Yew Tree Residential Care Home Limited

Yew Tree Residential Care Home

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?	Requires improvement
Is the service well-led?	Good

Overall summary

Yew Tree Residential Care Home is registered to provide residential care for up to 18 older people, including people living with dementia.

We inspected the home on 6 October 2015. The inspection was unannounced. There were 18 people living in the home at the time of our inspection.

The service had a registered manager (the 'manager') in post. The manager was also the registered provider (the 'provider') of the service. A registered manager is a person who has registered with CQC 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.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of

Summary of findings

Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of the inspection the manager had submitted DoLs applications for two people living in the home and was waiting for these to be assessed by the local authority.

People felt safe living in the home and were cared for by staff in way that met their needs and maintained their dignity and respect. Staff understood how to identify, report and manage any concerns related to people's safety and welfare.

Staff had developed strong relationships with local healthcare services which meant people received any specialist support required. Medicines were managed safely.

Food and drink were provided to a good standard and work was in hand to improve menu choices at lunchtime.

People and their relatives were involved in planning the care and support provided by the home. Staff listened to people and respected their needs and wishes in the way they delivered care. Staff understood the issues involved in supporting people who had lost capacity to make some decisions.

There was a lack of a structured approach in the provision of activities in the home which meant, at times, there was a lack of stimulation and occupation for some people.

People and their relatives could voice their views and opinions to the manager and staff. The manager listened to what people had to say and took action to resolve any issues. The provider reviewed untoward incidents and concerns to look for opportunities to improve policies and practices for the future. There were systems in place for handling and resolving complaints.

Sound recruitment practice ensured that the staff employed were suitable to work with the people living in the home. Staff received training and support to deliver a good quality of care to people and an active training programme was in place to address identified training needs.

There was a friendly, homely atmosphere and staff supported people in a kind and caring way that took account of their individual needs and preferences.

The manager demonstrated an open management style and provided strong and inspirational leadership to the staff team. The provider regularly assessed and monitored service quality.

Summary of findings

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 safe.

People felt safe and were supported in a way that minimised risks to their health, safety and welfare.

Staff were able to recognise any signs of potential abuse and knew how to report any concerns they had.

Medicines were managed safely.

Good

Is the service effective?
The service was effective.

People were supported to make their own decisions wherever possible and staff had an understanding of how to support people who lacked the capacity to make some decisions for themselves.

Staff worked very well with local healthcare services and people had prompt access to any specialist support they needed.

Food and drink were provided to a good standard.

Good

Is the service caring?
The service was caring.

People were treated with dignity and respect and their diverse needs were met. Their choices and preferences about the care they received were respected.

Care and support were provided in a warm and friendly way that took account of each person's personal needs and preferences.

Good

Is the service responsive?
The service was not consistently responsive.

There was a lack of a structured approach in the provision of activities which meant, at times, there was a lack of stimulation and occupation for some people.

People received personalised care and support which was responsive to

their changing needs.

People and their relatives knew how to raise concerns and make a complaint if they needed to.

Requires improvement

Is the service well-led?
The service was well-led.

Good

Summary of findings

The manager displayed an open management style and provided strong and inspiring leadership to the staff team.

People and their relatives were encouraged to voice their opinions and views about the service provided.

Staff had a good understanding of their roles and were aware of their responsibility to share any concerns.

The provider had systems in place to assess and monitor service quality.

Yew Tree Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider was 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.

We visited Yew Tree Residential Care Home on 6 October 2015. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

During our inspection we spent time observing how staff provided care for people to help us better understand their experiences of the care they received. We spoke with five people who lived in the home, three relatives who were visiting at the time of our visit, the manager of the home, three members of the care staff team and the chef. As part of the inspection process we also contacted two local community health professionals who had regular contact with the service.

We looked at a range of documents and written records including four people's care records, two staff recruitment files, training records, supervision and appraisal arrangements and staff duty rotas. We also looked at equipment and building maintenance records and information regarding the arrangements for managing complaints and monitoring the quality of the service provided within the home.

We reviewed other information that we held about the service such as notifications (events which happened in the service that the provider is required to tell us about) and information that had been sent to us by other agencies.

Good

Is the service safe?

Our findings

People we spoke with told us that they felt safe living in the home and that staff responded quickly when required. One person said, "I've only got to step on the [electronic] mat beside my bed and they come straight to you." At one point in our inspection we heard someone call out for help and saw that a member of staff immediately stopped what they were doing and went to offer assistance. Advice to people and their relatives about how to raise any concerns was provided in the introductory guide that was given to people when they first moved into the home.

