

Review of compliance

<p>Yewtree Care Limited Yewtree Care Limited t/a Yewtree Nursing Home</p>	
Region:	South East
Location address:	North End Road Yapton Arundel West Sussex BN18 0DU
Type of service:	Care home service with nursing
Date of Publication:	October 2012
Overview of the service:	<p>Yewtrees is a care home registered for the regulated activity accommodation for persons requiring nursing or personal care. It can accommodate up to 40 people. The home provides nursing and personal care for people with physical, mental and learning disabilities.</p> <p>The registered provider is Yewtree Care Limited for whom the responsible</p>

	individual is Mrs Laxmiben Patel. The registered manager is Janette Mary Li-Kam-Tin.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Yewtree Care Limited t/a Yewtree Nursing Home was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 5 September 2012, observed how people were being cared for, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We spoke with four people in the home. One person told us "I like the food, I had chicken today". We were told "We did exercises today and there is bingo tomorrow". Another person told us "I like it here" and another told us "I could complain to whoever is in the office".

However many of the people that lived at Yewtrees were unable to tell us about their experiences. To help us to understand the experiences people had we spent time observing what was going on in the home, how people spent their time, the support they received from staff and whether they had positive outcomes. This was called the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

From our observations we found that overall people had positive experiences. The staff were seen speaking to people in a kind and respectful way. The staff responded promptly to requests for assistance and they ensured people had frequent hot and cold drinks.

We spoke to two visitors who were very complimentary about the home. We were told that the home was very clean and that the staff were very kind. They informed us that they had been very involved in the admission process, had been visited at home prior to the persons admission and that any requests they had made regarding personal care had been acted on. They confirmed a recent barbeque celebrating the Olympic games held in London.

One social work professional visiting told us that the Home "was fantastic for clients". It was confirmed that any specific equipment needed was provided by the home. We were

told it was a very positive move for the client and that the staff were very "open and transparent".

What we found about the standards we reviewed and how well Yewtree Care Limited t/a Yewtree Nursing Home was meeting them

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People experienced care, treatment and support that met their needs and protected their rights.

The provider was meeting this standard.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was meeting this standard.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

The provider was meeting this standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

The provider was meeting this standard.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We spoke with people in the home, however many of the people that lived at Yewtrees were unable to tell us about their care experiences.

We spoke to relatives and a social care professional to gather evidence of people's experience of work in the home. Comments were very positive.

Other evidence

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We looked at care records for three people. People's needs had been assessed prior to moving into the home and were reviewed and updated on an ongoing basis. Relatives confirmed that the person had been assessed at home prior to being admitted. This assessment and review meant that information recorded reflected the current needs of each person. All physical, emotional and social needs were addressed and set out in individualised plans.

Risk assessments were in place for issues such as use of bedrails, choking, use of lift, nutrition, skin and moving and handling.

We observed the hoist being used correctly.

There was a hospital passport and a personal evacuation plan in the records.

Relatives told us that care of diabetes for the person they were visiting was good and that blood glucose was recorded appropriately. We saw this in the care records.

Relatives told us that the staff were very attentive and observant, that they had identified an infection very early which meant the person had prompt treatment and did not suffer unduly.

The social care professional told us that any request for equipment such as pressure relieving equipment was met immediately.

We also saw that the dietician oversaw care of people who have a perigastric (PEG) feed which is a system to feed people directly into the stomach via a tube.

People were taken out to medical appointments as required. Other professionals visited the home as required; chiropodist, dietician, general practitioner, tissue viability nurse and social work professionals. All visits were recorded.

There was an activities coordinator in the home and there were suitable activities on offer for people and these were posted on the notice board. The activities people had been involved in were recorded. Relatives spoken with confirmed that activities took place. Two people attend a day centre in Bognor Regis.

Our judgement

People experienced care, treatment and support that met their needs and protected their rights.

The provider was meeting this standard.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We spoke with people in the home however many of the people that lived at Yewtrees were unable to tell us about their care experiences.

