Mr Michael Discombe

Yew Tree House Residential Care Home for the Elderly

Inspection report

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Date of inspection visit:
04 April 2018
05 April 2018

Date of publication:
18 June 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 4 & 5 April 2018 and was unannounced.

Yew Tree House 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.

Yew Tree House Residential Care Home for the Elderly is registered to provide accommodation for up to 13 older people with nine single room's one shared room and two independent living flats. The service caters primarily for older people some of whom may have age related physical and mild dementia type conditions.

Yew Tree house is located in a residential area of the main high street of the village of Headcorn and is within walking distance of village shops and other community facilities. The property is currently owned by a sole provider. At the time of this inspection the service was full with 12 people in residence and the shared room used for single occupancy. This inspection took place on the 4 and 5 April 2018 and was unannounced.

The service had a registered manager in place. 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.

People told us that they felt at home in the service were safe, well cared for and had their choices respected. At the last inspection in March 2017 we identified several breaches of regulations and requirement notices were issued, we asked the provider to tell us what actions they were taking to address these shortfalls which they did. At this inspection we checked that the improvements were in place and had been sustained.

At the last inspection on 15 and 16 March 2017 we had identified that recruitment files had not contained all the required information. We had also found that some people's bedroom doors were propped open compromising fire safety across the building. At previous inspections there was a lack of audits and survey feedback from people and/or their relatives. Whilst enough improvement has been made to meet the breach of regulation this remains an area for ongoing development to ensure all aspects of care quality are monitored and sustained.

The registered manager undertook assessment of people referred to the service to ensure only those people whose needs could be met were admitted. Care plans were developed with the involvement of people and their families to guide and inform staff about how people preferred to be supported. Staff knew people well, they were able to describe the support people required on a daily basis and understood their characters and wishes, their feedback matched most of the information in care plans which would benefit from some improved detail. Staff helped people to retain their independence for as long as possible

People's health needs were monitored and the registered manager and staff were proactive in seeking advice and guidance from health professionals to ensure people remained healthy. Staff spent time with people and got to know their characters and individual preferences; they delivered care and support in line with these.

Staff had a clear knowledge of how to protect people and understood their responsibilities for reporting any incidents, accidents or issues of concern. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Staff were aware of decision making processes for people who lacked capacity but how this was recorded was an area for improvement.

People and relatives who provided feedback during the inspection showed a positive appreciation for the quality of care and support people received in a homely environment.

Staff said they enjoyed working in the service and coming to work; they said they received the training they needed to fulfil their role competently. They said the registered manager was supportive and approachable and promotes an open culture but recording around staff supervision and appraisal was an area for improvement.

Medicines were managed safely and administering staff are trained to do so. People ate well and meals were nutritious and cooked from fresh.

People and relatives said they felt able to raise concerns if they had them. Due to the small intimate nature of the service people and staff were in each other's company for much of the day, this made it easy for people to share their views at any time but occasional resident meetings were held and satisfaction surveys sent out to relatives.

Staffing levels were sufficient. The registered manager used a dependency tool to review staffing needs. There was flexibility to use additional staff when required should a person's needs increase greatly.

There were systems in place to monitor service quality, some records viewed would benefit from additional detail but there was an emphasis and culture in the home that the needs of people were prioritised. The provider was a visible presence on an almost daily basis in the service and knew the people that lived there well. The provider had an overview of what happened in the service.

We have made one recommendation for specific guidance for staff in regard to pacemakers.

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

Appropriate pre-employment checks of new staff were in place to help ensure only suitable people worked at the home.

There were enough staff to support people.

Staff understood and were confident of recognising the different forms of abuse and acting and reporting their suspicions.

Individual and environmental risks were assessed and measures implemented to reduce the likelihood of accidents or incidents occurring.

Medicines were administered safely.

A programme of upgrade and maintenance was ongoing and all equipment used was serviced and tested regularly to ensure it was in safe working order.

Is the service effective?

Requires Improvement

The service was not consistently effective

We have made a recommendation for specific guidance around pacemakers that would help inform staff. People were supported to access their GP and other health professionals and supported with appointments.

Staff were aware of the Mental Capacity Act 2005 and how to involve people in the decision making process if someone lacked capacity but how this was recorded was an area for improvement.

