

Zinnia Healthcare Limited

# Yew Tree Manor Nursing and Residential Care Home

## Inspection report

Yew Tree Lane  
Northern Moor  
Manchester  
Greater Manchester  
M23 0EA

Tel: 01619452083

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 07 September 2017 and was unannounced, which meant the service did not know we were coming.

We last inspected Yew Tree Manor Nursing and Residential Care Home on 24 and 26 January 2017 when we rated the home 'Requires Improvement' overall, with an inadequate rating for well-led. At that inspection we found breaches of five regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment, safeguarding service users from abuse and improper treatment, need for consent, and good governance. We issued two warning notices in relation to the need for consent and good governance to the provider to inform them of the reasons they were in breach of the regulations and to tell them improvements must be made.

Yew Tree Manor Nursing and Residential Care Home (Yew Tree Manor) is located in Northern Moor, south of Manchester. The home can accommodate up to 43 residents who require nursing or personal care and who are living with dementia. At the time of our inspection there were 34 people living in the home. The building is a large house which has been extended several times. Downstairs there are two large lounges and a smaller lounge which leads into the garden. There is a further lounge upstairs primarily for the use of families when visiting. Outside there are a garden and patio areas. There is a further two lounges upstairs primarily for the use of families when visiting and the other lounge was used as a quiet room for people to relax.

At this inspection we found improvements had been made in areas of concern, the issues raised in the warning notices had been addressed and the service was now compliant in those regulations. However, we have identified one new breach in relation to the safe recruitment of staff and continued breach safe care and treatment.

At the time of the inspection, the service had a manager registered with the Care Quality Commission (CQC). 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.

Improvements had been made in the management of medicines, but further improvements still needed to be made to ensure all PRN protocols had been fully completed. We recommend the home reviews all PRN protocols in line with the latest guidance for managing medicines in care homes.

The provider did not have an effective recruitment and selection procedure in place and did not carry out relevant checks when they employed staff. This meant the systems in place did not adequately ensure staff's suitability so that people were kept safe.

Staff had received appropriate training, supervision, and appraisals to support them in their roles. Staff, with the support of the management team identified their professional needs and development and took action to achieve them. However, we have made a recommendation because it was not clear how new staff were supported through the care certificate. This meant we could not be fully assured new staff had received a robust induction in health and social care.

Risk assessments were more thorough, and the risks people faced were captured. People's known risks were discussed as on-going issues and staff communicated risk through meetings and handovers. Safeguarding practices were more robust and staff were confident in spotting and reporting issues.

The home was generally clean and tidy, although we found a malodour in the large lounge area of the home. The registered manager provided evidence that this area was regularly cleaned and the manager was looking at alternative ideas to eradicate this malodour from the home.

Care plans were based on the needs identified within the assessment; however there was some inconsistencies with the care planning process. For example, one care plan did not have a dementia specific care plan in place, a second care plan did not have a care plan in relation to the person's diabetes care and a third care plan did not have a behavioural support plan to guide staff on their behaviours that may challenge others. Therefore the care plans did not reflect the current needs of these people.

Staffing levels were structured to meet the needs of the people who used the service. We found the atmosphere in the home to be calmer and more organised and the staffing structure was clearer.

There were improvements in consent documents and DoLS applications were now being made and followed up. People told us they enjoyed the food and relatives said there was choice on offer.

We saw caring interactions between staff and people. People were treated with dignity and staff knocked on doors and respected privacy where it was requested.

At the last inspection we found the home in breach of the regulation in relation to good governance as there were not effective systems in place to monitor the quality of the service. At this inspection we found the manager had established a key framework of responsibility and accountability. We found this process was an on-going process and we will continue to monitor its effectiveness at our next inspection.

The provider actively took part in the Manchester care home quality initiative pilot. This scheme headed by Manchester City Council was incorporated for a short period of time to review and assist homes in areas that they could improve on. Areas the quality initiative looked at were care planning, medicines management, infection control and safeguarding. Feedback from the Manchester contracts officer was that the home had actively engaged in this process, but there were still areas for improvement such as care planning and medicines management.

At the last inspection in January 2017, we found a number of potential safety hazards while we walked around the building. At this inspection we found those hazards had been rectified. However, we noted in one person's bedroom they had an extension lead connected to another extension lead. We discussed this with the registered manager as this potentially posed as a fire risk. The registered manager confirmed shortly after the inspection this had now been addressed.

