

Yew Tree Care Limited

Yewtree Care Limited t/a Yewtree Nursing Home

Inspection report

North End Road
Yapton
Arundel
West Sussex
BN18 0DU

Tel: 01243552575

Website: www.yewtreecare.co.uk

Date of inspection visit:

18 May 2021

19 May 2021

Date of publication:

01 July 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Yewtree Nursing Home is a residential care home providing personal and nursing care to 31 people with various support needs, including brain injury, learning disability, physical and/or sensory impairment. The service can support up to 40 people. The home is set in easily accessible grounds and consists of one adapted building. There were a range of communal areas for people to enjoy.

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

The provider and registered manager had taken action in response to the findings at our last inspection, but further improvement was needed to ensure people's safety. Whilst the quality of the care plans had improved, we found gaps and inconsistencies in some records which could mean people were placed at risk of harm.

The registered manager had shared the responsibility for auditing the service amongst the senior team. The quality and frequency of the audits had improved, and they had been effective in identifying and driving improvement in many areas. Further work was needed, however, to ensure people received consistently safe and effective care.

Staff shared mixed feedback about the culture of the service. Whilst some staff were very happy in the roles and with the support they received, others felt communication needed to improve and did not always feel confident to approach management with issues or concerns.

The home was clean, and staff had been trained in infection prevention and control. There were clear measures in place to manage the risk of the COVID-19 pandemic. We signposted the registered manager to guidance on the wearing personal protective equipment (PPE), specifically face masks.

The provider and registered manager had collaborated openly with a safeguarding enquiry into wound care practice at the home, but had not fulfilled all the requirements under duty of candour. We have made a recommendation about this in the report.

Most people spoke positively about their care and experiences of living at the home. People told us staff were caring and supportive. One person said, "Very good and caring staff here. I have no complaints at all". A relative told us, "I can't sing their praises enough, beautiful home, atmosphere is brilliant, all having a good time."

Since our last inspection, more activity staff had been employed. People cared for in their rooms received regular one to one time and support which made a positive difference to their wellbeing. People spoke positively about the activities on offer and we observed people participating with enthusiasm.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The recording of best interest decision making had improved since our last inspection.

Staff were skilled in supporting people at the end of their lives. Relatives spoke highly of the care their loved ones had received.

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 11 March 2020). The service remains rated Requires Improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We received concerns in relation to wound care and infection prevention and control. As a result, we undertook a focused inspection to include the safe key question. We also reviewed the effective, responsive and well-led key questions which were rated as requires improvement at the last inspection.

We reviewed the information we held about the service. No areas of concern were identified in the caring key question. We therefore did not inspect it. The rating from previous comprehensive inspections for that key question was used in calculating the overall rating at this inspection. The overall rating for the service remains requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this report. You can see what action we have asked the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Yewtree Care Limited t/a Yewtree 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

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

Service and service type

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 14 people who used the service and six relatives about their experience of the care provided. We spoke with 14 of staff including the registered manager, deputy manager, registered nurses, senior care workers, care workers, activity staff, administrators and kitchen staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 12 people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager and provider to validate evidence found. We looked at minutes of meetings and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question no longer met the characteristics of good and has now been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks had been assessed, but changes were not always reviewed in a timely way or documented appropriately.
- Records did not always reflect people's up-to-date care needs. Where people were at risk of pressure damage and required support to change their position, repositioning records were not always in place or did not demonstrate support had been delivered in line with the care plan. For example, the care plan for one person stated they required support to reposition every three to four hours but there were gaps of six or eight hours in the records. For a second person, there were no repositioning records in place although the care plan stated they required support reposition every four hours. Furthermore, the use of pressure relieving equipment, such as mattresses or cushions, was not always documented in the care plans. Although staff told us these people were now able to adjust their position independently and it was only the records that required updating, we could not verify that risks relating to pressure area care had been monitored and mitigated to keep people safe.
- Risks to people were not always reviewed in a timely way. A visiting professional had recorded how a transfer they witnessed appeared unsafe. Two days later we saw this in the care notes and queried what action had been taken to review the person's moving and handling support needs. We found the concern had not been picked up or acted upon. This could put the person at risk of harm, including falls. You can read more about the systems in place to manage risk in the well-led section of this report.
- Whilst we did not identify any direct harm caused to people from these omissions in record-keeping, it put people at risk of possible harm and was an area requiring improvement.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the

current guidance.

