

Yew Tree Care Limited

Yewtree Care Limited t/a Yewtree Nursing Home

Inspection report

North End Road
Yapton
Arundel
West Sussex
BN18 0DU

Tel: 01243552575

Website: www.yewtreecare.co.uk

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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

Yewtree Nursing Home is a residential care home providing personal and nursing care for up to 40 people with various support needs, including brain injury, learning disability, physical and/or sensory impairment. At the time of our inspection there were 31 people using the service. The home is set in easily accessible grounds and consists of one adapted building.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

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 enabled people to access specialist health and social care support in the community. Staff supported people to take part in activities. One person said, "I feel very pleased to have landed here and I wouldn't want to be anywhere else."

Right Care

People received kind and compassionate care. Staff understood and responded to people's individual needs. Where appropriate, staff encouraged and enabled people to take positive risks. Staff knew the best way to communicate with people.

Right Culture:

People led inclusive lives because of the ethos, values, attitudes and behaviours of the management and staff. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. People received good quality care, support and treatment because trained management and staff could meet their needs and wishes.

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 1 July 2021). 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

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.

We carried out an unannounced comprehensive inspection of this service on 18 and 19 May 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

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 Yewtree Care Limited t/a Yewtree Nursing Home 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 ●

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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 undertaken by 1 inspector.

Service and service type

Yewtree Nursing Home 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. Yewtree Nursing Home is a care home with 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. Inspection activity started on 13 June 2023 and ended on 16 June 2023. We visited the location's service on 13 and 15 June 2023.

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 used all this information to plan our inspection.

During the inspection

We spoke with 8 people and 3 relatives about the service they and their loved one were receiving. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, nominated individual, deputy manager, 1 nurse, 3 senior carer workers, 1 care worker, the chef and a kitchen assistant. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 1 visiting professional about their experience of working with the home. We contacted 3 professionals to obtain feedback about the home.

We reviewed records that included 7 people's care plans, risk assessments and medicine administration records. We also looked at records relating to the management of the service, including policies and procedures, quality assurance systems, staff recruitment and training records.

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

- At the last inspection, records did not always reflect people's up-to-date care needs. At this inspection, we found that risks were recorded accurately and monitored regularly. A new electronic care system had allowed management to detail risks to people's support while carers could report any incidents in a timely manner.
- People told us they felt safe with staff support. One person said about the risks with their wound care, "They have everything set up for my dressings. It's just consistency and keeping an eye on things which they do well."
- People required support to manage other risks such as mobility, continence and nutrition. For example, many people had risks associated with their mobility and there was detailed guidance for staff to support them to move around. One person told us, "They use the hoist to move me into bed. There's always two of them and they're very careful." We observed two people being safely transferred using equipment they had been assessed as needing.
- Since the last inspection, the provider had fully implemented a new electronic care system where people's care plans and risk assessments were more accessible to carers when providing care. Records showed that risks had been regularly reviewed and information about people's support was up to date.
- Risks associated with the safety of the environment were identified and managed. Regular checks and auditing had been completed to identify what maintenance work was needed. Personal Emergency Evacuation Plans (PEEP) were in place to and provided details about people's individual support needs and how these should be met in an emergency.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff we spoke to had received training in safeguarding. They were aware of their responsibilities under safeguarding, were able to describe how they would recognise signs of abuse and knew how to report any concerns that they had about people's safety.
- The registered manager was clear about their responsibilities under safeguarding and for reporting incidents. They had consistently made local authorities aware of some incidents in line with their safeguarding policies.
- The registered manager ensured that lessons were learnt when things went wrong. Incidents and accidents were reviewed to monitor that appropriate actions had been taken to mitigate further risks and to identify any trends. For example, one person had experienced a short period where they had fallen on 3 occasions, and a referral had been made to the local falls prevention team to provide additional professional support.

- When incidents had occurred, staff had responded in an appropriate and timely manner to maintain people's safety. Incident forms had been completed correctly and escalated appropriately. One person said, "They (carers) notice things if anything is slightly wrong. They have a protocol and inform the nurses."

