

Prestige Care (Yew Tree) Limited

Yew Tree Care Centre

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Yew Tree Care Centre provides accommodation for up to 76 people with residential and nursing care needs in a purpose-built building. At the time of the inspection, 69 people were using the service. Some of the people were living with dementia.

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

People and visitors told us the service was safe. Appropriate safeguarding procedures were in place and staff had been trained in how to protect people from abuse. Risks were well managed and the provider learned from accidents and incidents.

The provider carried out appropriate security and identification checks when they employed new staff. There were enough staff on duty to meet the needs of people. Staff were suitably skilled, experienced and supported in their role.

Systems were in place for the safe storage, administration and recording of medicines.

The premises were clean and appropriate health and safety checks had been carried out. The home incorporated environmental aspects that were dementia friendly.

Regular assessments and reviews took place to ensure people's needs were being met. People were supported with their healthcare needs and had access to healthcare professionals when required.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People and visitors told us staff were kind, considerate and treated them with respect. People were given information in a way they could understand. Staff included people in the care planning process and their preferences and choices were clearly documented in their care records.

Staff protected people from social isolation. People were provided with the opportunity to take part in activities that were relevant and important to them. There were good links with the local community.

People and visitors were aware of how to make a complaint and were encouraged to provide feedback.

The provider monitored the quality of the service to make sure they delivered a high standard of care. There was a strong emphasis on continuous improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 21 January 2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Yew Tree Care Centre

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

One inspector, a nurse specialist advisor and an Expert by Experience formed the inspection team. 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

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

The service had a new manager in post who had commenced their application with CQC to become the registered manager. Registered managers and providers are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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.

During the inspection

We spoke with six people who used the service and four visitors about their experience of the care provided. We spoke with the manager, operations manager, two nurses, activities coordinator and five care 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 six people's care records and multiple medication records. We looked at three 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 manager to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and visitors told us the service was safe. Comments included, "Oh yes, I am safe" and "[Name] is absolutely safe."
- The manager and staff understood safeguarding procedures and had followed them. Staff had been trained in how to protect people from abuse.

Staffing and recruitment

- The provider had an effective recruitment procedure in place. They carried out appropriate security and identification checks when they employed new staff.
- There were enough staff on duty to meet the needs of people. People and visitors told us staff were sometimes busy but they never had to wait long for assistance. Staff did not raise any concerns about staffing levels.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Preventing and controlling infection

- The provider learned from accidents and incidents. Incidents were appropriately recorded and analysed.
- Risks were well managed. Staff understood potential risks and how to mitigate them.
- Staff undertook regular checks of the premises and equipment to ensure people lived in a safe environment.
- The home was clean and staff carried out regular infection control audits. People and visitors told us the home was clean. Comments included, "Cleanliness is very good" and "It [premises] is all in good condition."

Using medicines safely

- Systems were in place for the safe storage, administration and recording of medicines.
- Appropriate policies were in place for the management of controlled drugs.
- The manager and deputy manager carried out regular medicines audits and staff were appropriately trained in the administration of medicines.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff carried out assessments of people's needs before they started using the service. Regular assessments and reviews took place to ensure people's needs continued to be met.

Staff support: induction, training, skills and experience

- Staff were suitably skilled and experienced and received training that was relevant to their role. One staff member told us, "I am up to date with mandatory training. I have been encouraged during supervision and appraisal to undertake further training to develop my role."
- Staff carried out face to face training along with staff from the provider's other homes in the area. The manager had requested additional staff training from the provider in dementia awareness and conflict management. This had been agreed.
- The manager was working through supervisions, ensuring all staff had received two since they came into post. Annual appraisals were scheduled.

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

- Staff supported people with their dietary and nutritional needs. Care records described people's individual needs and preferences and how staff were to support them.
- Mealtimes were pleasant and unhurried. People were provided with choices and plenty of staff were available to support those who required assistance. People spoke positively about the food. Comments included, "The food is always good" and "The food is good, there's always two or three things on the menu."

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

- Staff supported people with their healthcare needs. People had access to healthcare professionals when required. People and visitors told us GPs and other healthcare professionals regularly visited the home.
- Regular assessments were carried out by staff and were up to date. These included risk of falls, pain management, nutrition and oral health.

