Care UK Mental Health Partnerships Limited

Yew Tree Lodge

Inspection report

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Date of inspection visit: 4 & 17 December 2014
Date of publication: 25/03/2015

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 4 & 17 December 2014 and was unannounced. We last inspected Yew Tree Lodge in June 2013. At that inspection we found the service was meeting all the essential standards that we assessed.

Yew Tree Lodge provides accommodation and personal care for up to 16 people with mental health conditions. The service supports people on a medium term basis as well as providing respite care and supporting people who may be in a period of crisis for a minimum of 72 hours and a maximum of five days. The aim of the crisis support is to prevent a hospital admission or to support a person who had just been discharged as an in-patient. There were 11 people living at the home, one person using the respite service and one person being supported during a period of crisis.

The home has a registered manager. 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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was responsible for two services and was not in the home on a full time basis.

Staff had not been fully supported with appraisals and none had been completed recently. Supervisions were not done regularly and some training specific to the needs of people who use the service had not been completed by all staff.

Some people commented that staff were too busy completing paper work at times. Care workers felt there were staff shortages and they did not have enough time to spend with individuals. There were no systems in place to regularly assess and monitor staffing levels to ensure they were sufficient to meet people's individual needs.

Complaints were not always well managed. Although issues raised with the service in February 2014 were well investigated, a recent complaint made by three people who use the service was not. The provider did not regularly seek the views of people who use the service and others about the quality of service provided. Quality monitoring audits were completed, including health and safety and infection prevention and control. Where areas for improvement had been identified action had been taken. Incident and accident analysis was inconsistent. Although incidents had been reported within the service and analysed appropriately, action was not taken after one incident and one was not reported to CQC when it should have been.

Staff said they knew about whistle blowing and would be happy to raise any concerns within the home, but they did not have the confidence to raise issues with senior managers. Staff said they felt well motivated and they enjoyed working at the home.

People felt safe and said that any concerns they might have about their safety would be taken seriously by staff. Staff knew how to recognise the signs of abuse and what they should do to protect people.

People were supported to take their medicines safely and staff were well trained in safe medicines administration. Although medicines administration was safe, people who wanted to self-administer medicines were not given the opportunity to do so.

People had enough to eat and drink and were well supported to buy and prepare their own food. People had access to health care services and were supported to maintain good health. There were good links with members of the community mental health team and people were able to access other health care professionals such as the GP or dentist.

People were involved in making decisions about their care and were complimentary about the staff and the care they provided. Comments included: "I think the staff are excellent" and "the service does deliver high quality care". We observed staff supporting people in a very respectful and caring way. They knew the people well and promoted people's privacy and dignity.

People were well supported to participate in activities outside of the home, such as the cinema or shopping. However, some people said they were bored because there was nothing to do when they were at home. Staff offered people activities in the home, but said they were not well attended by people who use the service.

Care plans were individual to each person and contained all of the relevant information to enable staff to meet people's care needs. Staff were responsive to changes in people's health conditions and took appropriate action when necessary.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider did not regularly seek the views of people who use the service, those acting on their behalf or staff. Staff were not properly supported to provide care to people who use the service. This was because staff did not receive appropriate training, supervision and appraisal. You can see what action we told the provider to take at the back of the full version of this report.

We recommend the service considers NICE guidance 'Managing medicines in care homes'.

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?

Requires Improvement

The service was not always safe. Staff were often busy completing paperwork and were not always available for people when they needed support.

People were protected from bullying and harassment. Staff knew what action they should take if they thought someone was at risk of harm or abuse.

Individual risk assessments had been carried out and staff were aware of how to manage risks to maintain people's safety whilst respecting their right to make their own decisions. Medicines were administered, stored, handled and disposed of safely.

Is the service effective?

Requires Improvement

The service was not always effective. Staff appraisals had not been completed and supervision had not been done regularly. Not all staff had completed specialist training which would be appropriate for the service, such as mental health awareness.

People's consent to care was sought in line with legislation and guidance. All of the people using the service had capacity to make their own decisions about their care and treatment.

People were supported to eat and drink enough, and maintain a balance diet. They were also supported to maintain good health and had access to appropriate healthcare services when they needed it.

Is the service caring?

Requires Improvement

The service was not always caring. Although medicines administration was safe people were not supported to self-administer medicines when they wanted to.

People were involved in making decisions about all other aspects of their care and staff supported people who use the service in a caring, respectful and inclusive way. People were very positive about the staff and the care they received at the home.

People's privacy and dignity was protected and people could be as independent as possible.

Is the service responsive?