We saw people's access to activities had improved further and the home had recruited a new activities coordinator who was passionate about their role. People told us they enjoyed the activities on offer.

People using the service had access to a range of individualised and group activities and a choice of wholesome and nutritious meals. Records showed that people also had access to GPs, chiropodists and other health care professionals (subject to individual need).

A process was in place for managing complaints and the home's complaints procedure was displayed so that people had access to this information. People and relatives told us they would raise any concerns with the manager.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## 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.

Improvements had been made in the management of medicines, but further improvements were still needed to ensure PRN protocols were in place.

Hazards previously identified at the last inspection had now been addressed. However, we saw in one person's bedroom they had an extension lead connected to another; this was a potential fire risk.

Risks to people were assessed and there were care plans in place to mitigate those risks identified.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff received training and support from the provider, to enable them to develop their skills and knowledge. However we found the care certificate had not been fully implemented.

We observed the lunch time meal experience, and found this task orientated rather than a social gathering. We noted some staff did not communicate with people on occasions.

Where a person lacked capacity there were correct processes in place, so that decisions could be made in the person's best interests. Concerns identified in the warning notice we issued had been addressed.

### Is the service caring?

**Good** ●

The service was caring.

People told us staff were caring and we saw caring interactions throughout the day.

People were treated with dignity and respect. Staff knocked on doors before entering people's rooms.

People and their relatives were now involved in care planning.

### Is the service responsive?

The service was not always responsive.

Care plans were completed and were regularly reviewed. However, they lacked detail in areas such as how to effectively support people living with dementia and diabetes.

People told us they knew how to complain if they were unhappy and records showed the service responded appropriately to complaints they had received.

People told us they enjoyed the activities provided at Yew Tree Manor.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Improvements had been made to quality assurance and there was a clear structure of roles and responsibilities within the home. However, there were still areas for improvement in recruitment, medicines and care planning. We felt assured these issues would be acted on and management plans were already in place for some concerns.

We saw improvements in how the home was managed and a consistent approach to supporting staff and improving care standards across the home.

The home was no longer in breach of legal requirements in governance and making notifications. Concerns identified in the warning notice we issued had been addressed.

**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.

This inspection took place on 07 September 2017 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this inspection had been a carer for a family member.

We contacted the contracts officer of Manchester City Council for information about the council's recent monitoring visits and we received information from the Nursing Home team. We were informed by them that the home had made a number of positive improvements. We contacted Manchester Healthwatch, but they held no information about the home. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we looked around the building and observed mealtimes and interactions between staff and people living in the home. We carried out an observation known as a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who cannot easily express their views to us.

We talked with 15 people using the service, three visiting relatives and nine members of staff. We spoke in detail with the registered manager and the administrator. We reviewed four people's care files and looked at care monitoring records for personal care, body maps used to monitor injuries and accident records. We reviewed medication records, risk assessments and management information used to monitor and improve service provision. We also looked at meeting minutes and three personnel files for newly recruited staff.

# Is the service safe?

## Our findings

People told us they felt safe and secure at the home and with the staff who provided care and support. Comments included, "Oh yes definitely, very safe thank you", "I can lock my door; that's safe", "Yes I do [feel safe], very much", "Yes it's great, better than I was" and "I'm safe and well."

At our last inspection in January 2017 we found the provider was not managing people's needs safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient improvements had been made.

We reviewed four people's care files and found individual risks had been identified, including mobility, nutrition and the risk of developing pressure sores. Guidance was provided for staff to follow to help reduce the identified risks. The risk assessments had been reviewed and updated where necessary to reflect any changes in people's needs. For example for one person at risk of falls, there was a risk assessment in place for falls and we saw evidence of action taken by staff after a fall. Risk assessments were reviewed regularly and staff members we spoke with had a good understanding of the risk people faced and how to manage and mitigate risks to keep people safe. We observed a morning handover meeting with the registered manager, nurse and care staff where key information about their shift and any changes in people's needs were communicated. This was a good practice and ensured information on risks was shared between the team.

During the inspection we looked at the records of three newly recruited staff to check that the recruitment procedure was effective and safe. These included Disclosure and Barring Scheme checks, health clearance, proof of identity documents, including the right to work in the UK, and two references, including one from the previous employer. The DBS helps employers make safer recruitment decisions and aims to prevent unsuitable people from working with vulnerable groups. The Records showed that the registration of the nurses was checked regularly with the Nursing and Midwifery Council (NMC) to ensure they remained authorised to work as a registered nurse.