Staff told us how they ensured the safety of people who lived in the home. They were clear about whom they would report any concerns to and were confident that any allegations would be fully investigated by the provider. Staff said that, where required, they would escalate concerns to external organisations. This included the local authority safeguarding team, the police and the Care Quality Commission (CQC). Staff said, and records showed, that they had received training in how to keep people safe from abuse and there were up to date policies and procedures in place to guide staff in their practice in this area. The manager demonstrated her awareness of how to work with other agencies should any concerns be raised.

We looked at four people's care records and saw that a pre-admission assessment had been completed with each person before they moved into the home. As part of this process, a wide range of possible risks to each person's wellbeing had been considered and assessed, for example the risks of developing pressure ulcers or falling. Each person's care record detailed the action taken to prevent any identified risks. For example, we saw that one person had been assessed as being at risk of malnutrition. Specialist advice had been obtained, preventative measures and regular monitoring had been put in place and the risk had been avoided. Staff demonstrated they were aware of the assessed risks and management plans within people's care records and used them to guide them in their daily work. One member of staff told us, "I use the risk assessments to help me understand people's needs." As part of the admission process, an inventory of personal possessions was completed with each person. This was reviewed and updated on a regular basis to help keep people's valuables safe.

Staff said that they were committed to maintaining people's independence whilst at the same time protecting them from harm. One staff member told us about someone who had lost the ability to bathe independently and had found it difficult to get used to having staff support in this area of their life. The staff member described the way in which they had helped the person become comfortable with staff support by "explaining things carefully, every step of the way" and encouraging the person to retain as much independence and control as possible. The home also used an electronic 'telecare' system which alerted staff when people accessed certain parts of the building or grounds. This helped people to retain their independence in moving around the home and garden without staff support, whilst ensuring they remained safe.

Staff told us, and records showed, that when accidents and incidents had occurred they had been analysed so that action could be taken to help prevent them from happening again. For example, in response to a recent accident involving one of the people living in the home, advice had been sought from their GP and steps had been taken to help prevent a repeat occurrence.

Personal emergency evacuation plans had been prepared for each person which detailed the support the person would require if they needed to be evacuated from the building. These had recently been reviewed and each member of staff had been asked to read them to ensure they were aware of any changes. People's safety was also protected through regular checks on the equipment staff used to provide care.

We saw the provider had safe recruitment processes in place. We examined two staff personnel files and saw that references had been obtained. Disclosure and Barring Service (DBS) checks had also been carried out to ensure that the service had employed people who were suitable to work with the people living in the home.

Throughout most of our inspection visit we saw that staff had sufficient time to meet people's needs safely, without rushing. Staffing levels were kept under regular review by the manager who used a tool to assess people's support needs and identify the amount of staffing required to meet them. One member of staff told us, "Sometimes residents' needs change and we can have a couple of days when it is hectic. But we draw it to the manager's attention and she will organise extra staff." We looked at recent staffing rotas and saw that the number of staff on duty matched the

Good

Is the service safe?

planned rota for each day. However, as part of our inspection, we sat with people whilst they were having lunch. In the dining room we saw that there was only one member of staff available to assist the three people who needed support to eat their lunch, which caused a slight delay for the people concerned. When we raised this issue with the manager she explained that she was normally available to provide additional support at lunchtime but, on this occasion, our inspection had meant she was unable to do this. Nevertheless, in the light of our feedback, she undertook to reassess lunchtime staffing levels.

We reviewed the arrangements for the storage, administration and disposal of medicines. We saw that these were in line with good practice and national guidance, although we asked the provider to make sure that empty medicine containers were removed more promptly from the storage cupboard in future. Only staff with the necessary training could access medicines and support people who needed assistance in this area. We observed a member of staff administering medicines and saw that they talked carefully to each person about the medicine they were being offered, before it was given to them. We also saw that the medicine trolley was kept in the medicine storage cupboard and not taken out into the home. Instead, the staff member took each person's medicine to them before returning to the cupboard to get the next person's medicine. We were told that this was a deliberate strategy to avoid the home, "looking like a hospital." Some people had been prescribed medicine that was to be taken 'as required'. We saw that, on occasion, some people had exercised their right not to take to take this medicine and that this decision had been accepted and recorded correctly by staff. People's medicines were reviewed on a regular basis, in consultation with their GP, and we saw that changes had sometimes been made as a result. We reviewed recent audits of medicines management which had been conducted internally and saw that action had been taken to address the recommendations made.

Good

Is the service effective?