We have also signposted the provider to resources to develop their approach. During our inspection we observed the registered manager was not always wearing a face mask. Some staff were observed wearing their mask below the nose. We reviewed the guidance with the registered manager and received assurances that they and their staff were now using face masks in line with government guidance.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the home. One person told us, "I feel very safe. There are no hazards or signs of nastiness." Another told us, "I would talk to (named staff member) if I was worried, they are easy to talk to."
- Staff had a good awareness of safeguarding and could identify the different types of abuse and knew what to do if they had any concerns about people's safety.
- Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was displayed around the service.

Staffing and recruitment

- People spoke positively about the staff and staffing levels. One said, "They answer the bell quickly. Another told us, "There are enough staff. I am very happy. The carers are very good."
- Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. We observed care delivery in all areas of the service. The deployment of staff met people's needs and kept them safe.
- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.
- Records showed staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had an up to date registration with the Nursing Midwifery Council (NMC).

Using medicines safely

- People were happy with the support they received with their medicines.
- People received their medicines safely. Registered nurses and senior care staff were trained in the administration of medicines and their competency had been assessed.
- We observed a member of staff giving medicines. They administered medicines to people in a discreet and respectful way. They stayed with them until they had taken them safely.
- Medicine Administration Records (MAR) were completed accurately and demonstrated people had received their medicines as prescribed.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. The registered manager completed a monthly review of accidents and incidents to look for any trends and take action to promote people's safety.
- During our inspection, we found the door the medicines storage room unlocked on one occasion. We addressed this immediately to the staff on duty who locked the room. The following day, the provider arranged for a new lock was fitted. This ensured the door locked automatically on closing which will prevent the same issue arising in future.

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 Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Healthcare professionals who worked with the service were not always positive in their feedback. One told us, "It hits crisis before they call. They hold onto situations without being proactive and identifying issues." From our findings, we were not assured of the effectiveness of care plan reviews or that people were always referred to external professionals in a timely way. We communicated with one person using written questions as they were unable to hear us clearly. They told us, "It (not hearing well) cuts you off from society". We observed staff communicating with the person verbally by getting up close. After we queried this with the registered manager the person was referred to the GP for support.
- One of the findings following the safeguarding enquiry into wound care practice at the service involved the lack of timely referral to healthcare professionals. Since then, a new system was in place whereby all nurses could make referrals directly to healthcare professionals, without needing to go through the registered manager. This should help avoid delays and ensure people receive timely care going forward.
- There was no system in place to ensure that notes from visits by healthcare professionals were reviewed and acted upon. It relied up on verbal feedback and the nurse receiving the update taking action. We identified an occasion where a visiting professional noted concerns, but these had not been acted upon by staff. You can read more about this in the 'safe' domain of this report. Communication to and with healthcare professionals was an area requiring improvement.
- There were also positive areas of practice. The registered manager had worked hard to source optician appointments, which had been delayed due to the COVID-19 pandemic. Staff made enquiries with different opticians to try and ensure timely support for people. We saw eye care appointments were booked with a mobile optician in the week following our visit.
- There was an oral care champion within the staff team. This staff member had received additional training and completed an oral health assessment for each person on a monthly basis. One person was receiving treatment following pain in one of their teeth. Another person told us, "A doctor is called if necessary. I have seen the dentist and the chiropodist."

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

- Staff undertook assessments of people's care and support needs before they began using the service. People spoke positively about the support they received. A relative told us, "They seem well trained and (name of person's) improvement in there is remarkable."
- Pre-admission assessments were used to develop a care plan for each person. This included guidance for staff to help them understand how people liked and needed their care and support to be provided.

- Documentation confirmed people and their relatives were involved in the formation of an initial care plan. We identified issues with missing information or a lack of timely updates to care plans when a person's needs changed. You can read more about this in the safe and well led sections of this report.

Staff support: induction, training, skills and experience

- People had confidence in the staff team. One person told us, "They are marvellous here; I am old and fragile now! People here are awfully nice; I wish I could reward some of them here for their kindness."
- Staff had received training, including safeguarding, infection control, health and safety and equality and diversity. They were knowledgeable of relevant best practice and regulations, and we saw staff supporting people with confidence and professionalism.
- Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised. One staff member told us, "I had a good induction, it went on for around two weeks. I did all the training I needed, like moving and handling."
- Systems of staff development including one to one supervision meetings and annual appraisals were in place.

