

Yew Tree Lodge (Holdings) Limited

# Yew Tree Holdings Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place 1 November 2016 and it was unannounced.

Yew Tree Holdings (Yew Tree Lodge) is a residential care home which accommodates up to 34 older people. On the day of our visit there were 26 people using the service.

There was 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 the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe living at the service. It was evident from talking with staff that they were aware of what they considered to be abuse and how to report this. Staff knew how to use risk assessments to keep people safe, alongside supporting them to be as independent as possible. There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Recruitment processes were robust. New staff had undertaken the providers induction programme and training to allow them to support people confidently. Medicines were stored, administered and handled safely.

Staff were knowledgeable about the needs of individual people they supported. People were supported to make choices around their care and daily lives. Staff had attended a variety of training to ensure they were able to provide care based on current practice when assisting people. Staff always gained consent before supporting people. There were policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff knew how to use them to protect people who were unable to make decisions for themselves.

People were able to make choices about the food and drink they had, and staff gave support when required. Catering staff knew who required a special diet and this was taken into account. People had access to a variety of health care professionals if required to make sure they received on-going treatment and care.

People were treated with kindness and compassion by the staff, and spending time with them on activities of their choice. People and their relatives were involved in making decisions and planning their care, and their views were listened to and acted upon. Staff treated people with dignity and respect.

Care records were reflective of people's current needs and were reviewed and evaluated on a regular basis. People were supported to engage in a variety of activities, based upon their preferences. The service had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required.

People were complimentary about the registered manager and staff. It was obvious from our observations that staff, people who used the service and the registered manager had good relationships. We saw that

effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvements.

## 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 ●

This service was safe.

People felt safe in the service and staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs. Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

### Is the service effective?

Good ●

This service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision with the registered manager.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

### Is the service caring?

Good ●

This service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

### Is the service responsive?

Good ●

This service was responsive.

Care and support plans were personalised and reflected people's

individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

A variety of activities were offered and people were able to choose to join in.

**Is the service well-led?**

**Good** ●

This service was well-led.

The service had a registered manager who was supported by a staff team and the provider.

People and their relatives were able to give feedback and suggestions were acted on.

There were internal and external quality audit systems in place.

# Yew Tree Holdings Limited

## **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.

The inspection took place on 1 November 2016 and was unannounced.

The inspection was carried out by two inspectors and one 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. They supported us by undertaking observations and speaking with people and their relatives.

Before the inspection, 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 reviewed the PIR as part of the planning process for this inspection, as well as other information we held about the service, including previous reports and statutory notifications sent to the Care Quality Commission (CQC) by the provider. Statutory notifications are information about important events at the service, such as safeguarding concerns, which the provider is required to send to us by law. We also spoke with the local authority and clinical commissioning group, who have commissioning and monitoring roles with the service.

During our inspection we observed how the staff interacted with people who used the service. We also looked at how people were supported with their personal care needs and to have meals.

We spoke with eight people and the relatives of three people who used the service to seek their views about the care they received. We also spoke with the registered manager, six care staff and one member of catering staff.

We reviewed care plans for nine people to see if they were reflective of the care that people were receiving. We also looked at staff files for four staff members, which included recruitment and training information. Records relating to the management of the service were also reviewed, including audits and quality

assurance checks, to monitor how the service was being managed.

# Is the service safe?

## Our findings

People felt safe and secure in the service and with the support they received from staff. One person said, "It's a nice safe home for us all." Another person told us, "I do feel very safe here, very safe indeed." Relatives also told us they felt their relatives were safe and the service took suitable steps to keep people safe.

Staff understood how to protect people from abuse. They were able to describe what different types of abuse were and how they would recognise them. They told us they would not hesitate to report any suspicions to the registered manager. One staff member told us, "We would all make sure we report things to the manager, if we had any concerns at all we would raise them straightaway." Staff told us, and records confirmed that they had all completed safeguarding training which they found had been useful in terms of providing them with appropriate skills and knowledge of how to protect people. There were notices displayed with advice of how to report suspected abuse. Referrals had been made to the Local Authority Safeguarding Team and the Care Quality Commission (CQC) where appropriate and these had been investigated.

People had robust individual risk assessments in place to guide staff to keep them safe. Staff explained that these included moving and handling, medication and pressure care. One staff member told us, "The risk assessments we have here are good, they guide and support us in what we need to do." Assessments were personalised and covered the specific risks that each individual may encounter. They included detailed health risks, behaviour management and environmental risks and gave staff instructions how to protect people whilst still giving them as much independence as possible. Staff told us they were aware of the whistleblowing procedure and explained how to put it into practice. They also told us they would not hesitate to use it if the need arose. This meant that people were protected from risk.

