

Yew Tree Nursing Home Limited

# Yew Tree Nursing Home

## Inspection report

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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 well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Yew Tree House Nursing Home is registered to provide accommodation, nursing and personal care for up to 41 older people, including people living with dementia. At the time of our inspection visit, 30 people lived at the home.

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

People did not always have risks to their health and welfare effectively managed. Steps to reduce the risk to people from falls were not always in place.

Medicines were not always managed safely. Medicines were not always given in line with the prescribed instruction.

Oversight of accidents and incidents needed improving. There was no analysis of causes or triggers of incidents. This did not allow for learning lessons to reduce the frequency of accidents or incidents.

Care plans and risk assessments did not always contain the information staff needed to keep people safe.

Audits were not effective in identifying area of concern or where actions were needed to improve the experiences of people that used the service.

There were systems to identify when people needed safeguarding and staff understood their responsibilities to keep people safe.

Staff had access to comprehensive training and support to carry out their roles.

People and relatives told us they felt safe and were happy with the care they received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 24 January 2021).

### Why we inspected

We received concerns in relation to the management of falls risks. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and Well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Yew Tree Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement and Recommendations

We have identified breaches in relation to safe management of falls and in the governance and management oversight of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

**Requires Improvement** ●

# Yew Tree Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The first day of inspection was carried out by an inspector and an Expert by Experience making calls to relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of inspection was carried out by an inspector and a specialist advisor with specialist knowledge of nursing.

#### Service and service type

Yew Tree Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Yew Tree Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and nine people's relatives by phone to gain their feedback about the service. We also spoke with ten staff including the business manager, care staff and nurses and registered manager who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a doctor who was visiting the home.

We reviewed a range of records. This included four people's care records and samples of medicine records and daily and associated records of their care including care plans and risk assessments. We looked at three staff records and a variety of records relating to the management of the service, including audits and procedures were reviewed.

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.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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, Learning lessons when things go wrong

- Actions were not always taken to mitigate known risks to the health and safety of people using the service. For example, risk assessments and care plans identified people who were at risk of falls. There had been recent increases in the frequency and severity of falls in the service. However, steps had not been taken to effectively mitigate and reduce the risk of falls. For example, one person had an increase in falls over the past three months, some of these falls were unwitnessed and resulted in injury. Sensor mats and sensor beams which were intended to alert staff if a person was in a room were switched off during the day, even though this person was able to access other people's rooms unaccompanied.
- Some rooms contained furniture that would increase the risk of falls and injury. There was no evidence that the layout of people's rooms had taken into account people's mobility or risks. Following our feedback, the provider took immediate steps to review the monitoring and management of these risks.
- There were systems to record accidents and incidents. However, these were not reviewed or analysed to identify trends or areas where action could be taken to reduce the risks to people.

The provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Using medicines safely

- Instructions for medicines that are given when required 'PRN' were not always person centred. This meant that staff might not know what signs to look for to indicate someone was in pain and required pain relief.
- Medication Administration Records (MAR) record when medicines are administered so that staff know when medicines have been given were not always signed by staff. This increased the risk of medicine errors.
- Some people needed their medicines to be given covertly (crushed and given in food and drink). For one person their medicines included tablets that stated 'Do not crush' on their prescribed instructions. However, these tablets were being crushed without guidance from the doctor or pharmacy to see if it was safe to crush these tablets. This meant medicines were not being given in line with the manufacturers instruction and therefore we could not be assured that they would work as intended. Following our feedback, the provider reviewed all people's medicines and where needed contacted the doctor for clarification around any medicines being given covertly.
- Management of the amounts of medicines in stock was not effective. Counts of medicines carried forward to the next month were not always completed. This meant it was not possible to accurately check the amount of medication remaining against what was recorded on the medicines records as being given.

The provider had failed to safely manage medicines. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Medicines were stored appropriately in locked cabinets in the nurses office.

#### Staffing and recruitment

- The provider's recruitment process included checks to ensure staff were of a suitable character. Staff files showed recruitment checks were robust, which included checks on staff through the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were not always enough staff to ensure people received care and support when needed. During the afternoon we observed one member of staff in a communal area with eleven people who use the service and there were times when people needed additional guidance to reduce the risk of falling. With the staff member supporting this person it left other people at increased risk. We discussed this with the registered manager, they said they would ask the provider to increase the staff during this time.

#### Systems and processes to safeguard people from the risk of abuse

- People and relatives told us that they felt safe with the care and support they received.
- The registered manager understood their responsibilities to investigate and report any safeguarding concerns and worked well with other agencies to do so.
- Staff had the knowledge and training on how to recognise and report abuse.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### 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 supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.