Prospective staff completed application form, however we found two staff files did not contain a full employment history, either recorded on their application form or clarified at interview, as is required by the Regulations. For example, we found the provider did not make further inquiries as to why one new staff member had gaps in employment between November 2011 and April 2014.

The issues with recruitment records constituted a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in January 2017 we found there had been a high number of safeguarding incidents at the home. At this inspection we found the level of safeguarding incidents had greatly reduced. However, during a discussion with the registered manager we were aware of an incident where they carried out an unannounced night spot check and discovered three care staff sleeping when they should have been awake to provide people support if they needed it. The registered manager took responsive action and the three



night staff were dismissed. We found this matter had not been reported to the safeguarding team or Care Quality Commission (CQC). The registered manager said on reflection they should have reported this, but felt by taking decisive in house action this matter had been resolved. The registered manager assured the inspection team they would review the statutory notification guidance and inform the local authority safeguarding team of this incident.

During the care home quality initiative pilot they suggested from their report there was a lack of understanding as to what equates to a safeguarding which could lead to a lack of reporting. From this discussion it was identified further safeguarding training was required for all staff including the management team. The registered manager confirmed they were in the process of identifying the appropriate training in this area. The registered manager confirmed they would provide this information once this training has been sought. We will continue to monitor this situation.

At our last inspection in January 2017 we noted several potential safety hazards. For example, we found the domestic cleaning trolley left unattended in the corridor while the domestic worker was on their break; this trolley contained hazardous cleaning products. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient improvements had now been made.

During the tour of the home we noted in one person's bedroom they had an extension lead connected to another extension lead. We discussed this with the registered manager as this potentially posed as a fire risk as it is not recommended to overload the wall socket. The registered manager confirmed this would have now been addressed.

We looked at medicines systems at the home, spoke with one nurse responsible for medicines and the registered manager. Improvements to medicines audits (checks) had been further developed since our last inspection. These now included weekly and monthly checks by staff and clinical lead. Issues that had been identified had been acted upon and improvements made. Staff had received medicines handling training and their competencies were assessed regularly to make sure they had the necessary skills.

As part of Manchester's care home quality initiative pilot they reviewed the management of people's medicines for a short period of time. Part of this process was for the care home quality initiative to review the systems in place and make suggestions on how the medicines at the home could be improved. During the care home quality initiative it was agreed for the UHSM Nursing Home Service to take on sole responsibility for the ordering of medicines at the home. Speaking to the registered manager she confirmed this has improved the ordering of medicines and reduced the delay in medicines arriving at the home.

Medicines were stored securely in two locked medicines trolleys in the dining room of the home. There was a new treatment room that had been implemented since our last inspection, but the registered manager confirmed they did not feel this room was spacious enough to store the two trolleys.

There were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse); they were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely by nursing or senior staff. Staff regularly carried out balance checks of controlled drugs in accordance with the home's policy. Systems were also in place to record fridge temperature checks; medication returns and any medication errors.

At our last inspection in January 2017 we noted that the nurse on duty administered all medicines to people

living at Yew Tree Manor, and the senior care staff were responsible for administering medicines to people receiving residential care. However, we found that the administering of medicines was significantly delayed as senior staff were also supporting people with other care tasks. This meant that the medicine round tended to take two to three hours as the nurse would also be required to administer medicines to people receiving residential care, and some people did not receive medicines prescribed to be taken in the morning until nearly midday. At this inspection we were told that senior care workers were clear of their responsibilities for administering medicines to people receiving residential care and this had improved the timings. If the senior staff were busy completing care tasks this was immediately communicated to the nurse who would then ensure the full medicines round was completed in a timely manner, previously there was a breakdown in communication between the nurse and senior care worker on duty. During our inspection we found the medicines round was much more effective and people received their morning medicines as prescribed.

A list of staff responsible for administering medicines, together with sample signatures was available for reference and photographs of the people using the service had been attached to medication administration records to help staff correctly identify people who required medication. We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines and found that the provider had developed a suitable policy for staff to reference.