Staff also told us that they reported any accidents and incidents, and completed the appropriate paperwork because they wanted to keep people safe. One staff member said, "We need to do this to keep people safe and make sure they get the right care." The registered manager confirmed that they considered the review of these records to be vital in helping staff to keep people safe and free from harm. We reviewed accident and incident reporting records, and found that these were all completed and monitored correctly.

On the notice board we found an emergency contingency plan. This detailed what to do and who to contact in case of emergencies. This meant that staff could respond immediately to keep people safe.

People told us that they thought there was enough staff on duty. One person said, "I think there are enough, there always seem to be plenty of them about." Another person said, "They come when I need them; there are enough of them and they always work hard." Staff also considered that there were enough of them to keep people safe. One said, "If we don't have permanent staff then we use agency staff but we all pitch in and help out. I think there are enough of us to get done what we need to." The registered manager explained that they took into account the needs of the people using the service to develop the staffing rotas. This ensured the correct amount of staff with the right levels of skills were on duty to meet people's individual needs. Records showed that shifts were staffed based on the numbers of staff required to keep people safe.



Staff told us about the process that had been used to ensure they had been recruited safely. Two staff explained to us how the provider had ensured that two reference checks and a Disclosure and Barring Service (DBS) check had been completed before they were able to start working. The registered manager explained their recruitment process which included obtaining a minimum of two references, proof of identity and Disclosure and Barring Service (DBS) checks before anyone could be employed. Staff recruitment records we saw confirmed these checks had been undertaken. This meant that people were cared for by staff that were suitable for the position.

People received their medication on time and in accordance with their prescribed routines. One person said, "They always make sure I have it when I need it." Staff told us that no one was assessed as being able to administer their own medication, but that they were aware of the process to follow should this happen. We observed staff administering medication to people and found that this was carried out correctly. Staff told us that they were only allowed to administer medication after they had completed their training and their competency was checked regularly. We saw evidence to confirm this. Medication was stored securely in locked trollies. We found that most medicines were administered through a Monitored Dosage System (MDS) which staff considered was a safe system as there was less room for error. We reviewed Medication Administration Records (MAR). These included a photograph of the person, their name, GP, allergies, list of medication and their medication protocol. These were checked and there were no errors. Medicines were managed safely

# Is the service effective?

## Our findings

People thought the staff had the right training to care for them. One person said, "They know exactly what they are doing, they tell me about the training they have to do." Another person explained how they felt staff were very competent and always knew what they were doing.

Staff told us that they had received a full induction. They said they had spent time shadowing more experienced staff to make sure they knew what the job entailed, before attending internal training in a variety of subjects including health and safety, moving and handling and food hygiene. One staff member said, "I think I learnt a lot through the induction, it gave me the confidence to know what to do." This showed that new staff had received a satisfactory induction before they were able to work with people.

All the staff we spoke with were confident that the training and guidance they received enabled them to work appropriately with people. Staff told us they received a lot of training which included moving and handling, safeguarding, medication and infection control. They said that they also were provided with additional training to assist with the specific needs of people who used the service, for example, dementia awareness. One staff member told us, "I think we get a lot of training here, it all really helps and we can ask questions if we don't understand anything. It is good." Some care staff told us they had achieved a National Vocational Qualifications (NVQ) in Health and Social Care which had helped them to understand their role better. The registered manager told us how the provider had invested in training as they considered this to be an important part of staff development. We found that the training matrix evidenced the range of training that staff had received. This meant that there was a robust system in place to ensure staff had the correct knowledge to provide care and support to people.

Staff told us they received regular supervisions on a one to one basis with the registered manager which they found useful. They also said that the registered manager was always available to speak with and was very supportive, they felt that they could raise any issues either work related or personal, and they knew she would help if she could. We saw evidence of staff supervision records and appraisals in staff files which meant that staff were well supported to carry out their roles.

People told us that staff always gained their consent before supporting them with any aspect of their care. One person told us, "They always ask me, never just do." Staff told us that they gained consent from people before carrying out any tasks. One staff member said, "Gaining consent for everything we do is obviously very important. We want people to be as independent as they can be but we always ask them if they are happy first." We saw that where possible, people had signed consent to care forms within their files, or family members had signed on their behalf.

During our inspection, we observed several interactions between staff and people living within the service. We saw that staff were always talking with people and gaining their consent before doing anything with them, including prompting the next activity and supporting them with moving and handling.

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. Staff told us, and records confirmed, that people had mental capacity assessments in place, that were decision specific and relevant to their care needs. These had been completed with appropriate people and followed best interest principles.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager explained that they had applied for DoLS for relevant people. We found that copies of all documentation had been kept. This meant that people who needed to have their liberty deprived had been assessed and approval had been gained.