A needs assessment of new people ensured their needs could be met before they moved in.

Suitable equipment was available to support peoples moving and handling needs.

People ate a varied diet and were consulted about the choices they could select from.

Staff received suitable training to deliver care in a way that responded to people's changing needs.

Staff felt supported and received supervision and appraisal of their performance, but recording around this could be improved.

Is the service caring?

Good

The service was caring

People spoke positively about staff who knew them well and showed respect kindness and compassion to them as individuals.

Relatives and friends were made welcome and were supportive of the service and the quality of support people received.

People were encouraged to remain independent take control of their personal care needs where they could and make their own daily choices and decisions.

People thought that staff respected their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Staff knew people's needs and preferences well and provided responsive support when they needed it, although care records would benefit from added detail to reflect staff knowledge.

People and relatives said they were involved in the development of care plans and when these were reviewed.

People were able to make individual and everyday choices for themselves. People enjoyed not having structured activities and the ability to pursue personal interests and make use of the community.

People knew who to express concerns to and felt confident of doing so, a complaints policy was displayed for their information.

Is the service well-led?

Good

The service was well-led.

The registered manager and other staff were seen as approachable; staff said there was good team work.

The registered manager took an active role in the service and listened to people and staff views.

People were asked to give their views through meetings and surveys. Systems to monitor service quality were in place.

Yew Tree House Residential Care Home for the Elderly

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 the 5 & 6 April 2018 and was conducted by one inspector and was unannounced.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report. Before our inspection we reviewed information we held about the service, including previous inspection reports and notifications. A notification is information about important events which the service is required to tell us about by law.

During the inspection we met eleven of the people in the service. We observed interactions between staff and people and spoke with seven people. We also spoke with the registered provider, registered manager, three care staff and a member of the domestic staff team.

We inspected the environment, including the communal lounges and dining area, the laundry, bathrooms, medicines trolley and some people's bedrooms.

We looked at a variety of documents including two support plans of people more recently admitted, their risk assessments, daily records of care and support, one staff recruitment file, training records, medicine administration records, and quality assurance information..

At inspection we met one relative and after the inspection we spoke with a further seven. We contacted and received feedback from two health professionals.

Good

Is the service safe?

Our findings

People were happy and at ease with staff. A relative told us that, "They're nice people, fantastic, everybody likes living there, I never thought I would find a home like that for my mum. They're very well cared for, can't fault them."

At the previous inspection we had inspected the fire arrangements and found doors without door guards were being propped open which compromised fire safety. (Door guards are automatic closers that allow doors to be kept open but will close in response to the fire alarm in a fire emergency). We asked the provider to take action to address this and additional door guards had now been purchased and fitted to bedroom doors previously without them. People were protected by regular servicing of fire alarm and fire fighting equipment, regular testing of equipment was undertaken to ensure it was in good working order. Personal evacuation plans had been completed for everyone (these are individualised to each person and inform staff what level of support would be required by the person in order to evacuate the building safely). A recent visit from the fire service had identified several improvements that needed to be made. The letter detailing these improvements had not yet been received. The registered manager informed us however, that improvements included a change to one fire door and the use of an independent fire risk assessor in future. The registered manager informed us that the works had not been considered urgent by the fire inspectors, and the provider had been given time to implement these changes. The registered manager told us plans were underway to do so.

At the last inspection we identified that improvements had been made to the content of staff recruitment records to ensure the required checks and information were in place but health statements were outstanding for new staff. We issued a notice requiring improvement and asked the provider to tell us the action they would take to address this. At this inspection we found that only one new staff member had been recruited and was still with the organisation since the last inspection. We checked their file; we found it contained all the relevant required information. There was a complete recruitment process in place from application interview, offer of employment and commencement of employment that showed the registered manager took time to ensure they recruited the right person.

There were enough staff to support people's needs. The registered manager used a dependency tool to calculate each person's needs and this informed the staffing required. During the day there were three staff on duty that included the registered manager who worked on shift with staff. Improvement had been made to the night staffing. There were now two waking night staff who completed a number of cleaning tasks during the night shift; they also helped to get up those people who were early risers. This change to night staffing had made a big difference to the day staff; they appreciated the change which gave them more time to spend with people during the day and less cleaning tasks.