At the two last inspections in May 2016 and January 2017 we found the home had a lack of adequate PRN protocols. PRN medicines are prescribed to be given only when people need them. At this inspection we found a number of improvements had been made, however we found four people did not have PRN protocols in place. For example, we found one person was prescribed medication to treat anxiety, however with no PRN protocols in place it was not clear when this person required this medication. Whilst staff we spoke with understood what people's medicines were required for, there was a potential for new staff or agency staff not to fully understand its use. This would increase the risk of people not receiving their medicines as they needed them consistently. We brought this to the registered manager's attention who confirmed medicines audits were responsibly of the homes nurse manager and would discuss this further.

We recommend the home reviews all PRN protocols in line with the latest guidance for managing medicines in care homes.

Prior to the inspection CQC received one whistleblowing concern in relation to people being woken up at 5am and not been supported with their personal care needs during the day. Whistleblowing takes place if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right. On the day of inspection we arrived at the home at 7.10am. We noted there were 10 people up in the lounge and dining area having hot drinks. We spoke to each person and reviewed their daily care notes, we found people were relaxed and we did not find evidence to suggest people had been woken at inappropriate times. We spoke with three night staff and were informed by two of the staff this poor practice was not happening, however one staff member said they were regularly given tasks by the nurse on charge to wake people up at 5am and suggested the morale at the home was poor. We discussed these comments with the registered manager who was surprised and commented that she has an open door policy and if this staff member was unhappy they could speak to her. The registered manager felt a small number of staff were unhappy because some of their friends had been recently dismissed due to sleeping on shift, however the registered manager suggested she would continue to reach out to the staff. We passed on this feedback to a social worker from Manchester local authority that had been in contact with five people's families mentioned in the whistleblowing concerns. They commented that all five people's families were happy with the home and felt they had improved.

The staffing levels during the night were one nurse and three care workers. We noted there was also an additional care worker to provide a constant one to one supervision for 24 hours due to a person being at high risk of falls. During the day staffing levels consisted of six care workers between 8am and 3pm; this included a senior staff member, the staffing then went to five care workers from 3pm to 8pm. During the day there was a nurse on duty from 8am to 8pm. Staff said the numbers had been reduced recently as there were eight vacancies within the home. The registered manager confirmed staffing numbers would increase again as more people moved in.

We noted from the rota during the week an additional nurse was on duty for at least two days to provide support to the nurse on duty and complete pre-admission assessments for people potentially moving to Yew Tree Manor. We asked the registered manager how staff sickness and holidays were covered; they said that management approached other staff and asked them to work the shifts. However, the home had access to a care agency that would provide agency care workers that were familiar with the home.

We asked people whether they felt there was enough staff on duty. Comments we received were positive and included, "I believe we have enough staff, yes", "I like the staff here. If I need support they are never far away", "On the whole there is enough staff. I can't say we are neglected" and "I press my buzzer (and) staff come."

Staff members we spoke with told us they had received fire safety training. Each person living at Yew Tree Manor had a Personal Emergency Evacuation Plan or PEEP in the evacuation folder; it listed their name, age, any mobility issues and room number. PEEPs also outlined the level of support each person would need to leave the building in the event that evacuation was necessary. This meant that people could be safely evacuated in the event of an emergency.

In the main, we found the home was clean and tidy. This included communal areas, in people's rooms, in bathrooms and toilets and the equipment people used. However, we noted the large lounge did have a malodour. We discussed this with the registered manager who confirmed she was in discussion with the owners to have the floor replaced. We will continue to monitor this.

Personal protective equipment (PPE) such as gloves and aprons were readily available, and staff we spoke with were aware of how to maintain good hand hygiene. An external infection control audit was completed by Manchester's infection control lead as part of the care home quality initiative in June 2017, which scored a compliance score of 79%; this score had gone down from 88% taking the home from green to amber. An area highlighted in this audit was the need for new mattresses; we saw this had been addressed by the home. The registered manager confirmed the home was working on the action plan set. We asked to view this action plan and were informed by the registered manager Manchester's infection control action plan was followed and items had been ticked off when completed, but the manager confirmed a robust plan will now be devolved to provide a clear audit trail of who was responsible for completing any outstanding tasks.

The service had a business continuity plan which contained contact information, and guidance was provided for staff to help them deal with any emergency situations such as a gas or water leak or power failure. 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 were completed on all wheelchairs. The home also had an up to date fire risk assessment. This would help to ensure that people were kept safe.