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

- The premises were purpose built and appropriately designed to meet the needs of the people who lived there.
- The home décor was dementia friendly. This helped people to find their way around the home easily. Corridors were themed, nicely decorated and included tactile objects on the walls.
- There was an indoor garden area and an old style sweet shop that people enjoyed visiting.

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.

- The manager and staff were aware of the need for decisions to be made in a person's best interests if they were unable to make those decisions for themselves.
- Where people were unable to make their own decisions, the proper legal process was followed. DoLS had been applied for where necessary.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind, considerate and treated people with respect. People told us, "Oh yes, they [staff] are kind. They will do anything you want" and "They [staff] seem caring and support you."
- Visitors told us they were always made to feel welcome when they visited.
- Staff supported people if they had specific religious or spiritual needs. There were regular visits from representatives from local churches to carry out services for those who wanted to attend.

Supporting people to express their views and be involved in making decisions about their care

- People's preferences and choices were clearly documented in their care records. People told us they were aware of their care plans and could see them whenever they wanted.
- The manager had implemented 'residents' wishes'. This enabled people to choose something they would like to do. One person said they would like to go to Blackpool however they were not well enough to go. The staff brought Blackpool to the person, including kiss me quick hats and sticks of Blackpool rock.
- Some of the people using the service at the time of our inspection had independent advocates. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. Staff knocked on doors before entering bedrooms and bathrooms. One person told us, "They ask for my consent and knock when they want to come in."
- Staff supported people to remain as independent as possible. Care records described what people could do for themselves and what they required support with.
- We observed one person helping staff with the tea trolley. Another person liked to set the tables at mealtimes. People told us, "I like to be independent, I always have been" and "I am independent. I put my own clothes on."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff regularly reviewed care records and kept them up to date. Support plans were in place as required. They were person-centred and written to meet people's individual needs.

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.

- People were given information in a way they could understand. Records clearly described people's communication needs and their personal preferences.

End of life care and support

- Staff supported people with their end of life care needs. End of life care plans documented people's wishes and included evidence that family members had been involved.

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

- Staff protected people from social isolation. People were regularly engaged in person-centred activities and spoke positively about the activities coordinator. People told us, "I like people to come in and sing" and "If there's anything going on, I'll be there."
- People spoke positively about how they had developed new friendships. One person told us, "I have a good friend here."
- One person was supported to continue their hobby of photography. They were proud of their work and examples of their photographs were on display on the corridor walls.
- Consideration was given to people who were unable to take part in group activities or go outside. One person saw the snow outside and wanted to feel it, so staff brought some snow into their room. Sensory objects and patterned lights that flashed on the ceiling were brought in to bedrooms for people who were nursed in bed.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure. This ensured complaints and concerns were acknowledged, investigated and responded to.
- People and visitors did not have any complaints but were aware of how to make a complaint.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The manager was approachable and promoted a person-centred culture. People and visitors told us, "Yes, the manager is approachable, very much so" and "If I had any concerns, I could go and speak to [manager]."
- Staff felt valued and supported in their role. They told us morale was good among the staff and there was a nice atmosphere. One staff member told us, "The manager is approachable. She is the only manager I know who has worked a full day on Christmas Day. The staff have a lot of time for her."
- People and visitors were encouraged to feedback on the quality of the service via regular surveys and meetings.

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

- The manager acted in an open and transparent way. They submitted notifications in a timely manner for significant events that had occurred, such as accidents and incidents.
- The manager and staff understood their roles and responsibilities. Visitors told us communication with staff was good.
- The provider monitored the quality of the service to make sure they delivered a high standard of care.

Continuous learning and improving care; Working in partnership with others

- The manager and staff worked closely with health and social care professionals. They utilised Royal College of Nursing guidance, which provided information and updates on the latest best practice for healthcare professionals.
- The provider had recently transferred care records to an electronic system and plans were in place to do the same with medicines records.
- The service had good links with the local community. Schools, nursery children and toddler groups were regular visitors to the home. People regularly visited a local community hall for activities and a local pub for meals.