People enjoyed the meals provided at the service and told us they were given choices. One person said, "The food is OK here, I don't eat much and they give me nice portions which is nice." A relative also told us they felt the food was good and that people ate very well. The daily menu was displayed in the dining room. This enabled people to see what options were available and to make an informed choice.

The catering staff told us they were aware of people's special diets and tried to make sure that everyone's meals appeared the same if possible to prevent people from feeling different. We were told, "Food is important, we need to make sure that people have what they like, they enjoy." We observed the breakfast and lunchtime meal. People were given a choice of where they ate, and were given support when required. The atmosphere was relaxed and enjoyable, and people were given plenty of time to eat and chat with others at the table. The service had been awarded five stars from the local authority food hygiene rating scheme.

People told us that they saw the doctor when they needed to. One person said, "The girls [staff] know us very well and know when we're not feeling too good; we see a doctor when we need to." We observed staff making a call to request a visit from the district nurse team for one person who appeared unwell. Documentation in people's care plans showed that health care professionals including district nurses, complex care team, opticians and chiropodists had been involved in people's care. This demonstrated that staff ensured people had access to appropriate health support when required.

# Is the service caring?

## Our findings

People told us that staff were always very kind to them. One person said, "The girls are all lovely... so are the boys [staff]." Another person told us, "We have breakfast together, and then we come in here after breakfast and have a good chat together. It's like home; it's a lovely atmosphere." People said that the kind and caring nature of staff made the service feel like a home from home for them. Relatives also echoed this view. One relative said, "Staff are always welcoming." Another told us, "[Name of Person] has been here for over a year and I'm very pleased with the help he gets – they all look after him very well."

Throughout the inspection we observed some nice touches and proactive work from the carers; the staff and people had a nice friendly bond. We saw regular chats between people and staff, with touch used for reassurance and to make a gesture more meaningful. First names were used and when other names were preferred, staff understood the impact that this would have upon people so took time to use them to engage effectively with people.

People commented on the positive ambience within the service and how this made them feel relaxed and reassured. They told us that staff were not rushed, and took the time to sit with them when they were writing their records up, chatting about events that had taken place outside of the service. People were pleased that this kept them updated about what was happening in the wider world; they felt it made them feel valued.

Staff demonstrated that they knew people's needs and preferences very well. We observed staff chatting with one person about their family who was due to visit later that day. Another person had just received some positive news about an event that had happened in their family. Staff supported the person to move to a private place to receive a phone call and then took time to congratulate them about their news. Later in the day, one staff member supported the person to go into the local village to purchase a gift and card, in preparation for them to see their family later that day. Another person was sat in the dining room after lunch on their own; we saw that staff knew how to respond to help the person settle into a more communal area with other people. Staff were able to tell us about individuals and the contents of their care plan. This demonstrated that staff understood what people's required needs were and what was important to them.

People told us they had been involved in their care plan and updates. A relative told us they had input when the care plan was originally produced and had been involved in regular reviews. Another relative said, "We have regular contact and are always updated about anything that takes place."

The registered manager told us that there was access to an advocacy service if required. People were informed of this on admission, but staff would recommend it if they felt it was appropriate. The registered manager would then contact the service and ask for a visit.

The registered manager also told us that the service must adhere to set guidelines as to confidentiality of information, how it should be used and disposed of. This showed that the registered manager had taken responsibility for confidentiality of information. Staff were aware of this and were able to explain the importance of confidentiality of information.

People told us that staff worked hard to maintain their privacy and dignity. One person told us that staff always knocked and waited before entering their room, and staff were always polite and respectful. They went on to tell us that they were quite independent but staff were always checking if they needed assistance. We found that there were small areas within the home where people could go for some quiet time without having to go to their rooms. This showed that people could be as private and independent as they were able. People also told us they could have visitors when they wanted, and they could make a drink with them. One relative said, "I visit when I want and I am made to feel welcome." This meant that people were supported to maintain relationships with family members and friends.

## Is the service responsive?

### Our findings

People and their relatives had been given the appropriate information and opportunity to see if the service was right for them before they were admitted. We found that people and their relatives were part of a robust assessment process which determined if the service could meet their needs appropriately. The registered manager told us that they provided people and their families with information about the service when they were admitted. This was in a format that met their communication needs and their ability to understand. The information included a welcome pack which provided information about the home, the facilities and the support offered.

On admission people told us that they were asked their views about how they wanted their support to be provided. For example, about their preference for their daily routine or the time they would like to go to bed. Staff told us, and records confirmed, that pre admission assessments of people's needs had been carried prior to people being admitted to the service and that this helped them to ensure they could meet people's needs.