### Visiting in care homes

The registered manager told us there were no restrictions on visiting. Families and friends were able to visit without formal appointments.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People had comprehensive assessments and risk assessments, however they were not always kept updated to meet people's changing needs. For example, one person was at risk of falls when walking around the environment. The registered manager told us that their medical condition meant there was no awareness of danger and they could 'walk into and trip over things.'
- The care plans for this person lacked detail and did not explain to staff what they should do, meaning staff were inconsistent in how they told us they managed the person's risks. We observed a member of staff trying to encourage a person to sit down, but eventually supported the person in walking around the home. The staff member told us "I have not been told how to manage [person] when they get up. Different staff do different things."

Staff support: induction, training, skills and experience

- Staff told us that new staff had induction training including working alongside more experienced staff and training before they commenced shifts. Staff told us they had access to training they considered as fitting to their roles. One member of staff said, "It's good training and loads of booklets to do."
- The provider had a system highlighting when staff required refresher training and what training staff had completed.

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

- People had freshly cooked meals every day and most people we spoke with told us they enjoyed the food. One person said, "The food is fresh and tasty." The menu only contained meat options and when we spoke with the chef they told us that all people were asked if they wanted vegetarian options as part of their initial assessment. However, people's choices were not recorded in their care records. The chef and the registered manager told us they would ensure this was recorded in future assessments and told us that if people did not like what was on a menu they would prepare what people asked for.
- There were specific instructions for people who needed their food prepared differently due to their dietary needs.

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

- People had access to other health services when needed. For example, where people had required the input of the local mental health team referrals were made. One relative said, "If there are any concerns about my mother's health they let me know. They arrange a visit from the optician."

- There were reminders and prompts for staff to ensure people received good levels of oral care.

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

- The home had been recently renovated and provided a clean and accessible environment for people that lived there.
- People had their own bedroom, some with en-suite facilities. Some rooms contained excess furniture and some furniture was in need of updating. Some wardrobes were not fixed to the wall and presented as a tipping hazard. When we identified this to the registered manager they took steps to check every room and fix the wardrobes to the walls.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager was aware of their responsibilities regarding the Deprivation of Liberty Safeguards. We saw documentation where they had applied for DoLS to keep people safe.
- Staff were able to explain the principles of the MCA and how to promote people's best interests. One staff member said, "We need to respect people's choices."

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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, Continuous learning and improving care

- Improvement in the oversight of the service was needed. Although there were systems to audit aspects of the care and support in the service, these were not effective. There was no collation of information to learn lessons from incidents. Times, triggers and other factors that impacted on the risk of falls had not been identified.
- The quality assurance procedures had not identified some of the concerns we highlighted during the inspection. This included issues related to the management of safe medicines.

The provider's systems and processes had failed to robustly assess, monitor and improve the quality and safety of the services and assess, monitor and mitigate the risks relating to the health, safety and welfare of service user and others. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and staff we spoke with were positive about the registered manager. One person said, "The manager is very kind and comes to see how I am." Most feedback from relatives was positive regarding the openness and responsiveness of the management. One relative said, "The home is well-led by management, they communicate regularly by email or phone. I am happy with the level of care." However, some relatives told us that there were times when they expected more response from the management team, for example one relative said, "The manager told me that they would contact me back to discuss things, but they still haven't called." Another relative said, "I feel I have a voice and they will listen to me, however the only thing is the communication which needs improving."
- Some people told us they felt involved in their care. One person said, "They check everything is ok with me." A relative said, "The home has an exceptional ethos, they are really customer-focused and kind. It is really touching to see the home so well-led." However, other people told us that they didn't always feel their wishes were taken on board. One person said, "I wanted to stay in my room to watch the Queens funeral, however they (staff) didn't listen and I was moved downstairs. Sometimes staff are rushed and irritable, I do not think it is like it all of the time, just sometimes I feel the person can be forgotten." We discussed this with the registered manager who said they would reinforce person centered approaches with staff through

meetings and supervisions.

- Staff said that there were no barriers regarding any protected characteristics and the approach of management was open and transparent. All staff had training on equality, diversity and human rights.
- Staff told us sharing of information, and communication had improved in the home. We found there were systems that supported more frequent sharing of information through an increase in staff meetings since the registered manager had started.

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

- Statutory notifications had been sent to us for notifiable incidents. The local authority said that when safeguarding referrals were made the management team engaged fully with any investigation and recommendations.

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
Treatment of disease, disorder or injury	The provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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	The provider's systems and processes had failed to robustly assess, monitor and improve the quality and safety of the services and assess, monitor and mitigate the risks relating to the health, safety and welfare of service user and others.