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

- People were asked for their choices from a daily menu. Following feedback from people about wanting more variety on the menu, the provider had reviewed the choices with people and made changes. Pictorial menus were used to support some people to make a choice.
- Staff were aware of best practice guidance for people at risk from swallowing difficulties, this included the use of the IDDSI Framework, which describes food textures and drink thickness. People who required specific diets or equipment, such as plate guards or straws, were catered for.
- Staff monitored people's weight and took action where concerns were identified. After introducing a fortified diet, we saw how one person had regained weight and was no longer considered to be at risk.

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

- People's individual needs around their mobility were met by the adaptation of the premises.
- Hand rails were fitted throughout and a lift enabled people to access other floors. Slopes allowed people in wheelchairs to access all parts of the service, including the garden and there were adapted bathrooms and toilets.
- Clear signage enabled people to orientate themselves around the service and locate any specific rooms they needed, such as toilets and bathrooms.

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.

At our last inspection, we found a best interest decision around bedrails and a DoLS application that had been missed. At this inspection, we found people had their capacity assessed for relevant decisions, and best interest decisions were recorded appropriately.

- People told us they had freedom in their daily routine. One person told us, "We are very well looked after. We are very lucky here, the staff are extremely caring. I get up and go to bed when I feel like it. If I need a shower, they help."
- We observed staff asking people for their choices throughout the day and encouraging them to make decisions, such as what to eat and what to do. A staff member told us, "We let people change their mind and give them choices."
- DoLS applications had been made where appropriate and people were being supported in the least restrictive way.

At our last inspection, we recommended the provider put up clear notices to alert visitors to the use of CCTV in communal areas. The provider had made improvements.

- Clear signage was in place. People and their relatives had been consulted on the use of CCTV and had given their consent.

Is the service responsive?

Our findings - Is the service responsive? = Good

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. 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

- People were happy with the care they received. We observed staff engaging with people in a friendly and professional manner. It was clear they knew people well and understood how they liked to be supported.
- Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff. Relatives spoke highly of the care. One said, "I just absolutely know I don't have to worry. I know if he is not so well, they will call me. (Name of nurse) knows him so well that she recognises if he isn't feeling so good".
- A staff member had been appointed as a rehabilitation officer. Their role included supporting a person to mobilise following admission or after a fall. A relative said, "(Name of person) was bedridden in hospital. They came to Yewtree and within two weeks they had her up and in a chair, a vast improvement." We saw how one person was being encouraged to mobilise using a frame. Staff walked in front and behind the person to offer reassurance and promote the person's safety.

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.

At our last inspection we recommended the registered manager updated themselves with their responsibilities under this legislation to ensure people's communication needs were identified, met, documented and shared appropriately. The provider had made improvements.

- A policy was in place describing how the service would meet the requirements of the AIS. People's communication needs were clearly documented and understood by staff.

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

At our last inspection, we found people who spent most of their time in their rooms, either through choice or health, lacked social contact. The provider had made improvements.

- Following our last inspection, the provider increased the number of activity hours at the home. A new staff member was employed with responsibility for room visits. People spoke positively about this support. Records demonstrated a variety of activity for people in their rooms, including reading the paper or letters, completing word searches, watching films together or support with phone calls to friends and family.
- People spoke positively about the activities on offer. One person told us, "We have activities every day, I enjoy them very much". A relative shared, "(Name of person) is mystified by the universe. Staff got her a reality headset for her to view the stars last summer".
- During our visit there was a variety of activity in the main lounge. This included a cheese tasting, which had been suggested as an idea during a residents' meeting. There were photographs of a 'pancake flipping competition' and people had enjoyed virtual tours of sites such as the Colosseum in Rome and live cameras set up by zoos and wildlife parks. Some people had been able to continue 'attending' church services thanks to a DVD of a weekly service provided by a local church.
- The activity coordinator had completed courses in seated dance and exercise and reflexology. This meant they had been able to continue exercise-based activities when external activity providers had to be cancelled due to the COVID-19 pandemic.
- As restrictions ease, people told us they were keen to go out for walks or to visit the shops. We discussed this with the provider who had started seeking consent from relatives and representatives, where appropriate. The registered manager confirmed staff were now taking some people out for walks.