## Is the service effective?

### Our findings

At our last inspection in January 2017 we found a lack of understanding from the management team in relation to consent for care and of the requirements of the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a warning notice was issued. At this inspection we found sufficient improvements had now been made.

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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

At our previous inspections in May 2016 and January 2017 we found that insufficient care was taken to ensure that consent was obtained for care and treatment and to ensure that when a person lacked capacity to consent the correct procedure was followed.

At this inspection we found the home was improving in this area and now had a clear process they followed when a person potentially lacked capacity. As part of Manchester's care home quality initiative pilot they highlighted this was an area the home required assistance with. The provider was informed of the importance of ensuring mental capacity risk assessments captured bed rails, covert medication and bedroom safety sensors. The registered manager confirmed and provided evidence this was the process the home now followed to ensure they were acting in accordance to the Mental Capacity Act 2005.

During this inspection we saw a marked improvement in applications for DoLS. Records showed that applications that needed to be made had been made and followed up by the provider. Recording of consent information in people's care files had improved and the home now ensured people who lacked capacity were not signing consent forms. The registered manager gave us an example of how people's families were consulted and other health professionals were involved in the process where decisions needed to be made in people's best interests.

We found the majority of the staff had completed the MCA and DoLS e-learning training, with a small number of staff who had yet completed this training. The registered manager said all staff would complete this training in the near future. At this inspection we found that the provider was no longer in breach in terms of the Mental Capacity Act 2005 and had sufficiently met the concerns raised in the warning notice.

We looked at records of training at Yew Tree Manor. There was a mix of face to face classroom training and online training. Examination of training records confirmed that staff had completed key training in subjects such as first aid; moving and handling; challenging behaviour; fire safety; food hygiene; safeguarding;

infection control; dementia awareness; and health and safety.

Nursing staff had received training in catheter care, end of life, continence care, and cerebral vascular stroke management.

At the last inspection we found the care certificate had not been fully implemented for new staff to complete as part of their induction. The care certificate is a nationally recognised qualification for new staff working in care. At this inspection we were informed by the registered manager that as part of the home's induction the 15 mandatory standards of the care certificate were followed in their online training, however during and after the inspection we were not provided with copies to confirm new staff had their knowledge assessed. During the inspection the home's administrator who was responsible for training confirmed she was due to complete Skills for Care training 'train the trainer' by the end of September 2017 so she could provide the care certificate to staff. Shortly after the inspection we received an email from the registered manager indicating that she was unable to evidence completeness of new staff per the whole 15 standards, but assured us this work will now be taken forward.

We recommend that the registered provider ensures all new and existing staff are enrolled on to the Care Certificate qualification, to ensure the new minimum standards are met as part of induction training.

Staff had received supervision and appraisals to support them in their roles. Staff, with the support of their line manager, identified their professional needs and development and took action to achieve them. This meant staff had the right knowledge and skills and received continuous support to function effectively in their caring role.

During the inspection, we observed the dining experience at lunch time. The meal itself was relaxed and people appeared content with the food provided. However on occasions we noted there was little interaction from the staff assisting people with their meals and this was observed to be more of task orientated, rather than a social gathering for people. At times we observed staff not communicating while they sat with people. We discussed our observations with the registered manager who confirmed she was looking to undertake further dining experience audits and would discuss further at the next team meeting.

There was a menu board on the wall with a photo of the day's menu. One of our inspection team ate lunch with the people using the service. They observed that the quality of the food was good. The most recent local authority food hygiene inspection was done in October 2015 and Yew Tree Manor had been awarded a rating of 5 stars which is the highest award that can be given.

We asked people living at the home their thoughts on the standard of the food. Comments received were positive and included, "The food is good", "Very tasty food" and "It's lovely food. I choose what I want; they [care staff] ask me."

At the last two inspections in May 2016 and January 2017, we noted the home had made improvements in making the home more dementia friendly. There was signage to the dining areas and on toilet and bathroom doors to assist people with dementia to orientate around the home. Corridors on the units contained activities for people with dementia. Different corridors within the home were painted in different colours which were 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. Rails and doors were painted to be clearly visible. We saw rooms had lots of personal belongings, making them individual and personal. There were large menus with pictures of the food which would enable people living with dementia to have more choice and control over their daily lives and decision making.

