

Partnerships in Care 1 Limited

Yew Tree Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 7 and 15 January 2016.

Yew Tree Lodge is a care home that offers accommodation for people who require personal care. Although registered to provide a facility for up to 16 people, the location currently has 12 people using the service. The location provides support to people who have a primary diagnosis of a mental health issue. The support is broken down into three main categories: crisis beds – for up to 5 days, respite care and long term support.

The home is required to have a registered manager. The last registered manager was in post until December 2015. In the absence of a registered manager, the home has been supported regionally by senior management. Interviews have been conducted and a successful candidate has been appointed to commence employment from February 2016. 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.

As part of this inspection process, the action plans submitted following breaches from the December 2014 inspection were to be looked at to determine whether these had been appropriately met. It was found that the provider had taken sufficient action to rectify these breaches in the area of quality assurance and staff support.

Staff knew how to keep people safe by reporting concerns promptly. Systems and processes were in place to recruit staff who were suitable to work in the service and to protect people against the risk of abuse. There were sufficient numbers of suitably trained and experienced staff to ensure people's needs were met.

We observed good caring practice by the staff. People using the service said they were very happy with the support and care provided. Care plans and risk assessments were found to be updated and reviewed in conjunction with external professionals and with each person. People were provided a copy of their risk management, for them to retain should they wish to have a copy.

People told us communication with the service was good and they felt listened to. All people spoken with said they thought they were treated with respect, preserving their dignity at all times.

People were supported with their medicines by suitably trained, qualified and experienced staff. Medicines were managed safely and securely. People were given the opportunity to independently self-administer medicines in agreement with health care professionals.

People received care and support from staff who had the appropriate skills and knowledge to care for them. All staff received comprehensive induction training and support from experienced members of staff. They felt supported by management and said they were listened to if they raised concerns.

Quality assurance audits and governance of documents were found to be completed by the service. This therefore ensured the opportunity to continually assess and make changes where necessary for improvement of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were safeguarded from abuse. Staff understand how to report any concerns and were aware of the whistleblowing policy.

Plans in case of an emergency were in place. These provided sufficient information to keep people safe.

Risks were appropriately managed and reviewed to keep people safe.

Safe medicine management and a robust recruitment process were in place.

Is the service effective?

Good ●

The service was effective.

Staff were provided with regular supervision and up to date training to ensure their support was effective for people.

People were encouraged and supported to become more independent. They were provided timely support from external professionals.

Is the service caring?

Good ●

The service was caring.

Staff were caring, responsive and respectful when dealing with people.

People's dignity, choice and privacy was maintained at all times.

People were encouraged to make choices. Where staff needed to assist people, they gave explanations, and allowed people time to make an informed choice.

Diversity and equality was maintained in the service.

Is the service responsive?

Good ●

The service was responsive.

People knew how to make complaints and were encouraged to do so.

People were encouraged to partake in independent and group activities.

Individual work to help people become more independent was developed through key worker sessions.

Is the service well-led?

Good ●

The service was well-led.

People and staff reported the service was transparent, and open.

Management were approachable and involved in the delivery of care.

Audits had been developed to measure how the service was effective in delivery of care, with action plans being completed for any improvements required.

Yew Tree Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 7 and 15 January 2016 and was unannounced. It was completed by one inspector.

Prior to the inspection the local authority care commissioners were contacted to obtain feedback from them specifically in relation to the service. We referred to the previous inspection report of December 2014 and action plans submitted by the provider that detailed the action they had taken following requirements we made at that inspection. We also looked at notifications. Notifications are submitted to the Care Quality Commission by the provider to inform us of any significant events related to the service.

During the service we spoke with five members of staff, including the regional manager, deputy manager and three support staff. We spoke with three people who use the service. Observations were completed over handover, medicine administration and general interactions during the course of the day. These were carried out so as to establish how information was shared between staff, what procedures were followed when administering medicines and to see if the interaction was caring and supportive.

We looked at recovery plans (care support documents), health records, medicine records, risk assessments and additional documentation relevant to the support of five people. Supplementary to this we looked at a sample of records relating to the management of the service such as quality assurance assessments and audits. Additionally we also looked at five staff records that included supervision and training.

Is the service safe?

