

HC-One Limited

# Yew Trees

## Inspection report

Yew Tree Lane  
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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

### About the service

Yew Trees is a care home registered to provide personal care for up to 43 people in one adapted building. The service mainly supports people living with dementia who have complex needs. There were 41 people living at the home at the time of the inspection.

### People's experience of using this service and what we found

People felt safe and were supported by staff who knew them. Risks were assessed and mitigated as much as possible and lessons were learnt when things went wrong. Medicines were safely managed, and the home was clean and tidy.

People's needs were assessed, and care plans detailed specific needs around eating and drinking. Food look appetising and there were a range of drinks and snacks offered throughout the day. Staff felt well supported and completed a variety of training to help them in their role. The home made referrals to external services and sought advice when needed, and this information was incorporated into people's plan of care. The home had adaptations to meet people's needs, but some areas of the home would benefit from a programme of redecoration.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and caring and knew people well. People looked comfortable with the staff and families spoke positively about staff.

People received personalised care and care plans were consistently reviewed to ensure they met people's needs. People were supported to engage in activities as much as possible. Complaints were responded to and investigated, and people, families and staff told us they felt confident in raising concerns should they need to.

There were robust systems to ensure good oversight of the safety and quality of the home including a variety of checks and audits. Staff were clear on roles and responsibilities and were committed to ensuring people received good quality care. There were various ways to feedback views including meetings and surveys and people felt their views were listened to.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

This service was registered with us on 27 August 2021 and this is the first inspection. The last rating for the service under the previous provider was good (published on 2 April 2020).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

Good ●

### 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 well-led.

Details are in our well-led findings below.

Good ●

# Yew Trees

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Yew Trees is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Yew Trees is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the stakeholders including the local authority, professionals who work with the service and Health watch. Health watch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We reviewed information we had received about the service since it was registered with CQC. All this information was used to plan the inspection.

### During the inspection

We looked around the service to ensure it was clean, tidy and a safe place for people to live. We observed how staff cared for people throughout the day. We spoke with 2 people and 4 family members to understand their experiences of the service. We spoke with 14 members of staff including the registered manager, carers and auxiliary staff. We reviewed 4 peoples care records and additional records in relation to the management of medicines. We reviewed multiple records regarding the management and quality assurance of the service. We reviewed 4 recruitment records, and records in relation to staff training and support.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and families felt staff were able to keep them safe. We saw staff respond quickly when people showed behaviour which indicated they were distressed and provided people with the reassurance they needed. One family member told us, "The staff are brilliant. They all do their best."
- Staff had completed training regarding safeguarding, understood their responsibilities and there were policies and procedures to underpin safeguarding people.

Assessing risk, safety monitoring and management

- Staff assessed people's needs prior to them being admitted to the service to ensure the service could safely meet a person's individual needs.
- People's needs and risks were assessed and reviewed on a regular basis. Care plans were developed to guide staff on actions to take to meet a person's individual needs and mitigate risk as much as possible.
- A variety of equipment and adaptations were used to keep people safe which included a variety of alarms and sensors to alert staff where people might need assistance.

Staffing and recruitment

- The service had sufficient staff to meet people's needs. There was continuing work on ways to improve recruitment and manage the current challenges of recruitment in adult social care.
- Whilst there was some agency staff use, a consistent team of staff were mainly available to provide continuity of care for people. One family member told us, "We know the majority of the staff. They will all take time to have a chat." Staff told us they felt the staffing at the home had improved.
- Appropriate checks were being completed prior to staff working at the home. This included checks of employee's previous employment, and with the disclosure and barring service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions

Using medicines safely

- People were receiving the support they needed to safely take their medicine.
- People's medicines were being securely stored in line with guidance, including temperature checks and regular stock checks were in place.
- People had PRN protocols for in place for medicines they needed occasionally, which gave staff sufficient detail about when people may need medicines to help manage pain and discomfort.
- Appropriate advice and assessments were completed for those who required support with their medicines to be taken covertly, hidden in food and drink to ensure this was safe and in their best interest.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The home was following the guidance in place to support people living in care homes to have regular contact with friends and family. Family members told us they were free to visit and felt welcomed by staff.

### Learning lessons when things go wrong

- Systems were in place to enable lessons to be learnt when things went wrong. Accidents, incidents, safeguarding's and complaints were investigated and analysed to look for themes and trends. Steps to mitigate identified risk and improves safety was taken.



# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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. Staff developed care plans in line with people's needs. Families, and people where possible, were involved in developing care plans.

Staff support: induction, training, skills and experience

- We observed staff were responsive to meeting people's needs and people and family's feedback about staff was positive.
- Staff told us they felt well supported and records showed staff received individual and group supervision. One staff member told us, "I feel supported. If I need to talk to anyone, I can talk to any of the seniors or the registered manager. Every morning we have a huddle meeting where things get discussed."
- Staff completed a variety of ongoing training. Staff told us, "We get training all the time." and "Training covers everything you need."

