

## Yew Tree Nursing Home Limited

# Yew Tree Nursing Home

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

What life is like for people using this service:

People were not always safe as the provider had not followed effective infection prevention and control procedures. The provider did not have effective systems in place to monitor the quality of the service they provided and to drive improvements where needed.

People received care and support from a staff team who had been trained to recognise signs of abuse or risk and knew what to do to safely support people. People received safe support with their medicines by competent staff members.

The provider supported staff in delivering effective care for people through person-centred care planning, training and individual support. They ensured the provision of best practice guidance and support met people's individual needs. People were promptly referred to additional healthcare services when required. People were supported to maintain a healthy diet. People were supported to express and meet their wishes as they approached the end of life.

People received help and support from a kind and compassionate staff team with whom they had positive relationships with. People were supported by staff members who were aware of their individual protected characteristics. People were supported to maintain their independence.

People participated in a range of activities that met their individual choices and preferences and that they found interesting and stimulating. People were provided with information in a way that they could understand. Policies and guidelines important to people were provided in a way people could access. The provider had systems in place to encourage and respond to any complaints or compliments from people or visitors.

The provider and management team had good links with the local community which people benefited from.

More information in Detailed Findings below.

Rating at last inspection: Good (date last report published 21 April 2016)

About the service: Yew Tree Nursing Home is registered to provide accommodation, nursing and personal care for up to 43 people. At this inspection 38 people were living there including some who were living with dementia.

Why we inspected: This was a planned inspection based on the rating at the last inspection, 'Good.' At this inspection we found improvements were needed and therefore the overall rating was 'requires

improvement.'

Follow up: We will monitor the progress the provider makes following the publication of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Yew Tree Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

**Inspection team:** This inspection was completed by 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.

#### Service and service type

Yew Tree Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did:

Before our inspection visit, the provider completed 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. We also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection.

We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

We spoke with eight people, seven visitors, three care staff members, one nurse the registered manager and the administrator. We reviewed a range of records. This included two people's care and medication records. We confirmed the safe recruitment of one staff member and reviewed records relating to the providers quality monitoring, health and safety and staff training.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- The provider did not have effective infection prevention and control systems in place.
- At this inspection we saw items of equipment which were poorly maintained which prevented their effective cleaning. For example, we saw a hoist used to support people with their mobility which was rusty. We also saw a poorly maintained bathroom where the bath panel was broken and the wooden surround had signs of water damage. Both of which prevented effective cleaning.
- The provider did not complete effective checks to ensure that infection prevention and control best practice was maintained.

We recommend that the provider accesses recognised infection prevention and control guidance like National Institute for Health and Care Excellence which covers subjects like preventing and controlling infection in adults.

Supporting people to stay safe from harm and abuse, Systems and processes

- The provider followed safe recruitment processes when employing new staff members. The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.
- People were protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and respond to concerns. One person told us, "I know there is someone looking in on me frequently day and night, I do feel safe here."
- Information was available to people, relatives and visitors on how to report any concerns.
- The provider had made appropriate notifications to the local authority to keep people safe.

Assessing risk, safety monitoring and management

- People's care plans contained detailed risk assessments linked to people's support needs. These explained the actions staff should take to promote people's safety and ensure their needs were met appropriately. Staff we spoke with were aware of these risks and could tell us how they acted to keep people safe in line with these guidelines. For example; this included risks related to nutrition, hydration, mobility and skin integrity.

Staffing levels

- People told us, and we saw, that there were enough staff members available to safely and promptly meet their individual needs at a time and at a pace to suit them.

Using medicines safely

- People were supported with their medicines by trained and competent staff members.
- Records of medicines and controlled drugs were accurately kept.
- The provider had systems in place to respond to any medicine errors including investigation and retraining if needed.
- When people couldn't consent to medicines, the provider followed recognised best practice to ensure the person's rights were maintained.

