

Yew Tree Lodge (Holdings) Limited

Yew Tree Holdings Limited

Inspection report

Yew Tree Lodge
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Yew Tree Holdings Ltd is a residential care home providing accommodation and personal care to up to 26 people in one adapted building. The service provides support to people with varying needs, including dementia, diabetes and mental health needs. At the time of our inspection there were 26 people using the service.

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

People told us they felt safe and were well cared for. One person told us, "I see the staff every day. Everybody is very caring. If we aren't well, we get looked after here."

The assessment of individual risks had improved, and plans were in place to manage risks and prevent harm to people. Accidents and incidents were better recorded and monitored to prevent further incidents. People's medicines were now managed well, so people could be assured they received their medicines safely.

People were protected from potential abuse by a staff team who were clear about their responsibilities to protect people. There were sufficient staff who were suitably skilled and trained to meet people's needs. Robust recruitment processes were now in place, so safe choices of new staff were made. People were protected from infection by appropriate infection prevention and control measures.

People were supported to have maximum choice and control of their lives and staff supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People told us they were supported to make choices and decisions if they needed it.

People's needs were now assessed and reviewed regularly, and care plans provided detailed guidance for staff that was person centred. People were happy with the food provided and their nutritional and hydration needs were met. Healthcare professionals were contacted quickly if people needed advice or treatment for health concerns.

People, relatives and staff were complimentary about the registered manager, describing her as supportive and approachable. People told us all staff were kind and caring and treated them well. A more robust system was in place to monitor the quality and safety of the service. Action was taken to learn lessons and continue to improve.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 July 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was

no longer in breach of regulations.

Why we inspected

We received concerns in relation to the management and leadership, people's care and the cleanliness of the service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Yew Tree Holdings Ltd on our website at www.cqc.org.uk

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Yew Tree Holdings Limited

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 1 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 Holdings Ltd 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 Tree Holdings Ltd 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We asked the local Healthwatch for feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 used all this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and 4 relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager, senior care workers, care workers and domestic staff.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection, the provider and registered manager failed to ensure lessons were learnt and individual risks were identified and assessed to provide safe care. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and people were kept safe by improved records and processes, so the provider was no longer in breach of this regulation.

- People were now supported to stay safe. Processes were in place to make sure individual risks were identified and assessed. Plans were in place to manage and mitigate risks. Staff were able to tell us about people's risks and how they managed them. People were happy and told us they felt safe. The comments we received from people and relatives included, "No one minds helping, it's no trouble. Everyone is really nice, there are never any problems"; "If it wasn't fine, I'd tell one of them and they'd sort it out", and a relative said, "I can't fault the care, the carers are brilliant."
- People were supported to manage their health conditions with strategies to keep them safe. One person had diabetes. Their care plan and risk assessment clearly described how diabetes affected them as an individual. Guidance was in place, so staff understood what the signs were of high or low blood sugar and what to do in those situations. Information was in place for staff to support the prevention of episodes to reduce long-term health effects.
- Some people needed staff support with their mobility. Staff were guided to support people to remain as independent as possible and where mobility had declined, to support people to do as much as they were able. Individual risk assessments set out how to support people with their mobility while at the same time staying safe.
- People had a personal emergency evacuation plan (PEEP), with clear individual guidance for staff and the emergency services should they need to evacuate the building. Fire safety checks were carried out regularly. Staff had the opportunity to take part in fire drills to practice their response to an emergency situation. A maintenance person was employed to carry out repairs when needed and to make sure all appliance and utility checks were undertaken to ensure people's safety.
- Accidents and incidents were now recorded well by staff and reviewed by the registered manager each month. Action taken was recorded and care plans and risk assessments updated to reflect any lessons learnt. Themes were identified and explored, such as if falls happened at a particular time of the day, or in the same area of the building. Lessons learnt from the month were recorded and shared with staff.

Using medicines safely

At our last inspection, the provider and registered manager failed to ensure medicines were safely stored and managed. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made, people's medicines were better managed and stored, so the provider was no longer in breach of this regulation.

- People's prescribed medicines were now administered and managed safely, in line with national guidance, including the ordering, storage and disposal of medicines. Medicines were stored securely in clean, temperature-controlled conditions.
- Medicine administration records were completed accurately. Medicines were administered by senior care staff who had been trained and assessed as competent. Protocols were in place for the safe administration of as and when necessary (PRN) medicines, such as pain relief or laxatives.
- We took a random count of medicines in stock. The counts tallied with the amounts the records told us should be left. Medicines were audited regularly, by the senior staff administering medicines, and by the registered manager.

Staffing and recruitment

At our last inspection, the provider and registered manager failed to ensure robust recruitment procedures were in place. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made, recruitment processes were more robust, keeping people safe, so the provider was no longer in breach of this regulation.