Only trained staff administered medicines, their competency was observed and reassessed from time to time by the registered manager who worked alongside them. Medicines were provided in a pre-packed dosage system on a monthly basis. Only one person self-administered and had been assessed as able to do so by the registered manager. They kept their medicines in their room and said staff checked that they were

taking them properly. A medicine trolley was used to store other medicines and this was kept securely in a cupboard when not in use. Medicine storage temperatures were recorded daily to ensure these did not exceed the recommended storage temperatures. Medicines Administration Records (MAR) were completed appropriately. With each MAR was a profile of the person with their photograph and details of allergies and diagnosis, this helped administering staff to make sure they administered the right medicines to the right person. Information about the medicines people took and why was also available to inform staff. Individualised protocols were in place for those people who took some medicines only as and when required. This information supported staff when dispensing these medicines so that they were used in a consistent way.

Staff were familiar with safeguarding processes, they attended regular training. Some staff had experience of raising alerts and were confident of identifying and reporting issues and practices that concerned them. They had confidence in the registered manager who they thought would be receptive to hearing and acting upon any concerns they might raise, but they also knew other agencies they could contact if they did not feel action had been taken.

An ongoing programme of maintenance had enabled the upgrade of some areas of the home although further improvements were needed. For example, an upstairs bathroom used currently only as a toilet required repairs to tiling and general updating. Annual checks of the electrical installation, oil fired boiler, gas cooker and portable electrical items ensured these were in safe working order. There were two types of hoist available should people's needs require moving and handling support, although not currently in use both were kept serviced.

The home was clean with no odours and relative's commented that this was maintained. Staff had access to personal protective equipment such as gloves and aprons and were observed wearing these to undertake personal care and cleaning tasks. The laundry was cramped but contained adequate laundry facilities, staff said there was occasional soiled linen and clothing to deal with but understood this needed to be kept separate and cleaned in a sluice laundry cycle. Red bags were available for ensuring soiled bedding /clothing was handled safely prior to washing. Commodes were used and these were kept clean and in a hygienic condition.

People had low dependency needs. Risks specific to them and their needs in addition to risks posed by their environment were assessed and measures implemented for risk reduction. Risks were reviewed and updated in response to changes that occurred. Staff had an understanding of how to support people when they became distressed and declined support. Staff respected people's decisions but reoffered support throughout the day.

There had been a small number of accidents and incidents over the period since the last inspection. Some people experienced more frequent falls in response to health deterioration; this reduced once they received appropriate treatment. The registered manager viewed all accidents and incidents and assessed whether there was an emerging trend or pattern. The registered manager took action to involve health professionals where needed. They also discussed with staff if any changes to an individual's support or assessed risk was needed as a result of accidents or incidents; this helped reduce risk of recurrence. A simplified contingency plan was in place for the operation of the service in emergencies. This had proved effective in meeting the needs of the staff and residents' in recent bad weather; it had ensured staff got into the service to provide people with support.

Requires Improvement

Is the service effective?

Our findings

The registered manager had a proactive attitude to training. They took opportunities offered to attend training for themselves and staff offered by health professionals or other organisations when available. All staff were required to complete their mandatory training at regular intervals and also attended specialist training when this could be sourced. Staff completed a mix of face to face training and on line computer courses. The registered manager encouraged staff development and pursuit of further qualifications. The registered manager provided support and mentoring to those staff that struggled with some academic requirements, or found difficulty using computers to access training; this helped ensure their learning was supported.

The registered manager had made provision for new care staff to receive introductory training. Staff new to care completed the nationally recognised care certificate workbooks which contained the knowledge units to be completed. These were assigned to new staff who worked their way through them. The registered manager assessed how well staff had completed the units and understood what they had learned; only signing them off when satisfied the staff member had met the required standard. The registered manager was aware that a timescale was usually set within which staff should complete this training. However they had extended this where they felt staff were struggling with the academic element to the course and needed additional mentoring or support.