Our findings

People were being kept safe by clear recruitment processes. This included obtaining references for staff in relation to their character and behaviour in previous employment. Disclosure and Barring Service check (DBS) had been requested for all staff to ensure these were up to date and current. This was to ensure people were kept safe. Risk assessments were completed on staff who had a DBS check that was last completed several years prior to the new submitted applications. A DBS enables employers to determine whether an applicant / employee has any criminal convictions that may prevent them from working with vulnerable people. A thorough system had been implemented by the management to ensure staff were safe to carry out their duties. This included recent photographs with verified identification, application packs, documented interview process, reference checks and explanations of any gaps in employment.

People told us that they felt safe at the service. One person stated, "Oh yes, very safe here. They're a good bunch. They look after you, check you're alright. Especially [name]." Another person told us that they had been using the service regularly as a respite facility after routine hospital admissions, "I wouldn't go anywhere else. I know I'm safe here. They make sure I'm well."

Staff had a comprehensive understanding of safeguarding and whistleblowing procedures. They were able to identify the various types of and signs of potential abuse, and what processes needed to be put into place if these were seen. Staff received training in these areas that were refreshed frequently. Staff we spoke with were able to explain the purpose of the whistleblowing policy and reaffirmed that they would blow the whistle on any untoward behaviour witnessed. Staff stated that they were confident that any concerns raised with management would be dealt with effectively and promptly.

People's health and welfare were appropriately risk assessed with actions identified should any risks occur, with least restrictive options used. For example, staff knew what an elevated mood meant for one person, who remained in a stable low mood. They had devised very clear instructions of who to contact in such circumstances and how it was important to monitor this person regularly at this time and to try to engage with them. This demonstrated staff knew how to manage risks whilst keeping the person safe. People's files contained comprehensive risk assessments written by professionals involved in the admission process and were agreed where appropriate within a multi-disciplinary team. In addition the team completed risk management meetings with each person. This gave the person the ownership of their risk and ensured they were involved in the strategies used to minimise the effect.

Staff were able to identify actions needed to be taken in the event of a fire. Fire drills were completed regularly and information on procedures were located on each floor of the building. This meant that people and staff were kept up to date with what to do if a fire were to breakout. A contingency business plan had been prepared should the building need evacuation in an emergency. This contained alternative accommodation details, contacts for staff and professionals to call in the case of an emergency.

Processes were in place to ensure safety checks of the building were undertaken. These were found to be up to date, with comprehensive records indicating when checks had been carried out and any action required if

an error had been noted. The action plan was then completed to illustrate when the necessary changes had been made to restore safety.

Systems were in place to note trends analysis of any incidents and accidents and to learn from these to minimise the risk of recurrence. .

Medicines were supplied by a community based pharmacist. They were stored safely in a locked cabinet. Medicines were ordered using monitored dosage system (MDS). The system minimised the risk of errors occurring as each dose was prepared for the time the medicine was due. Guidelines were in place for 'as required' medicines. These detailed exact eventualities for administration, so to prevent the possibility of over medicating or medical restraint. Medicine Administration Record (MAR) charts were checked and illustrated no medicine errors. We observed one person being given medicine with their permission. Staff talked the person through the medicine, and what it was for, offering a choice of drink to have with the medicine. Some people were being encouraged to self-administer. Evidence was in place to show this had been agreed within a multidisciplinary team and risk assessed appropriately prior to the person commencing the process.

The home was clean and tidy. Personal protective equipment (PPE) such as gloves and aprons were available for staff to use as required. Colour coded systems for cleaning products and kitchen equipment were noted, this reduced the risk of cross contamination.

Is the service effective?

Our findings

The last comprehensive inspection found that staff were not receiving adequate support. This was a breach of regulation 23 of the HSCA. The provider forwarded an action plan that identified what systems would be introduced. Staff received regular supervision that was written into the rota to prevent these from being missed. This gave staff and management the opportunity to discuss areas of support or improvement that was needed as well as including areas they had excelled in. One member of staff stated, "I feel greatly supported now. I know I can raise any issue and be given the necessary support to do my job." Another member of staff reported that senior management involvement in the location recently had further improved the effectiveness of their practice. The service was no longer in breach of this regulation.

People were cared for by a staff team who had completed a comprehensive induction and training process. This included completion of all the provider's mandatory training and additional training specifically based on meeting the needs of the people who were using the service. Newly recruited staff shadowed more experienced staff until they were assessed as confident and competent to work independently. The provider's training matrix showed that staff training was up to date or scheduled where refresher courses were required. A new system was being introduced to monitor the training needs of staff..