Discussion with people and records showed that people had been supported to access health care professionals as needed. There was a strong working relationship with the local GP and other healthcare professionals such as the UHSM Nursing Home Service. We saw from observation and from support plans that people who used the service had complex health needs which required input from a range of healthcare professionals. In the four support plans we looked at, we noted individuals had been seen by the relevant health care professionals, including GPs, opticians, dentists, physiotherapists, and chiropodists.

## Is the service caring?

### Our findings

We asked people who lived in the home and their relatives about the relationships they had with staff. Comments received included, "Yes staff are polite and caring", "Very good to me, they don't make out its any trouble doing anything for you", "Very kind", "Staff are good they help me" and "Lovely staff."

We saw kind and caring interactions throughout the day between staff and people living in the home. Staff used a gentle tone when talking with people and we saw physical reassurance where appropriate and people responded to it well.

During our inspection, we saw people were relaxed around staff and the interaction between them was of a friendly and caring nature. One person became anxious and the staff used their skills to manage the situation and offered reassurance to help the person feel better. Staff knew people well, such as their likes, dislikes and preferences. This helped them to ensure people's individual needs were met. People were encouraged to maintain contact with their family members. Relatives were able to visit at any time.

We saw in four care files we looked at detailed information about a person's background. Likes and dislikes were recorded and a one page summary was at the front of the file for easy access of the information.

People were treated with respect and staff spoke about people and to people using appropriate language. We saw staff knocking on doors and they were able to tell us how they protected people's dignity by covering them up during personal care and giving people time to finish their meals when assisted by staff. Every person we spoke with said staff knocked on doors. One person commented, "Staff always knock; they don't burst in."

We saw more involvement from people and their family members in care planning and the feedback was that progress had been slow but communication was getting better. One relative said, "We like that about here. They tell us everything about [person]; it's great here for [person]."

Yew Tree Manor had 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. At this inspection, we found two people were currently being nursed on the end of life pathway.

At the last two inspections in May 2016 and January 2017, we saw an inconsistency in end of life care planning. At this inspection we found improvements had been made in this area. We noted people's care plans had a section called 'death and dying'. The registered manager told us some people engaged with advanced care planning for the end of their life and others did not want to discuss it. This meant people were supported to plan the care they wanted at the end of their life.

We saw people had independent advocates involved in their review and planning meetings with social services if they did not have family members who were involved and could advocate on their behalf. This meant people were supported to ensure they were actively involved in making decisions about their care.



## Is the service responsive?

### Our findings

Care plans were easy to navigate and provided information about the full range of people's needs. These included food/fluid intake, mobility, personal care, elimination, moving and handling, medication and health, social contact and communication, skin, sleep, behaviour, safety, finance, and end of life care. Care plans were stored on an electronic care records system which replaced the paper-based system the home had previously used.

People's preferences in relation to their care, support with personal care and food preferences had been recorded. However we saw there were inconsistencies with the care plan not covering people's essential needs. For example, we found no care plans that included personalised details of the support people required for aspects such as living with diabetes and dementia. This meant that the correct level of support required by people was not assessed and documented so that care staff would understand how to meet their needs. We discussed this area with the registered manager, who acknowledged this observation and confirmed this would be reviewed to ensure people's assessed needs had been fully captured to guide staff.

At the last inspection in January 2017 we noted the provider had not established a positive behaviour support plan or risk management plan for a person whose behaviours may challenge others. At this inspection we still found inconsistencies in this area. For example, we viewed one person's care plan which we would have expected a detailed positive behaviour support plan or risk management plan in place due to their behaviours that challenge others. The care plan contained a small section within the summary care needs that stated they could become physically and verbally aggressive to staff and other residents; however their care plan contained no reference to this behaviour or guidance on how staff should safely support this person. We found staff had been completing Antecedent Behaviour Consequence or ABC forms completed to try and understand the triggers of this person's behaviour, however with no positive behaviour support plan in place it was unclear what the benefits were to recording this person's behaviours. An ABC chart is an observational tool that allows us to record information about a particular behaviour to help understand what the behaviour is communicating.

This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations Safe care and treatment as the provider did not have appropriate care systems in place to provide safe care and treatment for people living in the home.

The registered manager or the nurse manager completed initial assessments before people moved to Yew Tree Manor. They visited the person and spoke with relevant people such as family members and nurses on the hospital ward. We saw one person who had recently moved to the home and the service was in the process of writing a new care plan on the new electronic care planning system.