Requires Improvement

The service was not always responsive. Complaints were not consistently investigated and acted on. The registered manager did not actively seek feedback about people's experience of the service.

Summary of findings

People were supported to be involved in the care planning process and care plans were centred on the individual. Feedback about activities was mixed. People said there was little to do in the home, but they were helped to participate in activities in the community.

Is the service well-led?

Requires Improvement 

The service was not always well led. The home had a registered manager, however the manager was not frequently available. Some members of staff said they would not be confident to use the providers whistle blowing procedure.

Staff felt well motivated and there was an open and relaxed atmosphere in the home. Quality monitoring audits had been completed and where areas for improvement had been identified these had been addressed

Incident and accident investigations were not consistent. Two incidents were investigated and managed, while two others were not.

Yew Tree Lodge

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 4 and 17 December 2014 and was unannounced.

The inspection team consisted of an inspector, a specialist advisor 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.

Prior to our inspection we looked at and reviewed all the current information we held about the service. This included notifications that we received. Notifications are events that the provider is required by law to inform us of. We requested the Provider Information Return (PIR) and reviewed the information. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke with eight people who use the service, five care workers, the deputy manager and the registered manager. After the inspection we spoke with two members of the community mental health team by telephone. We reviewed five people's care plans and risk assessments and three people's medicines administration records. We looked at staff training, supervision and recruitment records as well as various audits and other records relating to the management of the home.

Is the service safe?

Our findings

The home did not have a system in place to ensure they could easily identify who was in the home at any one time. Although visitors had to sign in and out when they arrived and left, people who lived in the home did not. Due to the lay out of the building it was difficult to find out who was in the home at any one time. In the event of an emergency it would be difficult to establish who was in the home quickly enough. There was a risk the building would not be evacuated fully, for example, in the event of a fire.

The registered manager did not have a formal assessment tool to establish how many staff were required to meet people's needs and keep them safe. Although people said there were enough staff on duty, some commented that staff were too busy with other tasks at times. We observed occasions where staff were talking on the phone or working at a computer when people were requiring support from them. One person said staff "are very good" and "they protect my rights" but sometimes "they are too busy". Two care workers commented there were staff shortages and they had to spend a lot of time completing paperwork in the office. This meant they were not always able to spend one to one time with people who use the service.

The service had three full time staff vacancies and the provider was currently using agency staff to cover them. The registered manager said they tried to use the same agency staff to ensure continuity of care. However, one person commented "there are lots of different staff and it would be better if it was the same staff as I would get to know them better". The provider was currently advertising the vacancies on their company website, but not undertaking any further pro-active recruitment to ensure the full time vacancies were filled. Appropriate recruitment checks had been completed before current staff began work. This included disclosure and barring checks and employment history.

People felt safe and said they trusted the staff. No one had any experience where they had felt discriminated against or bullied. One person said: "I am protected by the staff". All of the people we spoke with said if they had any concerns about their safety they would be confident to report this to staff. They thought their concerns would be listened to and taken seriously.

Staff knew how to recognise the signs of abuse and what action they should take if they thought someone was at risk. However, some of the information available for staff to refer to about reporting concerns to the local safeguarding authority was out of date, including contact telephone numbers. Staff using this information would not be able to contact the relevant people because the information provided was inaccurate.

One person said: "Yew Tree managers balance between duty of care and freedom well". People were able to take positive risks with an appropriate level of support. This helped people to balance risk while maintaining their right to make their own decisions. The service took a proactive approach to risk management. For example, people were supported to become more independent when going out in the community by gradually reducing staff support, and only after ensuring people felt confident to do this.

During our inspection we looked at how people were supported to take their medicines safely. We looked at three people's medicines administration records (MAR). The records showed people received their medicines as prescribed. We asked staff about administering medicines. Staff said they could not administer medicines unless they had been trained and assessed as competent to do this. Staff confirmed they had completed medicines administration training and had their competency recently assessed. This made sure people continued to receive their medicines as prescribed. We observed a senior care worker administer medicines and found they were administered safely. There was a safe procedure for storing, handling and disposing of medicines, including controlled drugs.

Is the service effective?

Our findings

We asked the registered manager about staff appraisals. They told us that none had been completed because the provider had changed the way appraisals were done and training had not yet been provided. We reviewed the staff supervision records. Some supervision meetings had been completed, but not on a regular basis. Two staff had not completed a supervision session since January 2014. The manager did not provide us with any evidence of a plan for completing appraisals or regular supervisions.