The principles of the Mental Capacity Act 2005 (MCA), was understood and well explained by the staff during the inspection process. They received training in the MCA and understood the importance of assessing people's capacity to make decisions. The MCA provides the legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff stated how they asked for permission before doing anything for, or with a person, if a person refused assistance they would return when the person was happy to proceed with completing the task. The MCA provides the legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The requirements of the Deprivation of Liberty Safeguards (DoLS) were being met. Staff were able to describe why people were on DoLS and the implications for caring for them. People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. Although no-one at the service required a DoLS, staff and management were aware of their responsibilities in relation to applying for a DoLS.

Each floor and wing had an open kitchen which was available to people to access at all times. Shopping was completed either independently or with staff, dependent on level of independence of each person. Staff encouraged healthy eating, and offered support where need be. Hydration was promoted and encouraged, with staff offering drinks to people, and these being readily available.

People's health care needs were being met. Records illustrated when professionals had been consulted and the input offered. For example, when the local Mental Health Team (MHT) was consulted or the GP, this was appropriately recorded. Each person's care file contained a document that outlined a pen portrait of the person. This provided a brief overview of the person, their preferences, contacts as well as relevant medical information.

Is the service caring?

Our findings

People were supported by a caring staff team. We were told by several people who received support, "They are very caring". Another person reported, "They're very polite and helpful". Staff were observed during the inspection to be speaking respectfully to people and were generally approachable in their manner. People appeared comfortable when speaking with staff and seeking assistance.

People told us that they were involved in decisions related to their care. Key worker systems had been developed and offered people the opportunity to discuss issues with their key member of staff. This meant that people received consistency in the support they received, with one staff member taking primary responsibility for all documentation related to their care. The staff would then ensure that documents related to people's care was specific to the person's needs and in line with suggestions of health care professionals. Staff knew the likes and dislikes of people including how they wished to be addressed. This was evident during conversations with people. One person reported that although key worker sessions were held frequently, these were often disturbed as no specific room was allocated to hold confidential meetings. We raised this with management and were advised that signs would be developed advising a meeting was in progress.

People were encouraged to gain independence and strive towards achieving this. Management advised that some people were being supported to gain employment or attend college, whilst others enjoyed accessing the community independently. One person, who was residing at Yew Tree Lodge, was being supported to move into more independent living. Support plans were developed to illustrate how this was being achieved. People were encouraged to complete household chores in preparation for independence. They were supported to shop independently and cook, however, staff worked at the person's pace, focusing on meeting their needs at all times.

House meetings were held monthly. This gave people the opportunity to raise any issues related to the home with the staff. One person reported that, "I know the staff will sort any problems or concerns." House meeting minutes illustrated group activities were discussed, communal activities such as brunch club, and any issues related to maintenance of the home. These were available for people to review after meetings and at all other times, as required.

People's privacy and dignity was respected and maintained. As part of each staff team meeting, staff discussed the importance of ensuring this when working with people. This topic was discussed and encouraged, with new examples provided. Staff were observed speaking to people discreetly when discussing any personal or confidential issue.

Records pertinent to people's health, care, medicine were all maintained within the office. People were also given a copy of their risk management plan, however were encouraged to keep these in their rooms so to ensure confidentiality. Records were kept securely.

Information about religion and sexuality was made available to all people. This focused on the importance

of inclusion. The company policy and staff approach focused on equality and diversity. Staff reinforced the training they received in this area and ensured they put this into practice.

Is the service responsive?

Our findings

People had their needs assessed comprehensively prior to them moving into the service. This included working in partnership with other health care professionals to ensure that the care was responsive to the needs of the person. Where needs changed and a deterioration in a person's mental wellbeing was noted, management sought input from external professionals to meet the person's needs. The persistence of management in one particular case meant that the person was able to return to Yew Tree Lodge after a short stay in hospital, and did not require long term admission. .

People reported that staff were responsive to their needs. One person advised that when they were feeling unwell staff would check on them frequently. Their care plan was changed to accommodate their changing needs, with an increase in staff presence. When they felt well again, the care reverted to the original plan. The person stated, "I didn't want the input at the time, but I now know it was what I needed. They made sure I was well looked after."