Our findings

Everyone we spoke with told us that the staff had the right training and skills to meet their needs. One person told us, "I have lived in three care homes and this is the best place I have been to." We saw that a relative had commented, "You gave [my relative] life whilst in your care." Staff demonstrated a detailed understanding of people's individual needs and were confident that they had the knowledge and skills to meet them. Each person had a 'This Is Me' poster in their bedroom which provided information on, for example, the person's life history, their food preferences and people who were important to them. Staff told us that this helped them start a conversation with people, particularly when they were new to the home. One staff member said, "It's lovely when someone grabs my hand and smiles."

New members of staff received induction training and shadowed existing members of staff before they started work as a full member of the team. One staff member told us, "I felt very happy, safe and secure when I started to work on my own. In some places you are thrown in at the deep end but that didn't happen here." The manager was aware of the new national Care Certificate which sets out common induction standards for social care staff and told us she was just about to introduce it for new employees.

Staff told us, and records showed, they had received a varied package of training to help them meet people's needs. We saw that the manager maintained a record of the training that was required by each member of staff and worked with a range of training providers to ensure this was delivered. We saw that the service had used specialist training agencies to make sure staff were up to date on best practice and that several staff were working towards nationally recognised qualifications. One staff member told us, "I enjoy training, there is always something new to learn."

Staff had been trained in, and showed a good understanding of, the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). This is the legal framework that exists to ensure that people who may lack mental capacity are supported to make decisions for themselves wherever possible. One staff member told us, "I always treat someone as if they have capacity. We mustn't assume they don't." Another member of staff told us that even if someone had lost capacity to make certain decisions, "Most people still have the ability to choose what to wear, what to eat or what time to go to bed." At the time of our inspection, the manager had sought a DoLS authorisation for two people living in the home to ensure that their rights were protected and they could continue to receive the care and support they needed. We also saw that, where people had lost capacity to make significant decisions for themselves, the manager had organised a meeting of relatives and relevant professionals to discuss and agree what was in the person's best interests.

From talking to staff and reviewing records, we could see that staff were supported to undertake their role and were provided with regular supervision from senior staff. One staff member said, "My last supervision session was really helpful. I told the manager I wanted to get a bit more experience in the office to help me in my role as a senior and she has given me that opportunity." A staff communication book and detailed shift handover meetings and notes were used to ensure staff kept up to date with changes in people's care needs and any important events. One staff member told us, "We don't miss a lot here, because the handover is so good. In some homes [I have worked in] if a urine sample is requested on a Friday, it could be lost in handover at the weekend. But not here."

Staff made sure people had the support of local healthcare services whenever necessary. From talking to people and looking at their care plans, we could see that people's healthcare needs were monitored and supported through the involvement of a range of professionals including GPs, physiotherapists, district nurses, speech and language therapists and a chiropodist who came to the home every six weeks. As part of our inspection we spoke to healthcare professionals who had regular contact with the home. One told us, " The care offered has always been excellent and care plans are up to date and relevant."

As part of our inspection we sat in on a staff handover meeting. The staff present demonstrated a high level of knowledge about the healthcare needs of the people using the service and ensured any issues were followed up promptly. For example, a member of staff explained that they had been worried about one person and had sought advice from the district nurse who was visiting one of the other people living in the home. The nurse had provided helpful advice and asked the staff member to get in touch

Good

Is the service effective?

with the GP if the person's condition did not improve. We also saw another member of staff offer to arrange a GP appointment for one person who had a minor health issue and had started to become anxious about it.

People enjoyed the food and drink provided in the home. One person told us, "The food is great." A visiting family member said, "Sunday lunch was good. [My relative] is eating more now he's here." We spent time in the kitchen and observed people eating lunch and snacks and saw that people were served food and drink of good quality. There was a rolling four week menu and food was sourced locally and home cooked on the premises. The chef told us that he went round each morning to check that people were happy with the lunch time menu option. He told us that most people wanted to have what was on menu although he was always happy to cook something different for anyone who wanted it. On the day of our inspection we saw that someone had requested a different lunch option as they were going out in the afternoon and didn't want to have a full meal. Another person said, "He does me a vegetarian – I don't eat meat." Some people told us that they would like more menu choices at lunchtime and we raised this issue with the manager and the chef. They told us that they were already aware of this feedback and were about to introduce a new menu which would give two lunchtime choices every day. A cooked breakfast was available on request and people were offered a wide choice of hot and cold food at tea time, including home made cakes. The chef sought feedback from people on the food and drink provided and made changes accordingly. For example, the chef told us that there would be, "more pies and more fish," on the new menu as this is what people had told him they preferred.