At the past two inspections we found the activities on offer at Yew Tree Manor had improved. At this inspection we found the activities on offer were positive and well managed.

The home employed a new employed activities coordinator who had been in her new role for four months.



The activities coordinator commented that she did training in sporting memories / reminiscence at Manchester football museum. Activities were generally scheduled from Monday to Thursday, with an entertainer booked on Friday mornings and shopping trips with staff in the afternoon. Activities during the weekend were then arranged by the care workers on duty.

In one lounge we viewed a notice board of photos of activities completed in the last four months. Trips out in the community had been arranged, for example to the Britannia Country Club for afternoon tea.

There was a weekly programme of activities, which included a weekly salon for men, art and crafts which two local students volunteered at, coffee mornings, bird feeding and arm chair exercises. The home had recently purchased a projector which projects on to a table from the internet. During the inspection we viewed this in action and people were observed to be keenly playing an interactive aquarium game where you could look at tropical fish and feed them by tapping the table. During the afternoon we observed people taking part in solving a jigsaw; this allowed a picture to be divided into any number of pieces meaning appropriate pictures could be used for a small number of pieces for people to do.

We asked the people for their opinion on the activities provided at the home. We received a positive response. They said, "Activities are good here. We get all sorts. Housey housey, art work, singing, gardening and ball games", "There is plenty going on now, much better", "I know there are activities but I'm ok, quite happy" and "[activities coordinator's name] is great; she is good at sorting things out for us to do. I like painting."

There was a complaints procedure in place which gave people advice on how to raise concerns and informed them of what they could expect if they did so. People we spoke with told us they knew how to raise concerns and said they felt able to do so. We noted since our last inspection in January 2017 the home had received five complaints from people's families. We reviewed the complaints and saw that these had been investigated and actions taken where required. We saw the provider's procedure had been followed where formal complaints had been received, such as issuing responses within agreed timescales.

## Is the service well-led?

### Our findings

Since our last inspection in January 2017 we found there had been changes with the management of the home. The previous registered manager had now become the nurse manager, with the previous clinical lead nurse now becoming the home's registered manager.

At the last inspection we found the provider was in breach around governance and issued a warning notice. The home's management had missed many concerning issues we had noted that had resulted in breaches of requirements and a warning notice in the need for consent.

We asked the registered manager what had changed since the last inspection and what improvements they thought had been made. They described a new staffing structure had changed with senior staff now having clear designated roles within the home who had more accountability, a reduction in agency staff, and lots of meetings with people and relatives to get concerns aired in the open. They said "We are caring and better at communicating and leading each other."

The majority of staff we spoke with noted a shift in culture and several said they liked the management style of the home manager. Staff told us they had more productive team meetings, and had noticed training had improved and messages about raising standards such as recording on food and fluid charts had been clear. Comments from staff included, "The manager is fantastic; the changes are brilliant. The activities have improved and the outside area (has improved)", "I feel fully supported and can go to see manager if I want to", "[manager's name] walks the floor a lot at all different times, including at night. I believe the home is moving in the right direction" and "I have had personal family problems of late, but the manager has been superb. She has given me time for when I need to see my family." However we noted two staff members felt the registered manager's approach was sometimes not inclusive of all staff. Comments included, "The manager has sacked many of my friends, although the staff were at fault she could have given them a second chance" and "The manager is not always approachable."

Comments from people's relatives were positive about the home. These included, "Things have improved at the home", "There is a difference now", "The manager is good; when we were looking round for somewhere for [person] they shown us round their bedroom, the lounge, the kitchen everywhere, nothing was too much trouble."

At our last inspection in January 2017 we found the provider had not always safely managed unexplained bruising by ensuring these were reported to the local authority safeguarding team and recorded correctly. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient improvements had now been made as the new manager challenged her team to make her aware of any incidences that occurred. We found body maps were now being completed accurately and scrutinised by the home manager or clinical lead.