- The provider's recruitment processes had improved. The recruitment records we reviewed showed staff were now recruited safely. They had appropriate checks of work history, references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient staff to meet people's needs. People told us they didn't have to wait to receive the support they needed. One person said, "The staff know me well. I feel safe, someone is around if you need them. They come as quickly as they can, sometimes they pop their head in and say back in a minute and they always come back." A staff member said they tried not to use agency staff, although did if necessary. They said, "We cover each other so don't have agency as it is not good for residents, even though they may be nice, they don't know them and aren't familiar like we are."
- The registered manager had introduced a twilight shift, a member of staff worked 6pm to 10pm to support people to get to bed and to enable the senior care staff to administer medicines safely and without distraction.
- There was a stable staff team, many of the staff had worked at the service for a number of years, which meant there were few staff vacancies. Staff told us this was because they were happy and worked well together as a team. One staff member said, "I love it here, the team are great." Another told us, "We are like one big family here, we all get on really well, real team-work."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe and they were confident to speak to someone if they didn't. One person said, "I'm never scared or worried. Staff never get at you, they

are all nice people. If I was worried or ill, I would talk to the senior and they would help." Another person told us, "I feel safe here. Staff are really nice people."

- Staff had completed safeguarding adults training and kept up to date with changes in legislation. The staff we spoke with were knowledgeable and confident.
- Staff told us the registered manager was approachable and always listened and acted where necessary. Staff said they would be confident in raising any concerns and were sure action would be taken straight away. One member of staff told us, "If we went to (registered manager) she would deal with it straight away, 100%." Staff knew which external organisations they could go to raise concerns if necessary.
- When concerns had been raised these had been dealt with appropriately and reported to the local safeguarding team and the Care Quality Commission (CQC).

Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Although the service was in need of some refurbishment, all areas were clean.
- 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 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.

Visiting in care homes

People were able to have visitors when they chose to. People and their relatives told us they could visit their loved ones regularly and when they wished. One relative told us, "I can visit anytime and take her out. Everything is so nice I can't fault it. It's casual, not regimented."

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection, the provider and registered manager failed to ensure people's rights were maintained and upheld. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made, processes were in place to protect people's rights, so the provider was no longer in breach of this regulation.

- Processes were now in place to make sure people's rights were maintained and staff were following the principles of the MCA. Mental capacity assessments had been completed where people lacked capacity to make a specific decision. A process was followed to make sure people's best interests were considered before making particular decisions.
- The registered manager had applied for a DoLS authorisation where necessary, following MCA guidance. The registered manager was aware of DoLS authorisations that had conditions attached.
- One person had two conditions attached to their DoLS, including pursuing funding to enable the person to go out regularly with a member of staff. The registered manager was pursuing this and could show that this was almost in place.
- Staff knew people well and told us how they helped people to make choices and decisions, even when

their capacity to understand was limited. Staff had a good understanding of the MCA and could describe the basic principles. One person told us, "I feel in control of what I want."

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

At our last inspection, the provider and registered manager failed to ensure people's care records were accurate and contemporaneous. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made, people's care records gave an accurate account of their care needs, so the provider was no longer in breach of this regulation.

- People's needs were assessed before moving into the service and regularly updated. The registered manager made sure care plans were developed to accurately describe people's care needs.
- Assessment tools were used to assess the risks to people of for example, pressure sores, falls and malnutrition. The tools were fully completed with the correct information and updated regularly. People's care plans and risk assessments were then developed with accurate information to keep people safe and to make sure they received appropriate care.
- One person's mobility had been declining in recent months. Their care plan and risk assessment in relation to mobility had been updated regularly to make sure staff had the most recent information that accurately reflected their needs. Care plans were individual, describing people's personal preferences, what they liked and didn't like when it came to their care.
- People were supported with their oral health. Care plans clearly described the support people needed and what their wishes were. Some people had dentures and some people had their own teeth. This was set out in their care plan and how they liked to look after their teeth, such as how often they cleaned them and what products they liked to use.

Staff support: induction, training, skills and experience

- Staff had received training to be able to provide safe care. Most training was online, but some practical courses were face to face, such as moving and handling. Staff completed training as part of their induction. New staff told us they shadowed experienced staff to enable them to get to know people and feel confident providing their care.
- Staff were knowledgeable when we spoke with them. They had the skills needed when we saw them providing support to people in communal areas.
- Staff said they were well supported and had the opportunity to have one to one supervision meetings with a senior member of care staff or the registered manager.

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

- People were supported with their nutrition and hydration needs. People were happy with the food and meals provided. The comments we received included, "Usually the staff know what I want. We get offered choices. The food is good, and we can have more, usually have more than enough. If I didn't like it, I'd tell them and get something else" and, "I'm fussy, now they know what I like and what I don't like and will get me mashed potato and fried egg if that's what I want and ice cream. They will always ask if you want something else."
- People's care plans recorded people's likes, dislikes and if they required a special diet such as low sugar or needed their food cut into small pieces.
- One person's care plan recorded they did not like 'gravy meals' and would only eat the part of the meal they liked. Their care plan was clear the person must be offered alternatives if they ate only a small amount

of their meal.