Staffing and recruitment

- There were enough staff in place to ensure people remained safe and have their needs met. People who required additional staff to mobilise or to eat at mealtimes were supported safely and patiently.
- The registered manager was supported by the provider in ensuring that they had sufficient staff to meet people's complex needs. We observed good levels of staffing throughout the inspection.
- Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through 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 needed support with medicines. There were safe systems in place to ensure that medicines were monitored and administered safely.
- Medicines were administered by trained nurses and could be supported by senior carers who had received the appropriate training. Staff received regular checks to ensure they remained competent. The provider had policies and procedures regarding the handling and administration of medicines.
- Medicines were stored and disposed of safely. Medication Administration Records (MAR) showed people received their medicines as prescribed and these records were completed accurately. Some people were prescribed 'as and when needed' or PRN medicines. There were clear protocols in place for staff to follow when PRN medicines were needed.
- We observed people receiving their medicines. People's medicines were administered in ways that people wanted or needed. One person said, "I get my tablets 4 times a day. It's always done on time. They know exactly what the medicines are and what I need. You can always discuss your medication like (name of tablet) and they'll listen to you."

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.

Visiting in care homes

We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

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

- At the last inspection, the provider had not always responded appropriately, or proactively sought additional support from other professionals and agencies. Referrals for specialist support had not always been made in a timely manner and there was a shortfall in maintaining appropriate recordings of visits by healthcare professionals.
- At this inspection, feedback from healthcare professionals was more positive, while coordination and partnership working had improved.
- The introduction of a new electronic care system had allowed for an improved recording and monitoring of people's healthcare input. We saw timely and accurate records that showed consistent working with professionals such as dieticians, nurse specialists, speech and language therapists and tissue viability nurses. One professional said, "I've seen lots of improvements in the last couple of years."
- Care staff and nurses at the home said that there was improved communication and coordination. One member of staff told us, "There's good communication here now. There are handover meetings daily and staff meetings each month. If nurses find something they come to me, and I'll sort it out if I can."
- People were supported to receive consistent care when they moved to the service. Information about people's health support needs and specialist input was used to inform care planning when people moved to the home.

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

- People's needs had been fully assessed prior to them moving to the home. Staff delivered care in line with standards and good practice.
- People's needs were assessed using evidence-based guidance to achieve good outcomes. For example, people who were at risk of malnutrition had risk assessments in place. The provider had implemented the Malnutrition Universal Screening Tool (MUST). The MUST tool enables providers to monitor people's risk of malnutrition. Other approved tools had been used to accurately assess people with their pressure area support and their functional mobility needs. One person said, "They've done great things here with me since I came from hospital."
- Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these.

Staff support: induction, training, skills and experience

- Staff completed a thorough induction and received ongoing training in areas that supported people's

needs. One person said, "They get new staff. They bring them up to speed and give them proper training." Staff confirmed they received ongoing training which they said was supportive of their role.

- Staff had completed training in areas such as moving and handling, learning disability support, catheter care, safeguarding, diabetes and falls awareness. One staff member said, "I completed face to face training such as moving and handling. Our main purpose is to provide comfort to the residents. We learned how to do moving and handling in a better way."
- The provider ensured that each new carer completed The Care Certificate as part of their induction process. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- People and their relatives told us they felt that staff were skilled and well trained. Staff demonstrated a good understanding of people's health conditions and care needs. One person said, "They know their job and appear to enjoy it."

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

- People were supported to eat and drink enough.
- People required support to maintain their nutritional and hydration needs as they were at risk of malnutrition and hydration without it. When some people required support to maintain a healthy weight, dieticians were consulted. Staff ensured that guidance was followed and appropriate changes to their diet were made, for example, providing people with fortified food and nutritional supplements.
- Some people required their food and fluids to be given through a percutaneous endoscopic gastrostomy (PEG). A PEG is a flexible feeding tube placed through the abdominal wall and into the stomach. It allows nutrition, fluids and/or medications to be put directly into the stomach. We observed one person being supported effectively and safely with their PEG.
- People and relatives told us that the food they were given was good. One person said, "The food is very good, there's always fresh vegetables and a good variety."
- People ate their meals where they wished and received support when required. One person used a plate guard to ensure their food remained on their plate when eating. This promotes independence, self-confidence and dignity at mealtimes.