During this inspection we found there had been an improvement in how quality assurance was managed within the home and the registered manager had started to implement some new audits to make their

quality assurance system more robust. We found that there were some issues that the provider and registered manager had missed, for example the care planning process had still not covered people's needs, pre-employment checks for staff recruitment had not been completed fully, the care certificate had still not been implemented and PRN protocols were not in place for everyone. We fed back about any concerns we found, as care planning still needed improving and the staff induction needed overhauling to ensure the care certificate was available for new staff. The registered manager acknowledged our observations and acted immediately on our feedback, showing a willingness to be open about what areas the home still needed to be developed in. At this inspection we found that the provider was no longer in breach in terms of governance of the service and had met the concerns raised in the warning notice.

We looked at how the registered manager was monitoring the quality of the service provided. The registered manager introduced a governance group within the home. The idea of the governance group was to involve residents who would form part of the homes committee when it comes to decisions on the quality of the service and the recruitment of new staff. We found this was in its early stages but the first meeting involving a resident was positive as they shared new ideas on activities for the home.

Audits and quality checks were completed for kitchen cleanliness and temperatures, wellbeing of people through daily visits by the activities workers, daily medicines checks and spot checks on audits. The registered manager said the home had worked hard on quality assurance at all levels and showed us a detailed quality assurance framework which gave specific information on what quality controls were in place, how often they should be completed, by whom and where it was to be recorded or shared. This document showed the breadth of quality controls the home had in place from infection control to monthly audits of care records. The audits that we saw showed learning had taken place and the registered manager followed issues up with staff in person and where necessary used a disciplinary route.

The provider continued to conduct a visit every two months or so to inspect the premises, and talk with people living in the home and with staff.

The provider actively took part in the care home quality initiative pilot. This scheme headed by Manchester City Council was incorporated to review and assist homes in areas that they could improve on for a short period of time. Together with the care home quality initiative, the home was also taking part in dementia research with Manchester University (ENRICH project). Areas the quality initiative looked at were care planning, medicines management, infection control and safeguarding. This project is part of a clinical research network (NHS National Institute for Health Research) and Manchester University looking at the wider implications of Dementia Care. Feedback from the Manchester contracting officer was that the home actively engaged in this process, but there were still areas for improvement such as care planning.

Shortly after the inspection we received positive feedback from a member of the Nursing Home team who visited the home weekly to assist with nursing interventions. Their comments included, "Since your last inspection the manager has been working really hard to improve the environment and processes. Communication regarding and changes in residents has improved."

We saw dates were scheduled for team meetings. We found the registered manager had now split meetings up into categories depending on people's roles. For example, care staff, senior staff, kitchen staff, domestic and maintenance staff, nurses, activities co-ordinator, and the audit committee all had individual meetings with the management team. The registered manager felt this helped to identify clear specific roles for the staff and helped them focus on the area they were designated to. We viewed minutes from the last team meeting in August 2017. Topics discussed included the development of the service, completion of records and actions for staff to follow from a recent safeguarding meeting. The meeting also included a domain

from CQC key lines of enquiry to help staff understand the areas that the home could improve on.

People had an opportunity to attend residents meetings. The manager told us residents meetings took place every month on a Thursday. The registered manager felt the uptake for these meetings was low and decided to move the meetings to a Sunday. The meetings discussed various subjects that included the quality of food, care and the service. In addition, the service obtained feedback from people who used the service and relatives to identify areas that needed improvement and to assess the impact of the service on the people using it.

We asked to view the latest resident and relative questionnaires. The registered manager provided us with evidence these forms were due to be sent out in the next month. The manager did not want to send out the questionnaires straight away as she wanted time to establish herself in her new role to see if people found the changes in the home had been positive. We will review the questionnaires at our next inspection.

There was a system in place to monitor accidents, incidents or safeguarding concerns within the home. The manager maintained a monthly record about the incidents which had occurred and what had been done in response. Additionally, there was a record of what the outcome was and any 'lessons learned' to help prevent future re-occurrences.

We were kept informed of all incidents that occurred at the service. The manager ensured that CQC were made aware of any issues or concerns that took place. The provider notified us promptly of any incidents as they are required to do so we could take appropriate actions. However, as stated in our report there was one safeguarding incident that was reportable to both CQC and the safeguarding team. Although it was clear the registered manager had taken decisive action, she acknowledged this was a human error and would ensure this process was immediately reviewed at the home.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider did not have appropriate care systems in place to provide safe care and treatment for people living in the home.
Treatment of disease, disorder or injury	

  

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Diagnostic and screening procedures	We found the provider had not ensured prospective staff fully documented their employment history, as is required by the Regulations.
Treatment of disease, disorder or injury	