We saw from people's care records that risks such as malnutrition and choking had been assessed and that preventive actions and regular monitoring had been put in place where required. For example, the chef knew who needed to have their food thickened to reduce the risk of malnutrition and hot and cold drinks were offered throughout the day to combat the risk of dehydration. The chef told us that the service promoted healthy eating and we saw that when hot drinks were served, fresh fruit was available as an alternative to biscuits.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said, “It’s like a home from home. Another person told us, “They’re very friendly and kind.” A relative told us, “I love [the staff]. They treat [my relative] like he was their own Dad.” A staff member said, “I always think about how I would like to be treated when I am older.”

There was a warm atmosphere within the home and, throughout our visit, staff spoke with people in a kind and friendly way. Many relatives had sent thank you cards to the manager. We noted one relative had written, “We would like to thank you and the staff for all your love and kindness.” Another had written, “I would like to express my gratitude for all your friendship and kindness.”

One member of staff told us, “I love getting to know people. I sit and talk to them and their families. When you talk about the past, people will chat for hours.” Another staff member said, “I enjoy talking to everyone as individuals. I have learned so much from them.” Throughout our inspection we saw examples of staff supporting people in a caring way. For example, we saw staff taking time to make sure everyone got their individual choice of drink and snack at tea time. On another occasion, a member of staff noticed someone was having difficulty adjusting their clothing and was becoming anxious. The staff member offered practical assistance in a kind and patient way which reassured and calmed the person.

We saw that the staff team supported people in ways that took account of their individual needs and helped maintained their dignity. One staff member told us that it was important that people were encouraged to retain as much independence and control as possible, for instance by having the opportunity to brush their own teeth or wash their own hands. Another member of staff told us, “I try to give people as much choice and control as I can. When I help someone get dressed I talk about the weather outside and offer two or three choices of what to wear.” Care plans and other documents detailed people’s preferences, for example one person’s care record noted that they, “Like to wear bed socks in bed.” Another care plan advised staff to, “Always enquire if [the person] wants to watch TV before going to sleep.” At lunchtime we saw that people were offered the choice to eat in the dining room, one of the other communal areas of the home or in their own bedroom.

Staff knocked on the doors to private areas before entering and were discreet when supporting people with their personal care needs. One staff member told us, “If I am helping someone to wash, I always offer them a towel to cover their shoulders or their bottom half.”

We could see from people’s care records that the manager made frequent use of local advocacy services. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes. The manager told us it was particularly important to use an independent advocate when there were no family members available to support someone, for example, in a ‘best interests’ decision making meeting.

People were supported to maintain their diverse spiritual needs and a local vicar visited the service regularly to minister to people with a Christian faith.

Requires improvement

Is the service responsive?

Our findings

We saw that several people chose to spend much of their time in their own rooms and clearly valued the peace and privacy this provided. One person told us, "If there is nothing to do, I go up [to my bedroom] and watch my TV. I love the rugby!" Another person said, "I can do what I want, when I want." Staff told us that they encouraged people to maintain personal interests and hobbies and we saw that one person enjoyed bird watching and another person liked to play the organ in the lounge. We were also told that some people enjoyed the opportunity to help with the laundry and lay tables in the dining room.

However, several people said that they did not have enough to do. One person told us, "We just sit around. I'd like some light dancing or something educational." Another person said, "There's nothing on a regular basis. I've lost all interest." In the home's most recent customer satisfaction survey one relative had commented, "More activities are required to break up long periods of sitting." Another relative had written, "The annual fete and Christmas party are very good. But what other activities are offered on a regular basis?" Although we saw that musical entertainers and indoor exercise instructors were booked from time to time, on the day of our inspection, we observed that some people were sitting for extended periods of time in the communal areas of the home. They had little to stimulate or occupy them and only occasional interactions with passing members of staff. One staff member told us, "Activities usually happen on the day and we get people in the lounge to join in. Residents don't know beforehand – we set up and then involve who's around." We saw evidence of this approach during our visit when staff organised a quiz which some people enjoyed but which had clearly not been planned or publicised in advance. This meant that people did not have the opportunity to look forward to planned activities and to make sure they were in attendance for those of particular interest to them.

We raised these issues with the manager who told us she was aware of the problems we had identified and that she was committed to improving further the provision of activities in the home. We saw that the need for a more organised approach to activities had been discussed in a staff meeting and a member of staff had been identified to take on the role of activities coordinator. The manager told us that she intended to give the activities coordinator some dedicated hours to enable them to focus on the improvements necessary to meet people's needs and wishes in a more coordinated and planned way.