Most of the staff were up to date with training the provider considered to be mandatory, including safeguarding adults and equality and diversity. However, not all of the staff had received additional training to help them meet the specific needs of people they care for. This included mental health awareness and supporting people with drug and alcohol problems. The registered manager did not provide us with evidence of plans to ensure mandatory and appropriate additional training was completed.

This is a breach of Regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff did say they felt well supported by the deputy manager. Care workers we observed had the necessary skills to meet people's needs. People told us staff were experienced and knew them well. One person said: "The staff are able to cope with my (illness) well. I have many one to one sessions with staff".

All of the people who use the service had full capacity to make decisions about their care and treatment. People were asked for their consent when making decisions about their care and this was documented in their care plans. We observed staff asking for people's permission when they supported them, for example, when administering medicines.

People were supported to have enough to eat and drink and to maintain a balanced diet. People were encouraged to shop for and prepare their own food as independently as possible. They had access to individual kitchens in the home where they could prepare and eat food on their own. People could also take part in 'shop and cook', where they were encouraged to choose a recipe, make a shopping list and be accompanied to the shops to buy the ingredients. They were then supported by staff to produce a meal for the other people living in the home. Staff also cooked a community meal for everyone living in the home three times a week, which people could attend if they chose to. People were asked what their preferences were, and where people had a specific dietary requirement these were met. Drinks were available at all times and people had a fridge in their room where they could keep their own food and drink if they wanted to.

People were supported to maintain good health and had access to healthcare services. All of the people using the service were supported by the Care Programme Approach (CPA). This is a national system which sets out how secondary mental health services should help people with mental illnesses and complex needs. People had regular contact with a care co-ordinator to help ensure their mental health needs were met. People with other on-going health conditions not connected to their mental health were monitored and encouraged to independently manage their own conditions. People told us they were supported to attend other appointments such as the dentist or GP. Everyone was offered a regular six month review with their own GP. People using the social crisis intervention beds were well supported by the community mental health team (CMHT). Staff could contact the CMHT 24 hours a day if a person's mental health deteriorated and urgent support was required.

Is the service caring?

Our findings

The service had recently changed how people received their medicines. People's prescriptions were sent from the GP straight to the local pharmacy and all medicines were then delivered to the home in individual blister packs. Two people said they used to manage their own medicines and they preferred to do this. They had raised this with staff but felt they were not allowed to continue managing their own medicines. The manager was unable to show us how people had been involved in making the decision to change the way medicines were administered. People were not being supported to express their views or be actively involved in making decisions about this aspect of their care.

People were actively involved in making decisions about all other aspects of their care and support. People had frequent one to one support sessions with staff and regularly discussed their needs. Staff communicated well with people and encouraged them to be as involved in decisions about their care as much as possible. Two people who use the service were supported by an independent mental health advocate (IMHA). An IMHA is an independent advocate who is specially trained to work within the framework of the Mental Health Act 1983. They support people to understand their rights under the Act and participate in decisions about their care and treatment. Other people knew how to access the IMHA and the manager would make referrals if and when required.

All of the people we spoke with were very positive about the care they received from staff. One person said: "The service does deliver high quality care because of the professional conduct of the staff". Another person said: "I think the staff are excellent. They are very friendly and welcoming". People were treated with kindness and compassion. We observed staff supporting people in a caring, respectful and inclusive way.

All of the staff we spoke with talked about the people they supported in a very caring way. They knew people well and were able to explain how they would meet people's care needs. Staff understood people's preferences and knew their personal histories. Staff described how they would support people in a person centred way to make day to day choices. Staff understood the importance of enabling people to make their own decisions.

People had their privacy and dignity protected. Each person had their own room which they had a key to enter. Staff did not go into people's room without their permission. Staff ensured when they needed to talk to people, their privacy was maintained. Information held about people who use the service was treated confidentially and respected by staff. People's wishes to maintain relationships that mattered to them, such as with family or friends were respected and encouraged. Visitors were able to call at any time and were welcomed to spend time with people.

People were supported to be as independent as they wanted to be. People were free to come and go from the home as they chose, but staff were available for support as and when needed. For example, helping a person attend a medical appointment or go shopping.

We recommend the service considers NICE guidance 'Managing medicines in care homes'.

Is the service responsive?

Our findings

People, those important to them, staff and health care professionals were not encouraged to give feedback about the quality of the service. The provider did not regularly seek people's views about their experience of care. Although the registered manager said they got feedback about people's experience of the service in an informal way, this was not recorded. The registered manager would not be able to identify areas of good or poor quality care. Information was not available to enable to manager to drive improvement, if needed.

Although people who use the service said they would be happy to raise any concerns by speaking to staff, information about how to make a complaint was not made easily available to them. People were not provided with information that would enable them to make a complaint if they did not feel comfortable to raise concerns with a member of staff.