- People were encouraged to eat their meals in the dining room, so they had the opportunity to socialise. However, people could choose to eat their meals where they wished. We saw some people eating in the lounge and their bedroom, but most people ate in the dining room. One person said, "I keep myself to myself. I can join others for a meal if I want to."

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 manage their health conditions and received care from staff to stay well. Care plans clearly described the support people needed to look after their health and well-being. One person's care plan described how they were a calm and relaxed person. It went on to say if they became agitated, this would be out of character and they would need to be referred to a healthcare professional.
- Staff contacted healthcare professionals in a timely way if they had concerns about people. We heard staff on the telephone to the GP surgery during the inspection to report their concerns about one person. Later in the day, someone from the surgery visited to check the person and offer advice. The advice given was used to update the person's care plan.
- An optician was visiting on the day of inspection. All people who needed or wished to have their eyes checked had an individual appointment. A member of staff was allocated to support each person with their appointment.

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

- The premises were tired in places, in need of redecoration and some refurbishment. The registered manager was aware of this and shared an improvement plan agreed with the provider to make improvements. The work was commencing after the inspection.
- Signs were in place for people to find their way around, particularly people living with dementia. There was more than one communal area for people to sit. People chose where they wanted to spend time and could be seen going from one area to another.
- People had been able to add things into their room to make it more personal. Such as photographs of loved ones.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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

At our last inspection, the provider and registered manager failed to have robust systems in place to demonstrate quality and safety was effectively monitored and managed. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made. More effective systems were in place to ensure people received safe, good quality care, so the provider was no longer in breach of this regulation.

- The provider's monitoring processes had improved so there was a more robust approach to checking the quality and safety of the service. Audits were completed regularly and where improvements were needed, action was taken and followed up by the registered manager.
- The registered manager carried out regular audits in relation to medicines management, care planning, infection control, health and safety. When staff made a mistake such as forgetting to sign for a medicine they had administered, this had been picked up quickly through audits, so improvements were made. The registered manager had identified through auditing when care plans were not fully completed and been able to take action immediately.
- The auditing process regularly found areas that needed to improve or records that were not updated in the appropriate time. Action was taken to rectify issues. This meant people were kept safe and received good care as a consistent approach was used to continuously improve.
- The registered manager now kept a close track of accidents and incidents and identified areas that could be improved to prevent further occurrences, helping to keep people safe.
- Where incidents and accidents had occurred, the records showed that families were contacted where appropriate. People's relatives confirmed this, one relative said, "My father had a couple of falls and they informed me immediately and the doctor came."
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider had informed the CQC of significant events including incidents and safeguarding concerns.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- People said they knew the staff well and felt able to raise any issues with any staff member. People and their relatives knew who the registered manager was and said they often chatted to her. One person said, "My daughter knows what's going on with me. I feel in control of what I want. My son and daughter would know if something wasn't right. Manager (name) is a nice lady." A relative told us, "(name) is the manager I speak to her every day. She will call me in if there's a problem. We get it sorted out. I have had questionnaires asking what my relative likes and doesn't like and now everyone knows."
- People had a choice of communal areas to spend time and could go between them, choosing where they sat and who they chatted to. Some people preferred to spend time in their room and were confident this was respected. People felt they were treated equally. One person said, "There are no favourites, I get treated the same. If you are not well, they look after us here."
- Staff felt supported by the registered manager and said they were approachable. Staff felt confident if they had concerns, they would be listened to. One member of staff said, "(The registered manager) is supportive and fair, you can go to her if you need to. I feel supported enough." Another said, "(The registered manager) is really good, very supportive, would act on anything raised, I have no doubt. The seniors are really good as well – they would act and listen to concerns."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and registered manager sought feedback from people through regular meetings and questionnaires. The latest survey with people and their relatives had been returned but had not been analysed at the time of the inspection. The registered manager was considering different options to provide feedback following surveys and how to encourage more engagement in the future.
- A relative told us, "I have only had one problem. I felt my father needed a new mattress on his bed. I spoke to (registered manager) and she ordered one straight away. I have had a questionnaire to find out my views."
- Staff had the opportunity to attend staff meetings where they were provided with updates and be able to share their views, or concerns. Staff had also taken part in a staff survey. The results had not yet been analysed.

Working in partnership with others

- Since the last inspection, the registered manager had engaged in local forums and provider meetings. This had been beneficial in sharing good practice with other providers as well as providing a source of support.
- The registered manager and staff worked closely with health and social care professionals to support the provision of good quality care.