#### Learning lessons when things go wrong

- The provider analysed important events like incidents, accidents or near misses to learn from them and to prevent reoccurrence. For example, following a previously unknown risk one person received injuries. The provider then completed risk assessments of all those in a similar situation to prevent its reoccurrence within Yew Tree Nursing Home.



# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and regularly reviewed. People's physical, mental health and social needs were holistically assessed. Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.
- The provider supported staff to deliver care and support in line with best practice guidance.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. For example, one relative told us how staff members supported their family member to maintain their links with their preferred place of worship.

Staff skills, knowledge and experience

- People were assisted by a well-trained staff team who felt supported by a management team. One relative told us, "The staff seem to be well trained."
- When new staff members first started working at Yew Tree Nursing Home they completed a structured introduction to their role. This included completion of induction training, for example, basic adult safeguarding and fire awareness. In addition to this, they worked alongside experienced staff members until they felt confident to support people safely and effectively.
- Staff members who were new to care were supported to complete the care certificate. The care certificate is a nationally recognised qualification in social care.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to have enough to eat and drink to maintain their well-being. Those we spoke with told us they enjoyed the food provided and that they had a choice of menu options. People had individual assessments regarding their food and fluids. When it was required the provider referred people onto specialist healthcare professionals for additional guidance. For example, Speech and Language Therapists. We saw staff members knew people's individual food preferences and supported them in a way which maintained their health.

Staff providing consistent, effective, timely care

- People had access to healthcare services when they needed it. This included, but was not limited to, GP and opticians. The provider referred people for healthcare assessment promptly if required. People had regular healthcare reviews to maintain good health.
- Staff members we spoke with were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes. For example, following one person's period of ill-health staff members we spoke with knew the recommendations of the GP and we saw them

following the guidance provided. One person said, "The Doctor comes here weekly, you can ask to see them at other times though if need be."

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

- The physical environment within which people lived was accessible and suitable to their individual needs. People had personalised the doors to their rooms to assist with their orientation within their home.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.
- In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). The provider had made appropriate applications and had systems in place to renew and meet any recommendations of authorised applications.
- People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems supported this practice. When someone could not make decisions for themselves, the provider and staff knew what to do in order to protect the individual's rights. Decision specific mental capacity assessments were completed and a best interest process followed in relation to decisions about people's care and treatment. Relatives told us that they were involved in specific best interest decisions regarding their family members. When it was appropriate people had access to independent advocates.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- We saw people were treated with respect by a caring and compassionate staff team. One person said, "All the staff are just lovely – darlings, all of them." We saw people sharing jokes with staff members and engaged in conversations throughout this inspection.
- Relatives told us they found the staff members and management team to be "Lovely," "Caring" and "Attentive."
- Staff members we spoke with talked about those they supported with fondness and compassion.

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

- People were assisted to express their individual likes and dislikes. These were known to staff members who supported them to meet their expressed decisions. We saw people making decisions about what activities they wanted to take part in, where they wanted to go throughout their home and what they wanted to eat. We saw two people asking for food items which weren't on the menu. These were provided as requested.
- As part of the care assessment making process the provider had systems in place to identify and support people's protected characteristics from potential discrimination. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, gender reassignment, marriage and civil partnership, religion etc. The care and support plans we saw clearly recorded peoples protected characteristics and the staff members we spoke with could tell us about the individuals they assisted.

Respecting and promoting people's privacy, dignity and independence

- People told us, and we saw, that their privacy and dignity was maintained by those supporting them. For example, we saw one person being supported with a clothes protector at lunch. They said, "I wear this because I get a bit messy." People told us, and we saw, that staff members knocked before entering their rooms and supported them at a pace they preferred.
- People were encouraged to maintain their independence. We saw people accessing a coffee lounge where they could meet with and make drinks for visitors. One person showed us how to make a coffee. They went on to say it is good doing something for yourself without relying on staff members all the time.
- We saw information which was confidential to the person was kept securely and only accessed by those with authority to do so.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