The registered manager worked alongside staff during weekdays and was therefore able to observe and comment on staff practice. Staff found the registered manager visible and approachable; they felt supported and found the registered manager easy to talk with. A process of supervision and appraisal of staff was in place. The frequency of supervision and appraisal had tailed off last year. There was good evidence from supervision records and a supervision and appraisal schedule that the registered manager had made an effort to implement more regular supervisions in the first three months of this year. A programme of appraisals for staff had also commenced. Whilst supervision records would benefit from additional content to better reflect the conversations held, staff confirmed they felt supported. They said that they worked as a team and communication was good between staff. They were given opportunities for training and development and supported with their work and personal issues.

New people had their needs assessed by the registered manager who visited them prior to admission where possible, to conduct a face to face assessment. The registered manager had a clear understanding of the limitations of the service and was very careful in the assessment process. Compatibility of new people with existing service users was an important consideration and ensured only people with similar needs to those already in residence were offered places. Where necessary, additional reports were sought from previous placements or from other professionals and relatives who knew the person well. Every potential resident was invited to visit and when admitted came on a trial basis initially to ensure the home was right for them. Most people referred were familiar with the local area and had family locally or connections with the village of Headcorn.

People were supported by staff to maintain maximum control of their day to day decisions and choices, no

one was restricted. People had unrestricted access to courtyard area at the front of the home. The court yard held benches and people liked to sit out there in good weather to chat and share stories. They liked to watch passers-by going to and from the village, or visitors to the home. Mental capacity was assumed for everyone. People's consent was sought by staff for all day to day living tasks they supported them with. Sometimes people needed a little support from relatives. 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 and the registered manager understood this.

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. No one in the service was currently restricted in any way. Some best interest discussions were taking place. If asked people were happy for their families to make some decisions on their behalf but this was not well recorded. An assumption of capacity was made of everyone currently in the service. A review of capacity was integral to the on-going review of peoples care needs. The registered manager recognised that capacity for some people was changing. A clinical nurse specialist was providing support to reassess some people's capacity and how to record this. Documenting routine capacity assessments and best interest discussions was an area for improvement.

There were three cooks who covered the provision of meals over the week and worked different shifts. The service had been awarded a five out of five star rating by Environmental Health for its kitchen practices. Food was cooked from fresh and menus were developed by the registered manager who took into consideration peoples individual preferences through consulting with them. People told us they could choose from two alternatives for the main meal and also for a pudding. Meals were well presented and looked appetising. Portion sizes were good and people said there was plenty to eat. Menus were varied and well balanced. Alternatives were available and records showed people chose different options from the menu. The cooks knew people's needs well. They understood people's personal preferences around for example vegetables they liked, disliked or mild allergies to some foods. At lunch people were seen to be enjoying their food and were complimentary. A number liked to eat in the dining room and we observed them sitting companionably together with quiet chatting and occasional banter at a late arrival or comments about the weather or other subjects which set off small discussion between them. Everyone was easy in each other's company; some people preferred to eat in their bedroom or in the main lounge and this was accommodated. People were provided with drinks during the day and water was available in their bedrooms during the night.

People felt their health needs were well supported. Relatives said in their experience the registered manager and staff were very proactive in seeking input from the GP if they were concerned about a person's health. The registered manager made a point of staff always taking people to the GP surgery for their routine checks and tests if they were well enough to do so. This practice reduced pressure on the surgery to carry out home visits, raised the person's profile with the surgery and made them still feel part of the community. People who attended the surgery tended to see the same GP and this provided consistency in the GP's awareness and understanding of individuals and their needs. No one had conditions such as diabetes, epilepsy or respiratory conditions like chronic obstructive pulmonary disease (COPD). Staff however, were aware that some people had pacemakers fitted and this was noted in their records. Support around pacemaker checks

was primarily something provided by relatives who took their relative to their follow up appointments. Staff were aware and observant of changes. Staff had previously picked up on one person's pacemaker not working properly. There were however, other people in the service with pacemakers fitted. Individualised guidance about how they too might be affected by pacemaker failure had not been developed. There was a risk that other potential symptoms may be missed and not all staff made aware.

We recommend that the registered manager discuss with relevant professionals the symptoms staff might expect to see as a result of a failing pacemaker and record this as a note to all staff to help raise their awareness.

