in the complaints file.

Is the service well-led?

Our findings

At this inspection, we found improvements had been made to the quality assurance systems and registered manager oversight, but some further improvements were required around medication and safety of the premises. Whilst further improvement is required in these two areas the risks associated to people were considered low. On this basis, we have revised the rating for this key question from 'Inadequate' to 'Requires Improvement'. However, to improve the rating to 'Good' would require compliance with the regulations and evidence of sustainability a longer-term track record of sustained safe care. The management team should continue to ensure that all aspects of the service meet, or exceed, regulatory requirements and that openness and transparency remains at the heart of everything the service strives to achieve.

Since our last inspection the provider had ensured the manager was now registered with the Care Quality Commission (CQC). People, their relatives and staff spoke positively about the registered manager and the staff at Yew Tree Manor. Comments received from staff included, "The manager has been an inspiration at the home. She leads her team well", "I have found positive changes since the manager has taken over. I have found a shift in the staff culture" and "The manager has an open-door policy and I can always speak to her if I have an issue."

The registered manager was not available at the time of our inspection, due to annual leave. Shortly after the inspection we provided additional feedback to the registered manager in respect of this inspection. The registered manager was also supported by a business manager, who had worked at the home for a number of years.

At the last inspection we found serious systemic failures in the leadership and management of Yew Tree Manor and this service was rated inadequate and put in to special measures. This resulted in a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regard to good governance. At this inspection, we found a number of improvements had been made at the home, but we were still concerned to find persistent issues in relation of potential risks posed to the environment and the poor management of medicines.

Although we found a number of effective audits were now in place, we found the home still needed to ensure improvements were made. For example, the provider's medicines audits needed to be more thorough to ensure it captured the shortfalls we found. Furthermore, we found further issues linked to the environment of Yew Tree Manor, that the care staff have not considered to be a risk. Further training or guidance is needed to ensure the staff team fully understand their responsibilities for ensuring the safety of people is fully protected. We discussed areas of the care planning with the registered manager, who confirmed all care plans would be fully reviewed to ensure the accuracy of person centred information was captured throughout.

Since our last inspection the provider has actively engaged with Manchester local authority commissioning team to support the service in developing new systems for audit, quality assurance and questioning of practice. A new suite of audit tools had been introduced covering key aspects of service delivery. For

example, audits and quality assurance were now in place for accidents, complaints, use of bed rails, call bells, medication and for the environment. Spot checks were also completed by the management team on a regular basis with appropriate records maintained. Overarching trend analysis was also completed with a clear audit trail of remedial and preventive actions taken. Although the support from Manchester local authority commissioning team has been a positive for the home, further work was still needed in respect of the medicines systems and the safety of the environment.

These issues were continued breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as systems were not operated effectively to ensure the effective monitoring and improvement of the safety and quality of the service.

The registered provider also continued to undertake regular visits to audit the home. We saw a copy of the record of the director's visit for September 2018. We noted from this record the director spoke to a number of people and staff on their visit. This visit also looked at areas of the home, which included aspects of the environment, activities on offer, complaints received, and clear actions were recorded to determine where the registered manager was up to with any outstanding matters.

A customer satisfaction survey was carried out in November 2018 that included questionnaires sent to people who used services and their relatives. We saw that the results of the most recent survey were positive, with high satisfaction percentages recorded, for example, presentation of the home; cleanliness of the home and training level of the staff. All had stated they felt safe comfortable with the care team.

The registered provider sought to work with other agencies. There were close links with social workers and other health professionals such as psychiatrists. The provider continued to be supported by the nursing home team who visited the service a couple of days a week. The nursing home team which is funded by the NHS was set up in 2004 and carries out emergency visits for residents in the eight South Manchester Nursing Homes.

As mentioned in the summary of this report we reviewed the HM Coroners Regulation 28 Report (Prevention of Future Death Reports) while on inspection and we received a formal response from the provider detailing how they have met or were meeting the seven concerns noted in the Regulation 28 Report. We have taken time to consider the information we reviewed on inspection and the providers response. We are satisfied the provider has implemented a number of key changes to the service, such as the analysis of falls and implementing key protocols in respect of specific incidents. Although we were assured of this, the provider needs to sustain these systems to allow them to fully embed at the home.

The registered provider is required by law to notify the CQC of specific events that have occurred within the service. We noted from the Regulation 28 Report this person had sustained a traumatic fall at the home in September 2017 that the interim manager at the time did not report to CQC. Furthermore, we have since spoken to the registered manager about their reporting of statutory notifications, as we have previously found some notifications did not provide a sufficient level of detail. We have found an improvement in respect of the level of detail that is now reported.

This meant that the registered provider was not complying with the law. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009, because the registered provider had failed to notify where required.

Since the changes in management we are now assured the registered manager was submitting statutory notifications. We reviewed records held by the service and cross referenced these with statutory

notifications submitted to CQC. We found notifications were now made in a timely way and that appropriate records were maintained.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The issues with covert administration, records, expired emergency medicine and the provider not taking reasonable practicable steps to mitigate risks to the health and safety of service users.

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems were not operated effectively to ensure the effective monitoring and improvement of the safety and quality of the service.

The enforcement action we took:

Warning notice