### Personalised care

- People, and when needed their family members, were involved in the development and review of their own care and support plans. One relative told us, "We got together with [relative's name] and went through everything that they needed with the registered manager. Now we have confidence that they can review everything themselves. However, we are kept fully informed about any changes." We saw these plans gave the staff information on how people wanted to be assisted.
- We saw the care and support people received reflected their personal needs and wishes. Staff we spoke with could tell us about those they supported which included personal histories and things that were important to people. For example, a staff member told us about one person's employment history. They went on to explain how knowing this helps to understand their personality and why they like things in a certain way.
- We saw people's care and support plans were reviewed to account for any personal or health changes. For example, following one person's change in health their care and support plans were adapted to reflect the changes.
- People had information presented in a way that they found accessible and in a format, that they could easily comprehend. Alternative methods of communication were available for people including large print to support those with impaired vision.
- People took part in activities that they enjoyed, found interesting and stimulating. The activities that people took part in were based on their individual preferences and likes.

### Improving care quality in response to complaints or concerns

- We saw information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern if they needed to do so. Everyone we spoke with told us that they felt confident to talk with the registered manager or anyone of the staff members if they had a concern.
- The provider had systems in place to record, investigate and to respond to any complaints raised with them.

### End of life care and support

- People were supported to express their wishes for end of life care. The provider worked with other health care specialists in end of life and palliative care to support people as they wanted. We saw arrangements had been made for family members to use the facilities at Yew Tree Nursing Home should they wish to stay over to be with their family members.

# Is the service well-led?

## Our findings

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

Service management and leadership was inconsistent. Leaders and the culture within the service did not always support the delivery of high-quality, person-centred

Managers and staff were unclear about their roles, and didn't fully understand quality performance, risks and regulatory requirements

- The provider had ineffective quality monitoring systems in place. Although we did see evidence of some quality monitoring checks these were ineffective in identifying the issues that we found at this inspection. For example, the last infection prevention and control check was completed in March 2018. As part of this check they failed to act to ensure areas of improvement were completed.
- The provider had not displayed their last inspection rating on their website as required by law. When we asked the registered manager told us that they didn't know they had to.

These issues constitute a breach of Regulation 17: Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A registered manager was in post and was present throughout this inspection. The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People and relatives, we spoke with told us they knew who the registered manager was and that they saw them on a regular basis. Everyone told us that they found the management team to be approachable and interactive. One person told us they could go to the registered manager at any time and were confident that they would be taken seriously and listened too.
- Staff we spoke with told us they could approach the management team at any time they needed, and felt they would be fully supported when required. One staff member said, "We have a very good on call system where we can contact a staff member whenever we need advice or support."
- We saw the management team and provider had systems in place to investigate and feedback on any incidents, accidents or complaints. The registered manager told us they used such instances to identify what could be done differently in the future to minimise the risks of reoccurrence. We saw feedback was given to people regarding any significant incidents. For example, one staff member told us that following an incident involving one person all staff members received instruction on how to minimise the risks for others living at Yew Tree Nursing Home.

Engaging and involving people using the service, the public and staff

- People and relatives told us that they were regularly asked for their views and opinions on Yew Tree

Nursing Home and that any suggestions made were valued.

- We saw details of the latest residents meeting was available to people as part of a newsletter. We saw people reading, and discussing, the newsletter with staff members, relatives and others living at the home.
- Staff members told us they felt listened to by the management team and that their views and opinions were valued. Staff members told us they had regular staff meetings where they could discuss aspects of their work and make suggestions for improvement it needed.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern.

#### Continuous learning and improving care

- The management team reviewed incidents accidents and other significant events to learn and prevent similar situations from occurring again in the future. For example, the registered manager told us that following one specific situation they would now act to share their concerns with those involved at an earlier stage. The registered manager told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes by attending regular training opportunities and by receiving relevant updates. However, they had failed to keep themselves up to date with changes in the law requiring that they display their rating and with best practice in infection prevention and control.

#### Working in partnership with others

- The management team had established and maintained good links with the local community and with other healthcare professionals which people benefited from.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have effective quality monitoring systems in place.