A health professional told us the service referred people appropriately to their service and they had no concerns about the care delivered by staff. The registered manager was interested in staff being trained to undertake general observations such as temperature and blood pressure to inform their discussions with GP's when people were unwell. Another health professional was visiting the service to discuss how this could be implemented.

Appropriate moving and handling equipment was available should anyone have need of a hoist to mobilise; staff had been suitably trained in the use of both hoists onsite. The premises were accessible with ramping to the front door and a lift enabled people to access the ground and first floor. The dining room was sometimes used for meetings with families and visitors although most people saw their relatives in their rooms.

Good

Is the service caring?

Our findings

People and relatives spoke enthusiastically about the standard of care they experienced or had witnessed. People felt staff treated them with kindness and respect in delivery of their day to day care. A person said, "I took to it right away I can't say why just the friendliness we all get on here." A staff member told us, "If I had to go into a home I would be happy to come here." A relative told us, "my relative has been very welcomed there and integrated well, they are very attentive. I pop in at different times during the week; I knew about this service and felt it was right for my relative."

People were comfortable with staff and easy in their interactions with each other sharing a joke and laughter and chatting. People were pleasant and smiling; they were alert and engaged in what was happening around them. People could have a lie in if they wished and staff knew who preferred to rise late. Overheard conversations between staff and people demonstrated a level of mutual respect and affection, with staff asking people for their preferences and engaging in shared laughter at situations. People could choose who supported them but could not express a preference for the gender of staff supporting them as the team was all female, people understood and accepted this.

On occasion a person could become distressed, if this escalated staff showed understanding and knew the strategies to diffuse this behaviour, dealing with people in a kind and compassionate manner. Staff respected peoples decisions to decline support and reoffered this at different times during the day. Staff gave people space and time to do things for themselves but were on hand to provide support when needed. A staff member said, "Its homely, lovely atmosphere, there is time to deal with people's needs rather than loads of people to look after."

Staffed showed compassion and patience to people experiencing health issues. For example a person with a urine infection needed support to frequently visit the toilet; staff provided reassurance to calm the person's anxiety about this. Staff had already taken steps to ensure the person was provided with a GP appointment for the same day. Staff showed sympathy and compassion for the confusion and discomfort the person was feeling and wished to alleviate their symptoms, as quickly as possible. A health professional told us, "If they have concerns they ring us straight away" and "People always look well, I have never had to raise any concerns."

Staff were mindful of people's dignity and this had prompted the purchase of a standing hoist in addition to the usual sling hoist because staff thought this better protected people's dignity when being moved although no one currently needed this. Personal care support was provided discreetly. Staff were observed using gloves and aprons and were heard speaking kindly and reassuringly to a person they were supporting to ensure this was a comfortable experience for them, "what would I do without you" said (the person) to a staff member providing personal care.

People were called by their preferred name and this was recorded in their care records. People were well groomed. Choice was supported for ladies in regard to hair and makeup and any jewellery and accessories they wished to wear. Staff clearly took pride in helping people to maintain their appearance and as they

would like to be seen. Staff paid attention to detail in combining clothing styles and colours to ensure people looked smart. Gentleman were similarly well groomed and supported with their choices around their appearance, with combed hair and shaven. Clothing was clean, ironed and in good condition.

People had their own rooms and were able to personalise these with small items of furniture and possessions, most people liked to keep their doors open so they could see who was coming and going in the home. People did not feel the need to lock their doors. Staff were mindful of the need to keep information confidential, records were not left out and staff took care not to discuss people's needs or situations in the presence of others.

Staff were kind, showing friendliness and compassion towards the people they supported. There was an easy going camaraderie between people and staff, a person told us, "There's no difference we are like one big unit." Staff understood people histories, interests and the choices they liked to make. They spoke with people about their families and commented on treasured photographs some people had and liked to look through.

Visiting was flexible. Staff recognised the importance of people maintaining links with their families and friends. Relatives came and went throughout the day with some visiting early before 9 a.m. and others visiting later sometimes in the early evening, the service was pleasantly busy. Pets were made welcome and there was a cat that lived in the house and stayed in one person's room, the cat came and went freely from the home and added to the homely atmosphere. People had relatives to advocate for them when needed but the registered manager was aware of how to access advocacy for people if needed.