Observations during the two days of the inspection showed staff were responsive to people's needs. They were able to recognise when a person was becoming agitated or anxious. In one example a person had declined to take their medicine. Staff did not force the issue, rather responded to the person's needs and waited until they were ready to take the medicines. They spent time talking to the person and used diversion strategies, discussing a news item from the radio which helped to reduce the person's anxiety. When the person requested their medicine staff administered without making an issue of it being taken late.

Posters telling people how to make a complaint had been put up in all kitchens and communal areas. These advised that people could make a complaint to staff or alternatively confidentially to external agencies if they felt more comfortable. A complaints box had also been placed in the corridor, allowing people to confidentially advise staff of issues. The service had implemented new documentation and a policy on how to deal with and investigate complaints. We reviewed the complaints that had been made recently and found that these had been appropriately investigated and responded to. We asked people if they were confident to make a complaint and were told, "absolutely! I would tell them if I was unhappy".

Personalisation of the environment was encouraged. People's bedrooms and communal areas were decorated with art completed by people living at the service. Bedrooms were draped in personal items that people had either brought with them or had bought specifically to decorate the neutral rooms that were provided.

People were encouraged to partake in activities both independently and within a group setting. However people were able to make a choice of whether to engage or not. People were further encouraged to discuss activities and groups within the house meetings. For example, people had recently arranged a group day trip. This had been highly successful and was being looked at as a future activity when the weather became milder.

Key worker sessions were offered to all people. Staff were paired up with people based on interest,

knowledge and experience. For example, one person who enjoyed cooking had a key worker who could help them develop their culinary skills. People advised that the key worker session further allowed them to develop and gain confidence in areas of interest. One person stated, "I'm more confident now. I've been helped to do things for myself." Staff reported the importance of looking and working with each person independently. One staff reported, "everybody's journey is different. We have to work with them to get to their destination."

Is the service well-led?

Our findings

At our last inspection the provider was not appropriately assessing and monitoring the quality of the service. This was a breach of Regulation 10 HSCA 2008. The provider was asked to provide an action plan that detailed how they would ensure this regulation was met. During this inspection we found that comprehensive monitoring tools had been developed and were used to assess the quality of the service. This included quality assurance surveys that stake holders, people, visitors and staff were asked to complete. As well as the development of audits tools to look at the effectiveness of care provided to people. The service had taken appropriate measures to rectify the breach. Management audits had been developed to be completed monthly, followed by a more comprehensive audit bi-annually. This allowed the provider to maintain an overview of the service and which areas needed further development. We found these had been completed appropriately with action plans developed to rectify any issues found.

At the time of the inspection the service had been without a registered manager for a short period of time. The provider had ensured stability of the service by senior management presence and leadership of the service. Interviews had been completed for a replacement manager, with a successful candidate being offered the post. We were advised the new manager was scheduled to commence employment in February 2016. Staff reported that having senior involvement in the service had been beneficial as it had been an opportunity to highlight areas for further development. One member of staff reported, "We have clear directive. We discuss and understand the needs of the service and people."

The culture of the home was described by both staff and people alike as open and transparent. The staff office had the door continually open if staff were present, only being locked for reasons of security and maintaining confidentiality. One member of staff said "The open door policy means we are transparent, and can provide a good service to people." Whilst one person we spoke to said "We can always come and talk to them. We never get turned away. We may have to wait if they are doing something, but they take their time to speak to us". We observed people approaching staff in the office for a chat. Staff responded appropriately asking people to wait only if they were taking a confidential call, or were in the process of administering medicine to another person.

Staff reported that the feedback from management "was constructive, motivating and very professional". This helped them to embed the values of the service in their practice as they were able to confidently set forth the values and vision discussed within team meetings.

There was strong evidence of working in partnership with external professionals. Documentation used within the service was written in agreement and collaboration with other professionals where applicable. Risks were collectively agreed before being actioned.

Complaints were encouraged and regarded as a positive way of developing the service. New documentation had been developed for complaints. This illustrated details pertaining to the complaint and the investigation completed, with proof of feedback being provided to the complainant. The document referred to the new Duty of Candour (Regulation 20 of the Health and Social Care Act 2008 Regulations 2014),

specifically in relation to the importance of transparency.

We found that the communication within the home was good. Handover and shift planners were used. These were verbally worked through and completed on paper so reference could be made to them during the course of the shift. A communication book was in place which allowed supplementary information to be passed onto staff. A diary was used to detail appointments, schedule meetings and indicate training booked.

We found there to be good management and leadership with senior management working alongside staff and role modelling.