Supporting people to eat and drink enough to maintain a balanced diet

- People's needs and risks were assessed to ensure people received the support they needed to eat and drink well.
- Care plans reflected where people required a specific diet such as those who required a modified diet due to difficulties with swallowing. The kitchen staff were kept up to date on people's specific dietary needs and worked hard to ensure diets which were of a different texture looked as appetising as possible. We noted that kitchen staff provided meals across two services on the site, which created additional challenges in the workload.
- Drinks and snacks were available for people throughout the day. This included a variety of snacks and fortified drinks including milkshakes for those who were at risk of losing weight.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services as needed. Records showed staff made relevant referrals to external services such as speech and language therapy and mental health services, where needed, and that their advice was incorporated into care plans. The registered manager told us they had developed good relationships with external health care services.
- Families told us staff were good at seeking medical support when needed. One family told us, "[Family member] came here on respite. With perseverance and care they have got so much better."

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

- The service was clean and tidy and free from clutter and trip hazards. There were a variety of different areas for people to sit, including main lounge areas, and seating along the corridors. Some areas within the home would benefit from updating and redecoration.
- Bathrooms were adapted, and people's bedrooms were personalised.

#### 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 MCA 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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported in line within the MCA and DoLS process. People who may lack capacity had decision specific capacity assessments and best interest decisions which covered a variety of aspects, including consent to care and treatment and areas where the person may be subject to restrictions.
- Staff completed training in this area, generally requested consent before providing support to people, and encouraged people to make decisions for themselves as much as possible.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were kindly treated by staff who knew them well. We observed staff were quick to respond to people when they started to show signs of distress and provide reassurance and support as needed.
- People looked comfortable in the presence of staff and families spoke positively about how staff treated their loved ones. One family member commented, "The staff are marvellous. The way they treat people is lovely, very respectful."

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

- People and their families were encouraged to be involved in decision making. Families told us they were involved in decision making and care planning. One family member said, "Staff really listen to us."
- We observed people were encouraged to make decisions as much as possible. For example, we observed staff consistently promoting choice about aspects of daily life, such as what people wanted to eat and drink, throughout the day.

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully by staff who were discrete when supporting people with personal care. Staff knocked before entering a person's bedroom and generally requested consent before providing care to people.
- People were encouraged to remain independent as much as possible. Care plans reflected where independence could be promoted and we observed staff would encourage people to participate in aspects of daily life such as setting dining tables.

# Is the service responsive?

## Our findings

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's records informed staff how people's care and support should be provided and was individualised and considered preferences and wishes
- Staff understood people's needs and how these should be met. Staff were able to provide reassurance and comfort to people when needed.
- People's care and support needs were reviewed at regular intervals to check this was continuing to meet their needs. Families were involved in these processes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider and registered manager understood how to meet the accessible information standards and could provide information in a variety of different formats to meet people's needs. The service would also arrange for translation services to be provided where needed. People had individual communication care plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- An activity worker supported people to engage in a range of activities, both individually and in groups. We were told external visits, such as entertainers would be arranged, and various themed events were held throughout the year. Staff spoke positively about the activities available for people and people appeared content throughout the day.

Improving care quality in response to complaints or concerns

- People and families knew how to raise concerns. Where concerns or complaints were raised these were investigated and responded to as needed. The registered manager took steps to learn from any complaints and investigations. There were policies and procedures to underpin this.
- One family member told us, "If I ever need to raise anything I can speak to the senior staff or registered manager. Whatever it is it gets addressed. The communication is very good."

End of life care and support

- End of life care plans had been developed and reflected people's preferences where appropriate.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Governance systems were robust and quality audits and checks, including infection control, care records and safeguarding were completed frequently to ensure the service was safe and people received good care.
- The registered manager, management team and staff were all committed to continuing to improve the service and providing good quality care to the people living at Yew Trees.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood and demonstrated compliance with legal and regulatory requirements. Information was being shared with CQC, safeguarding teams and other services as needed.
- The service apologised to people, and those important to them, when things went wrong. Families told us when they had raised any concerns, these were quickly resolved. One family member commented, "Staff go out of their way to find anything that has been lost."
- Staff told us how incidents and updates were discussed within regular team meetings and handovers, This helped learning across the service and ensured all staff had the most up to date information about people, their needs and policies and procedures.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff had a good understanding of their roles and responsibilities and completed training relevant to their role.
- Staff worked together to meet the needs of people living in the home. One member of staff commented, "The staff are a good bunch. Things are more stable with the staff team and we work together."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service worked in partnership with a range of healthcare professionals. The service followed recommendations and advice to deliver care and support that met people's needs and help them achieve positive outcomes
- There were a variety of forums where people, families and staff could share their views which included meetings and surveys. One family member told us, "I did an online survey recently. I feel more than able to share my ideas." Another said, "I feel staff really listen to my views."

- Staff told us they felt able to raise concerns and make suggestions within team meetings and supervisions and records demonstrated staff actively contributed to driving change within the service.