Going into a care home can be a traumatic and unsettling time for people and some spoke about the loss of their homes and gardens but recognised they could no longer look after them. Most people living in the service had strong links to the village of Headcorn either having been born in the surrounding area or their families lived in the village. Staff made strong efforts to keep people integrated into the community by visits into the village and encouraging people to attend day clubs or other social events where they could meet others of a similar age. People's religious preferences were respected and supported.

Good

Is the service responsive?

Our findings

People said that care staff provided them with all of the assistance they needed. Relatives were also confident about the help their family members received. A relative remarked "I am satisfied, it's a nice little home, they seem very caring I feel confident about approaching staff." Another said "when the weather is nice they take her into the village, but she has never liked routine or joining things", a third said "she has her own independence, staff are always popping in to see her and they try to involve her in a club in the village."

We found that care staff had prepared a care plan for each person. These described the care each person needed and had agreed to receive. They provided staff with a range of personal information and peoples preferred daily routine, what they could do for themselves and what support they needed from staff. The care plans covered different aspects of each person's care needs. People and their relatives told us they were involved in their care and any decisions made.

Staff were kept updated about any changes to people's needs or health at daily handovers. At the time of this inspection people were assessed as low dependency in most areas of their support but we asked staff to tell us what these were and how they supported people with these. Staff were able to describe in detail peoples routines and preferences and showed that they knew people well. Staff were able to provide some additional information they knew about a person's support needs or areas they needed prompting with. For example, staff understood a person who needed prompting to recognise their washing equipment but knew what to do with it once they were pointed out. Another staff member said that although one person ate anything and did not require their food to be cut up this was a personal preference which they supported them with. This information was not always recorded in the care plan. These are small things that make a big difference to people's experiences of care. The impact of these omissions was low because the staff team knew people so well and communicated with each other. Care plans provided staff with the basic information they needed to support people's needs but would benefit from the addition of the minor details staff had learned about people through their daily support. This was an area for further improvement. People and their relatives in particular said they were aware and involved in the development and review of care plans; these were reviewed monthly by the registered manager.

Staff completed daily reports about people's wellbeing during the day and night and a diary and communication book helped ensure that important information was passed between staff or that appointments people needed to be supported with were not missed.

People were able to choose how they spent their day and were encouraged and supported to make decisions about what they did. Staff and relatives said they thought the availability of activities was improving; people liked to do their own thing and did not appreciate a programme of structured activities. At Christmas there had been a number of special social events that people had enjoyed through the building of networks with the local school, local scouts and the church. The registered manager encouraged people to make use of activities provided in the community. Five people attended 'elder care' a service provided in the village each Wednesday for older people where they could eat lunch and socialise with people from the village of a similar age. New people arriving at the home were offered the same opportunity. People enjoyed

musical entertainments from a visiting piano man and a local ukulele group from the village. They went out with staff shopping in the village or for coffee or a breakfast if that was what they preferred, some visits to garden centres had taken place and there were plans to get people out more. Children from the village school had raised money for a new DVD player for the service enabling people to watch films of their choice. People seemed to be satisfied with what was on offer for them and that they were not forced to attend activities, people enjoyed the courtyard and some looked forward to helping more in the garden with planting pots. A large wooden planter had been purchased for this purpose.

There had been no complaints recorded since the last inspection. People and their relatives said that they felt confident of raising anything they were unhappy about with the registered manager, who everyone thought was approachable and easy to talk with. People and their relatives said that anything raised was dealt with immediately. The complaints procedure was displayed in the hall for people to see and all new people to the service received an introductory pack that included important information about safeguarding, and the concerns and complaints procedure.

The registered manager and staff had supported people in the past to the end of their life but this had always been undertaken with the support of health professionals and in agreement with the person and their relatives. At the time of inspection no one was in receipt of end of life care.

Good

Is the service well-led?

Our findings

At the previous inspection we had identified that the quality assurance systems were not working effectively. We had found that previous audit processes and improvements in recording of fire equipment tests and checks had not been sustained and there were gaps in recording. Reviewing of documentation in the service that recorded quality checks had not been undertaken thoroughly, and shortfalls identified at inspection had not been picked up. Some policies and procedures had not been kept updated to reflect current guidance.