Improving care quality in response to complaints or concerns

- People knew how to raise concerns or make a complaint. Each month, during the residents' meeting, people were asked if there were any issues they wished to raise.
- The complaints policy was displayed in the home. There was also a suggestions box for feedback and copies of the provider's survey for people to complete or for visitors to take away. One relative told us, "I have never had to complain. I have been very lucky. Every person I have had to deal with has been without reproach".
- We reviewed the complaints received since our last inspection. There was one on record and staff had been proactive in resolving it.

End of life care and support

- People had been asked about their wishes for end of life care, where they would wish to be cared for and if there was anything that may bring comfort in their final days. These wishes were recorded.
- Staff worked closely with the local Macmillan team and GP practice to ensure people were comfortable and pain free.
- Relatives had written to staff to thank them for their care and support. We read, '(Name of person's) final week was challenging, which was made bearable by the care that your staff not only gave to her but to me as well. Your staff went over and above the call of duty. I have the utmost admiration for them'. In an online review we read, 'The care, thoughtfulness and professionalism shown by all the staff was wonderful and she was made comfortable to the end.'

Is the service well-led?

Our findings - Is the service well-led? = Requires Improvement

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection audits to assess, monitor and improve the quality and safety of the service had not identified all areas requiring improvement or delivered the necessary improvements. Records in respect of each service user were not always complete.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The system to ensure risks were reviewed and mitigated in a timely way was not robust. We were not confident internal communication between staff and with healthcare professionals was effective. A healthcare professional told us, "The management of the patient over all is not joined up. It is missing oversight". Our review of documents and the systems in place supported this.
- Record keeping in the care plans had improved since our last inspection but there remained inconsistencies, missing or out of date information. Whilst staff knew people well and understood how to support them, this could lead to unsafe or inappropriate care and place people at risk of harm.
- The system of audits had improved since our last inspection but it was not yet sufficiently robust so as to ensure people received consistently safe care. The registered manager had appointed lead roles within the nursing team to share oversight for areas including medication and wound care. Each nurse was responsible

for a group of residents and their care plans. The registered manager completed monthly audits of a selection of care plans. Whilst these audits had delivered improvements, issues with the accuracy of the records remained.

The lack of an effective system to ensure quality and safety at the service placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had purchased an electronic care planning system and staff were due to be trained on how to use it. The provider and registered manager described how this would help to ensure consistency, monitor planned care tasks and improve communication. We will assess the impact of the new system at our next inspection.

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

- We identified issues in respect to the culture and ethos of the service. We received mixed feedback from staff in relation to whether they felt well supported within their roles and being able to approach management with issues and concerns. One member of staff said, "I have no problems, I can go to the manager at any time". However, other feedback was not positive. One member of staff told us, "There is no informal support, we're told if we have an issue to put it in writing. That's not always the right thing to do. Sometimes you just want the manager to take things on and resolve them without it needing to be so formal".
- Mixed feedback was also received in relation to staff morale and feeling valued in their roles. One member of staff told us, "I know some staff are unhappy, but not me. I love my job, I don't get involved in politics." Another member of staff said, "We are a good team". However, other feedback was not positive. One member of staff told us, "I don't feel supported. If you raise something, nothing gets done. It affects staff morale and that affects the residents. The communication here between staff and managers really needs to improve". Another said, "You get told one thing by the manager and something else by the owner and then you are shouted at for doing the wrong thing. There is a lack of communication and we get caught in it."
- We saw systems were in place to gather feedback from staff, such as staff meetings and supervisions, but we received further mixed comments in respect to the effectiveness of these systems. One member of staff told us, "I've had supervision, I have no concerns". However, another member of staff said, "We have staff meetings, but it's pointless saying anything negative or raising issues as it just gets glossed over. The meetings are pointless". While feedback from people and relatives relating to the culture of the service was positive, the culture of a service and wellbeing and morale of staff can affect the quality of life for people. We have identified the above as an area of practice that needs improvement.