We saw that a comprehensive assessment of each person's needs and preferences was undertaken when they moved into the home. These were reflected in an individual care plan which detailed each person's specific needs and how they liked to be supported. We saw that the plans had been developed, and were reviewed, in consultation with people and their relatives, although we encouraged the provider to document the reviews more carefully in each person's care record to make it clearer that these had taken place. The care plans captured people's changing needs and provided important information for staff to follow. For example, we saw that one person who had recently returned from hospital and was recuperating in bed, received staffing support to change position every two hours to avoid the risk of pressure ulcers. One member of staff told us, "I always check the handover file when I come on shift. The handover sheet is very good as I can see what has changed over the last four days, not just the last 24 hours." The care plans were supported by extremely detailed daily notes which recorded important information about each person, including nutrition and hydration, personal care and physical and emotional health. This enabled the manager and other staff to monitor people very closely and respond quickly to any changes in their needs.

One relative told us, "It's like a home from home." People were encouraged to personalise their rooms and we saw that several people had brought in their own furniture and had photographs and other souvenirs on display in their bedroom. In addition to their own room, people could choose to spend time in one of two communal lounges and the enclosed garden. We saw one person strolling in the garden with a relative, clearly enjoying the opportunity for fresh air and companionship. The home provided an internet videolink to help people stay in contact with relatives and friends. The manager told us this that some people found this a valuable resource.

People told us they felt comfortable raising concerns if they were unhappy about any aspect of their care. One person said, "I would talk to any member of staff or the manager." There was a complaints procedure available and although there had been no formal complaints notified to CQC in the previous 12 months, the manager told us that people and

Requires improvement

Is the service responsive?

their relatives were encouraged to talk to senior staff or herself about any concerns. The manager told us that she reviewed any complaint carefully and made changes if required. For example, staff now took extra care with people's clothing following a complaint from a relative.

Good

Is the service well-led?

Our findings

The atmosphere in the home was open and welcoming. We saw that one relative had commented in a card to the manager, “Thank you for the warm welcome I received every time I visited the home.” Another had written, “A welcome cup of tea and a smile works wonders!”

The manager was clearly well known to people who used the service, relatives and staff. One person said, “I could talk to her easily.” Another person said, "She’s very nice.” People told us that the manager was approachable and helpful and a visiting relative told us, “Any concerns [with my loved one] I’m called straight away. The manager is wonderful.” One staff member said, “She is very understanding and has helped me out a lot.” Another member of staff told us, “The manager is lovely, She is always there for you, and is a boss when you need a boss and a friend when you need a friend.”

Throughout our visit the manager demonstrated an open and accountable style, for example in the way she responded to issues we raised with her such as the provision of activities. The manager had led the development of a values statement for the home which she summarised as, "The care you provide to the residents is the care you should provide to your mum and dad.” This approach had been absorbed by staff. One member of staff told us, “My motto is, treat people as you would wish your parents to be treated.” The manager was clearly a positive role model to other staff. One staff member said, “She is an inspiration. I have had many, many managers [in my career]. She is not just a manager, she is a mother. She has a real love for this place and is one of the best managers I have ever met.”

We saw that staff worked together in a friendly and supportive way. One staff member said, “We have a great team. I enjoy working here and would recommend it to others.” Another staff member told us, “I feel listened to. The manager gave me great support and advice on how to develop my management style. I am a lot more relaxed now.” Staff demonstrated a clear understanding of their roles and responsibilities within the team structure and also knew who to contact for advice outside the service. Staff knew about the provider’s whistle blowing procedure and said they would not hesitate to use it if they had any concerns about the running of the home.

The provider maintained logs of any untoward incidents or events within the service that had been notified to CQC or other agencies. We saw that the manager had reported and managed one recent issue correctly, and that changes to policy and practice in the home had been made as a result.

There was a quality assurance framework in place within the home and a range of audits was completed regularly in areas such as infection control, medicines and care planning. Action had been taken to address any issues highlighted in these audits. For example, in response to a recent health and safety audit, restrictors had been placed on some windows to reduce the risk to people living in the home.

The provider conducted an annual customer satisfaction survey to ask people and their relatives to provide feedback on the service they received. We read some recent survey returns and saw that one relative had written, “A high level of kindness, care and respect for the residents. A homely and comfortable environment.” Another relative had written, “Fantastic staff, although the décor needs updating.” The survey was also sent to local healthcare professionals who had regular contact with the home. We reviewed the results of the most recent survey of local healthcare professionals and saw that one had commented, “All staff, including the manager, are very helpful and willing to listen. They take on board and act on our recommendations.” The manager told us that the surveys were an important source of feedback to her and her team and she was committed to addressing any issues raised. In addition to the survey, the manager told us that she was always looking for ways to involve people in decisions that needed to be made. For example, people had chosen the new flooring and chairs in the dining room as part of a recent refurbishment. One relative told us,“ They are always asking my opinion about how things are.”