At this inspection we saw improvement had been made to how robustly audits were conducted. Tests and checks of fire equipment and frequency of drills was being recorded at appropriate intervals. Records were complete and well maintained, policies and procedures had also been reviewed and updated. No further breaches were identified with breaches in safe and well led domains fully addressed.

Since the last inspection other service improvements had been made, for example the recent introduction of a second waking night staff member had worked out well. This had resulted in the current provider no longer being required as a second staff member on call at night if there was an emergency. Staff thought this had been a good change and had given day staff more time to spend with people and provide more opportunities for them to take people out. The registered provider lived on site in separate accommodation. They were a visible presence in the service on a regular basis during the week. They knew people and their relatives and spoke with them when visiting the home; they liaised with the registered manager regarding any issues effecting the operation of the service.

There was a registered manager in post who worked alongside staff on shifts. She took an active role in the running of the service knew staff and people living in the service and their relatives very well. There were proposed changes to the service registration with the registered manager becoming the registered provider who would have overall responsibility for the service as well as day to day operational control. Relatives, people in the service and staff had been kept fully informed about the planned changes. There was broad support from everyone who thought this would be good for the service and "breathe new life into it". Staff were excited and enthusiastic about the prospect of some of the planned changes and were keen for this to happen. The ethos of the service was very much centred on people retaining as much control and independence as they wanted and this would continue. The registered manager and staff took pride in offering a service to people that was home like, where they could be as independent as they wanted to be and also remain part of the community.

Given the small and intimate size of the service there was a simple quality assurance system in place, this checked that the audits undertaken to keep people safe were being followed. Any shortfalls were identified and addressed. This helped to sustain the delivery of good quality care and drive improvement within the service. Medication, health and safety and infection control audits were conducted on a regular basis. A maintenance development plan had been implemented to address minor and larger decorative and structural improvements that needed to be made and these were prioritised. The registered manager was able to evidence additional checks that were to be implemented following the change of registration.

The manager worked very hard with staff to provide a good service, this was evidenced in the regard people and relatives held the service in. Without exception every relative spoken with praised the service for its homeliness and friendly atmosphere. Comments included "they're nice people, fantastic, everybody likes living there, I never thought I would find a home like that for my mum." And "I can't fault them they keep us well informed and don't bother us unnecessarily" and "they are a group of ladies who are dedicated to their job 100%, approachable and always explain issues."

Staff meetings were held several times each year, staff thought this was often enough as they saw each other and the manager very regularly on shift. Staff thought that communication was good and that they were kept well informed of anything they needed to know. Staff said they found the registered manager approachable; one staff member said "I wouldn't hesitate to speak to her if I had a problem." Staff confirmed that the registered manager undertook observations of their practice particularly around medicines administration. Staff felt informed and involved and also able to influence change in the service. One staff member told us "Good ideas get taken forward."

Health professionals were satisfied that the service staff provided people with the right care; they had no concerns about the support people received. One indicated that they found the registered manager and staff proactive in seeking out appropriate training to inform their practice. Another said referrals to their service were infrequent because people were receiving the right care for their needs. This was historically the case and had been sustained. A health professional told us that when the service did refer someone to them it was usually an appropriate referral.

People and their relatives were asked for their views about the service through surveys. A 2018 survey had been sent out and returns for this were good with nine out of 12 surveys returned. The registered manager analysed the feedback but there were no suggested improvements this time. All the surveys indicated positive feedback in all areas. Comments included: "We find Yew tree House is very friendly, cosy and welcoming", another said "Always welcome to see my relative at any time. Always a warm welcome," a third commented "I would recommend a 100%, wow what a great place." Several compliments had also been sent to the home and a family had specifically mentioned the care delivered by the service staff to their deceased relative in an obituary in the local paper. Resident meetings were held several times each year to discuss up and coming events or changes within the service. Staff were not surveyed but felt that they were able to comment on aspects of the service and have input into changes.

The registered manager reviewed policies and procedures and kept them updated through using online sites such as the National Institute for Health and Care Excellence NICE, and attendance at manager forums and training provided by the Clinical Commissioning Group clinical nurse specialists.

The registered manager understood the need to notify the Care Quality Commission should any significant events occur, in line with their legal obligations, and had done so when required.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception and on their website.