The management of people's complaints regarding the service was not consistent. Three people who use the service made a complaint in October 2014. This was not fully investigated by the registered manager. Although the provider had an appropriate complaints procedure in place, this was not followed. However, in February 2014, several concerns were raised by people who use the service and a relative. These concerns were thoroughly investigated and 'lessons to be learned' were noted. Recommendations to prevent a repeat occurrence were put in place, and these had been actioned.

This is a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People and staff gave us mixed feedback about activities in the home. People we spoke with said they were often bored as there was little to do in the home. Staff told us when they organised activities people had suggested, they were not well attended. One person had suggested a DVD night for everyone living in the home, but this could not be organised as the DVD player had gone missing and not yet been replaced. When we discussed this with the registered manager, they were not aware the DVD player had gone missing.

People were well supported to participate in activities outside of the home, for example going to the cinema or shopping. They were able to be as independent as they wanted to be and staff actively encouraged people to take part in social activities. Where appropriate people were helped to organise holidays accompanied by staff. Two people spoke warmly of past holidays they had been on and said they looked forward to them.

Staff actively encouraged people to be involved in the assessment and care planning process as much as possible. Some people could find this difficult at times due to their mental health condition, but staff took the time to make sure people were as involved as they were able or wanted to be. People's care plans included information about how they would like to receive their support, individual preferences and personal histories. Care plans were individual to the person and addressed their complex needs. They included realistic goals and set out who was responsible for the actions in the plan. Areas covered included 'what is important to me' and 'how best to support me'. One person said: "I have a care plan which I wrote with staff and they try to act on this".

When people were admitted to the home for social crisis support all of the relevant information about the person was provided to staff at the home, including risk assessments. If the deputy manager thought the person could not be appropriately supported by the service then the person would not be admitted. People would then be supported by staff employed by the service as well as members of the crisis team who visited daily. People's health and care needs were continually assessed and monitored and appropriate action was taken when needed. All of the staff members knew what to do if a person in a crisis bed deteriorated and further specialist support for the person was needed.

Everyone using the service was involved in the Care Programme Approach (CPA). Each person had a care co-ordinator who supported people and staff in developing care plans. Risks to people's safety were appropriately assessed and positive risk taking was well managed. People had regular reviews of their care needs. When any changes to people's health were identified appropriate action was taken. Good discharge plans were in place for each person and two people were being supported to move to independent living in the community.

Is the service well-led?

Our findings

Incident and accident reporting and analysis was inconsistent. The provider had an appropriate system in place for reporting and monitoring of incidents, but this was not always used appropriately. We reviewed four incidents reported in the log. Two of them had been well investigated and appropriate action was taken. One incident had been investigated and a cause determined, but no action had been taken to prevent it happening again. One incident had been recorded and investigated, but the required notification had not been sent to the Care Quality Commission (CQC).

The home had a registered manager in place. They said they split their time between the home and another location they managed. Feedback from people who use the service, staff and other stakeholders said the registered manager was not at the home very frequently. When the registered manager was there, they were not always available. The deputy manager was responsible for completing most of the day to day managerial tasks. People and care workers said the deputy manager was approachable and supportive, and managed the day to day running of the home well.

Care workers knew about whistleblowing and said they would be comfortable raising any concerns they may have within the home. However, three members of staff said they lacked confidence in taking concerns to more senior managers as they, or their colleagues, had a negative experience in the past when they had done this. People, care workers and visiting professionals said when they had raised concerns with the deputy manager they had been well managed, and they were happy with the outcome.

Staff also commented on how much they enjoyed working at the home. They felt well motivated and understood the values of the service. One care worker said: “I love it. I look forward to going to work”. There was an open culture within the home and the atmosphere was calm and relaxed.

The deputy manager and registered manager completed quality monitoring audits. These included areas such as infection prevention and control and food hygiene. An external manager also visited the home and completed a ‘managers monthly monitoring’ visit regularly. The last one was completed on 6 November 2014. The review looked at people’s care plans and risk assessments and safeguarding procedures. Where areas for improvement had been highlighted, an appropriate action plan was in place. A recent medicines audit had also been completed. Action had already been taken to address concerns identified and a plan was in place to ensure all issues were fully addressed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **The provider did not regularly seek the views of service users, people acting on their behalf staff or investigate complaints fully. Regulation 10(1)(b)(i)(2)(e).**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff **Staff were not appropriately supported in relation to their responsibilities by receiving appropriate training, supervision and appraisal. Regulation 23(1)(a).**