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

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

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 Requires Improvement. At this inspection this key question has now improved to Good. 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

- People were happy with the care they received. We observed staff engaging with people in a friendly and professional manner. It was clear they knew people well and understood how they liked to be supported.
- Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff. Relatives spoke highly of the care. One said, "I just absolutely know I don't have to worry. I know if he is not so well, they will call me. (Name of nurse) knows him so well that she recognises if he isn't feeling so good".
- A staff member had been appointed as a rehabilitation officer. Their role included supporting a person to mobilise following admission or after a fall. A relative said, "(Name of person) was bedridden in hospital. They came to Yewtree and within two weeks they had her up and in a chair, a vast improvement." We saw how one person was being encouraged to mobilise using a frame. Staff walked in front and behind the person to offer reassurance and promote the person's safety.

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.

At our last inspection we recommended the registered manager updated themselves with their responsibilities under this legislation to ensure people's communication needs were identified, met, documented and shared appropriately. The provider had made improvements.

- A policy was in place describing how the service would meet the requirements of the AIS. People's communication needs were clearly documented and understood by staff.

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

At our last inspection, we found people who spent most of their time in their rooms, either through choice or health, lacked social contact. The provider had made improvements.

- Following our last inspection, the provider increased the number of activity hours at the home. A new staff

member was employed with responsibility for room visits. People spoke positively about this support. Records demonstrated a variety of activity for people in their rooms, including reading the paper or letters, completing word searches, watching films together or support with phone calls to friends and family.

- People spoke positively about the activities on offer. One person told us, "We have activities every day, I enjoy them very much". A relative shared, "(Name of person) is mystified by the universe. Staff got her a reality headset for her to view the stars last summer".
- During our visit there was a variety of activity in the main lounge. This included a cheese tasting, which had been suggested as an idea during a residents' meeting. There were photographs of a 'pancake flipping competition' and people had enjoyed virtual tours of sites such as the Colosseum in Rome and live cameras set up by zoos and wildlife parks. Some people had been able to continue 'attending' church services thanks to a DVD of a weekly service provided by a local church.
- The activity coordinator had completed courses in seated dance and exercise and reflexology. This meant they had been able to continue exercise-based activities when external activity providers had to be cancelled due to the COVID-19 pandemic.
- As restrictions ease, people told us they were keen to go out for walks or the visit the shops. We discussed this with the provider who had started seeking consent from relatives and representatives, where appropriate. The registered manager confirmed staff were now taking some people out for walks.

Improving care quality in response to complaints or concerns

- People knew how to raise concerns or make a complaint. Each month, during the residents' meeting, people were asked if there were any issues they wished to raise.
- The complaints policy was displayed in the home. There was also a suggestions box for feedback and copies of the provider's survey for people to complete or for visitors to take away. One relative told us, "I have never had to complain. I have been very lucky. Every person I have had to deal with has been without reproach."
- We reviewed the complaints received since our last inspection. There was one on record and staff had been proactive in resolving it.

End of life care and support

- People had been asked about their wishes for end of life care, where they would wish to be cared for and if there was anything that may bring comfort in their final days. These wishes were recorded.
- Staff worked closely with the local Macmillan team and GP practice to ensure people were comfortable and pain free.
- Relatives had written to staff to thank them for their care and support. We read, '(Name of person's) final week was challenging, which was made bearable by the care that your staff not only gave to her but to me as well. Your staff went over and above the call of duty. I have the utmost admiration for them'. In an online review we read, 'The care, thoughtfulness and professionalism shown by all the staff was wonderful and she was made comfortable to the end.'

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection audits to assess, monitor and improve the quality and safety of the service had not identified all areas requiring improvement or delivered the necessary improvements. Records in respect of each service user were not always complete.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The system to ensure risks were reviewed and mitigated in a timely way was not robust. We were not confident internal communication between staff and with healthcare professionals was effective. A healthcare professional told us, "The management of the patient over all is not joined up. It is missing oversight". Our review of documents and the systems in place supported this.
- Record keeping in the care plans had improved since our last inspection but there remained inconsistencies, missing or out of date information. Whilst staff knew people well and understood how to support them, this could lead to unsafe or inappropriate care and place people at risk of harm.
- The system of audits had improved since our last inspection but it was not yet sufficiently robust so as to ensure people received consistently safe care. The registered manager had appointed lead roles within the nursing team to share oversight for areas including medication and wound care. Each nurse was responsible for a group of residents and their care plans. The registered manager completed monthly audits of a selection of care plans. Whilst these audits had delivered improvements, issues with the accuracy of the records remained.