People also told us that staff were aware how they wanted their care and treatment to be given to them. During our conversations with staff it was evident that they had a good awareness of people's needs. Care plans were specific to people as individuals and provided staff with information on how to manage people's individual needs. We saw that the care plans were reviewed on a regular basis and updated as and when people's needs changed and staff told us that they were involved in these reviews along with the person and their relative.

Relatives also told us that staff and the registered manager had kept them informed of any changes in people's wellbeing and we observed this on the day of our inspection, with visiting professionals being updated about people's needs and condition. One relative told us, "I was worried about [Name of Person's] falls when he first came in here, but he's much better now with his frame. The manager really does communicate well with us, and keeps the family informed about how [Name of Person] is getting on."

People told us they had the opportunity to enjoy a range of activities. One person said, "We do get out and about." Another person said, "We're off to the shop later after we've had a cup of tea." The registered manager told us there was a dedicated activities coordinator who was responsible for planning activities and ensuring that people received a wide range of stimulation. We looked at records which detailed when people had taken part in an activity and saw that there was a schedule of planned activities for people to participate in if they wished. This schedule was not fixed and could be determined by the wishes of people on the day they were due to take place. We observed an activity session and found that the coordinator engaged with a group of people as a whole but made each person feel valued, with their contribution to the group being noted and respected.

People we spoke with were aware of the formal complaints procedure in the home, which was displayed within the service, and told us they would tell a member of staff if they had anything to complain about. One person said, "If you have a niggles about something we just go into the office and have a chat with the

manager and it's sorted." People told us the registered manager always listened to their views and addressed any concerns immediately. We saw there was an effective complaints system in place that enabled improvements to be made and that the registered manager responded appropriately to complaints. At the time of our inspection people told us they had nothing they needed to complain about. Records confirmed that there had been no formal complaints since our last inspection.

## Is the service well-led?

### Our findings

The service had a registered manager in post and it was evident that they offered support and advice to staff. We found that they were flexible in approach and willing to work on the floor when required as they told us that this ensured they had a good awareness of people's needs and staff abilities. The people we spoke with all knew who the registered manager was, as did their relatives. One relative told us, "The manager is lovely; she was so caring and helpful when [Name of Person] first came in here, and she is always willing to stop and chat with us, about how [Name of Person] is getting on."

We found that the registered manager was supported by a team of care staff, domestic and catering staff, maintenance and administration staff. Staff said that the management structure within the home and the wider service promoted a positive feeling as they gave on-going advice and support and ensured that staff knew what was expected of them.

Staff told us that there was positive leadership in place, from the registered manager, which encouraged an open and transparent culture for staff to work in and meant that staff were fully aware of their roles and responsibilities. One staff member said, "The manager is lovely, very easy to talk to and I think we have a nice family oriented team here; everybody supports everybody else." Another staff member told us, "I've been here for two years now, but I did leave once, and the home I moved to just didn't seem right for me, so after a few days I asked the manager here to take me back, which she did, and I love it here. The residents are our family." None of the staff we spoke with had any issues or concerns about how the service was being run and were very positive describing ways in which they hoped to improve the delivery of care. We found that staff were motivated, and well trained to meet the needs of people using the service.

The registered manager told us that incidents were recorded, monitored and investigated appropriately and action was taken to reduce the risk of further incidents. It was clear that the care staff were aware of all accidents and incidents that occurred and had assured themselves that no further action needed to be taken. We found that all possible action had been taken to ensure people had medical attention if needed and to review risk factors to minimise the risk of reoccurrence. Information CQC held also showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.

The people we spoke with were very positive about the service they received. People who used the service and their relatives told us they had been asked for feedback on their experience of care delivery and any ways in which improvements could be made. They told us that this took place in the form of care reviews and relative meetings. We found that the provider analysed the results to identify any possible improvements that could be made to the service.

We asked the registered manager how they assessed and monitored the quality of the service provided within the home. We saw records of annual satisfaction surveys for people who used the service and their relatives. These records showed very positive responses and meant that the service worked well, whilst listening to people's feedback.



The registered manager told us that they wanted to provide good quality care and it was evident they were continually working to improve the service provided and to ensure that the people who lived at the service were content with the care they received. In order to ensure that this took place, we saw that they worked closely with staff, working in cooperation to achieve good quality care.

We saw that a variety of audits were carried out on areas which included health and safety, infection control, catering and medication. Where areas had been identified for improvement action plans were put in place with realistic timescales for completion. This meant that the service continued to review matters in order to improve the quality of service being provided.