We spoke to relatives and a social work professional to gather evidence of peoples safety in the home.

Other evidence

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We were told that there was training in place for safeguarding adults. We were shown evidence of this training.

We saw that up to date policies and procedures were available in the home for staff to consult.

Staff demonstrated an awareness of safeguarding adults' policies and procedures. We were told all incidents would be reported promptly to West Sussex adult services and to the Commission. There had not been any recent allegations reported.

The relatives and social work professional spoken with felt people were safe in the home. The social work professional told us that the staff was very open and

transparent.

Our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was meeting this standard.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

We spoke with people in the home however many of the people that lived at Yewtrees were unable to tell us about their experiences.

We observed people receiving their medication on time and we inspected medicine storage and documentation.

Other evidence

Appropriate arrangements were in place in relation to obtaining, recording, administering, safe keeping and disposing of prescribed medicine.

We were shown where medication was being stored. There were appropriate storage facilities for all prescribed medication including controlled drugs. There were not any controlled drugs in the home at that time. A drugs fridge was available, there was not any refrigerated drugs at the time of the visit.

We were told that that all staff had received relevant training and that included training by the dietician on PEG feeding.

We examined medication records. We noted that medication that had been received, administered and disposed of had been appropriately recorded. Medication administration records were up to date. The home held medication policies and procedures which staff could consult.

A self medication assessment was available. There were not any people self medicating.

We discussed the administration of 'as required' medication that had been prescribed for intermittent use. This was being managed correctly. We saw that care records for people prescribed medication for short periods to treat a specific condition, for example, cellulitis or a chest infection, were in place.

Our judgement

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

The provider was meeting this standard.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

We spoke with people in the home however many of the people that lived at Yewtrees were unable to tell us about their experiences.

We spoke to relatives and a social work professional to gather evidence on how staff treated people in the home.

Other evidence

The social work professional told us that on visits staff were observed interacting appropriately with people. We also observed this directly during our SOFI.

Staff received appropriate professional development as detailed in policies.

There was an ongoing training programme in place which was up to date. Staff received training in moving and handling, food hygiene, infection control, health and safety, control of substances hazardous to health, first aid, safeguarding adults and fire.

Other training on offer for staff was nutrition, diabetes, challenging behaviour, learning disabilities, communication, risk assessment, wound care and end of life care. The activities coordinator had done some training specific to that. We saw evidence of this training.

Staff spoken with confirmed that they had received training.

There was an induction programme in place and staff spoken with confirmed that this took place.

We saw a supervision programme and records and these were up to date. Staff confirmed that they found the supervision process useful.

Staff told us that they felt supported and that they could approach the manager with any problem.

Our judgement

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We spoke with people in the home however many of the people that lived at Yewtrees were unable to tell us about their experiences.

We spoke with relatives and we examined records held by the management detailing how the service was assessed and monitored.

Other evidence

People who use the service, their representatives and staff had been asked for their views about their care and treatment and this had been acted on.

We spoke with the nominated individual who informed us of the processes that had been used to monitor the quality of the service provided. This included monthly audits of areas such as care plans, equipment, health and safety, staff training, accidents and incidents, complaints and environment.

We were told there were staff meetings. Minutes of these meetings were available.

We saw evidence that registration with The Nursing and Midwifery Council was recorded and was up to date for all registered nurses.

We saw a communication diary to aid communication between staff and relatives. Relatives spoken with confirmed that communication was good.

The health and safety audits demonstrated that health and safety issues had been regularly scrutinised and the maintenance of the premises had been regularly checked. The external grounds were well maintained and safe.

We saw that three monthly residents and relatives surveys took place. These were in an accessible format and we saw where requests were actioned, for example, menu changes.

Relatives were regularly invited to social events as another way of communicating and seeking their views.

All documentation such as service user guide and statement of purpose were in an accessible format.

Our judgement

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

The provider was meeting this standard.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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Author	Care Quality Commission
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