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

- People's rooms were arranged over two floors and were easily accessible.
- The home had been adapted and designed to meet people's needs. For example, people with mobility needs were supported with appropriate flooring and handrails to support them.
- The premises included a lift for people to access the service safely and level areas to ensure those who needed mobility support were able to move freely. People's personal care needs were supported by adapted bathrooms and toilets.
- There were gardens around the home that people were encouraged to and supported to access.

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.

- Staff had been trained in the application of the mental capacity act and demonstrated an understanding of the important issues around capacity and choice.
- Mental capacity assessments had been completed where it was felt that people might lack capacity to make a specific decision, such as the use bed rails, use of sensor mats and sharing health information with professionals. When needed, best interest decisions had been made on their behalf in consultation with families, representatives and professionals. One professional said, "They recognize the need for MCA's. They will come to me for any best interest decisions."
- The registered manager had good oversight on the submission and renewal of DoLS applications and had ensured that any conditions on people's authorisations were being met.

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

At our last inspection, the lack of an effective system to ensure quality and safety at the service placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that enough improvement had been made and the provider was no longer in breach of regulation.

- The registered manager and owner had taken proactive action in response to the issues raised in the last inspection and had made improvements in a number of areas. One professional said, "The manager has improved her game and it's reflected in the home."
- Systems were in place to review and monitor risks. Communication with health care professionals has improved while a new electronic care recording system had allowed staff to input, review and monitor people's support more effectively. One staff member said, "There have been a few differences in the last year or so, one being the (care recording) system making it easier and more accessible for care staff with everything being in one place."
- Staff were clear about their roles and responsibilities. Staff told us that they communicated well together, and that the management ensured they had the information they needed to provide person centred support. One staff member said of the reasons behind the positive changes, "Staff being given more responsibilities has given them that drive to have something to work towards or have as their own responsibility instead of it just being coming into work to do 'just a job'."
- Quality assurance and auditing systems were more effective and allowed staff to monitor people's care more effectively. The registered manager completed a number of quality checks, while oversight for some areas was shared with nurses and senior carers.
- The registered manager used audits to drive improvement. For example, one audit of people's wound care support identified areas of good practice and areas where approach could be improved around dressing techniques and ordering process with pharmacies.

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

- There was an improved ethos and culture in the home, and this was reflected in staff feedback and our observations. Staff reflected on improved communication between carers, clinical staff and management, while staff told us they felt more comfortable raising issues, which were listened to. One staff member said of the management approach, "They always listen, and are good at communication. They will sort things out. The nurses are very helpful. The nurses are always there to help if needed."
- People told us that staff knew their needs well and thought they provided care that personal to them. Our conversations with staff supported this. One professional said, "I've seen lots of improvements in the last couple of years. There's more person-centred care now." One senior staff member said, "Everyone has specific needs, and we make sure every staff member knows them. We do this during induction."
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

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

- People were asked for their feedback through residents' meetings. Staff supported those people who were unable to attend these by visiting their rooms with set questions to seek their views and opinions.
- People and their loved ones told us that the management listened to their views and acted upon these. One person said, "We discuss my care all the time. They take it seriously and address it." One relative said of the management support, "She's been absolutely amazing, very supportive. She spends a lot of time explaining things to us. I have absolute faith in the care they provide. He's still here because of the care they provide."
- Staff, relatives and professionals we spoke to all commented on the improved response of management to issues raised and seeking their views. One staff member said of the management team, "The level of support from all of them has just been amazing. They have been so easy to approach and really understanding." One professional said, "I think managing family relationships are much better."

Working in partnership with others

- The registered manager and clinical staff worked successfully with a wide range of stakeholders involved in people's care. This included health professionals and safeguarding authorities. Staff had developed positive working relationships with a range of health and social care professionals.
- Improvements had been made in the responsive of staff to identify the need for external support and make the appropriate referrals. Partnerships had been formed with professionals within the falls prevention service, tissue viability team, GPs and Speech and Language Therapists for example.