The lack of an effective system to ensure quality and safety at the service placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had purchased an electronic care planning system and staff were due to be trained on how to

use it. The provider and registered manager described how this would help to ensure consistency, monitor planned care tasks and improve communication. We will assess the impact of the new system at our next inspection.

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

- We identified issues in respect to the culture and ethos of the service. We received mixed feedback from staff in relation to whether they felt well supported within their roles and being able to approach management with issues and concerns. One member of staff said, "I have no problems, I can go to the manager at any time". However, other feedback was not positive. One member of staff told us, "There is no informal support, we're told if we have an issue to put it in writing. That's not always the right thing to do. Sometimes you just want the manager to take things on and resolve them without it needing to be so formal".
- Mixed feedback was also received in relation to staff morale and feeling valued in their roles. One member of staff told us, "I know some staff are unhappy, but not me. I love my job, I don't get involved in politics." Another member of staff said, "We are a good team". However, other feedback was not positive. One member of staff told us, "I don't feel supported. If you raise something, nothing gets done. It affects staff morale and that affects the residents. The communication here between staff and managers really needs to improve". Another said, "You get told one thing by the manager and something else by the owner and then you are shouted at for doing the wrong thing. There is a lack of communication and we get caught in it."
- We saw systems were in place to gather feedback from staff, such as staff meetings and supervisions, but we received further mixed comments in respect to the effectiveness of these systems. One member of staff told us, "I've had supervision, I have no concerns". However, another member of staff said, "We have staff meetings, but it's pointless saying anything negative or raising issues as it just gets glossed over. The meetings are pointless". While feedback from people and relatives relating to the culture of the service was positive, the culture of a service and wellbeing and morale of staff can affect the quality of life for people. We have identified the above as an area of practice that needs improvement.

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

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- The provider and registered manager had collaborated in a safeguarding into wound care practice at the service. They had subsequently met with the representatives of the person and given an apology. We asked to see the written record of how the incident had been handled and the communication with the person and their representatives. This written record is part of the regulation. At the time of the inspection this was not available.

We recommend the provider familiarises themselves with the detail of this regulation to ensure there is a record to demonstrate they have acted openly and transparently.

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

- People were asked for their feedback during residents' meetings. Other conversations with people were not recorded, for example there was little evidence of people cared for in their rooms being invited to suggest issues for discussion at residents' meetings, although activity staff told us they did seek their input.

- There was also no evidence of ongoing care plan reviews with people. One person told us, "Staff occasionally casually talk about my care in conversation but there is no discussion about my care plan". One person who was staying temporarily at the service told us they would have liked to manage their own medicines during their stay. Staff told us they would have been able to, but communication appeared to have fallen down on this point. The registered manager told us there was a section in the new electronic care planning system to record resident and relative involvement. We will review how this is working at our next inspection.
- Following a recent safeguarding and concerns over a lack of communication with the person's relative, a new system of relative communication was being introduced. Staff had been asked to record all conversations with relatives in the care plan and the registered manager was going to contact each person's relative/representative on a monthly basis to talk about the person's care and any concerns or suggestions. Relatives we spoke with were positive about communication with the home. One said, "Communication is brilliant", Another told us, "They became very informative via email during Covid". A third shared, "I can't praise them enough, I have filled in a written survey, I gave them 10 out of 10".
- The provider had recently sent surveys to people, staff, relatives and professionals. These had been reviewed and action was taken to respond to any concerns or queries.

Continuous learning and improving care

- The registered manager and provider had taken action in response to the findings at our last inspection, but further improvement was required.
- Following the findings of a safeguarding enquiry into wound care practice, additional training in wound care for nursing staff had been arranged. Staff told us they were happy with the training opportunities offered to them by the provider.

Working in partnership with others

- Relatives spoke positively about communication with the service. One said, "When (name of person) was in hospital, (Nurse) was calling me. They give such love and support."
- Healthcare professionals did not always feel staff contacted them in a timely way. You can read more about how the service works with external healthcare professionals in the effective section of this report.

This section is primarily information for the provider

Action we have told the provider to take

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

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