

Sanctuary Care Limited

Nunthorpe Oaks Residential Care Home

Inspection report

114 Guisborough Road
Nunthorpe
Middlesbrough
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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

Nunthorpe Oaks Residential Care Home is residential care home providing personal care for up to 56 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 49 people using the service.

Support was provided to people in one purpose-built building across three floors. There are several communal areas and there is a large garden for people to use.

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

People's medicines were managed safely and there were enough staff available to meet people's needs. People told us they felt safe. The staff team were consistent and had a good understanding of how to care for people who lived at the service.

Staff received regular training, supervision and appraisal. 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 worked effectively with external professionals to ensure people received the support they wanted and needed. People told us staff were kind and caring. Relatives were positive about the care and support provided.

The home had been recently decorated and had a homely feel. However, the decoration and décor was not always dementia friendly. We have made a recommendation about this.

Care plans were regularly reviewed, and staff could access relevant information to ensure they continued to provide the support people needed. People were supported and encouraged to undertake activities and maintain social relationships to promote their wellbeing. There were a wide range of activities to part take in.

The registered manager was well respected by staff. Staff felt well informed and supported to undertake their roles. Systems were in place to monitor and improve standards at the service.

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

Rating at last inspection

The provider of this service changed on 20 July 2020. The service was rated requires improvement under the previous provider and breaches of regulations were identified (report published 21 November 2019). We returned to the service on 21 September 2020 to review the key questions of safe, effective and well-led only. We found the provider was no longer in breach of regulations. However, following that inspection, the service was still rated requires improvement (report published 9 November 2020).

This is the first full inspection of the service under the new provider.

At our last inspection we recommended that procedures for managing creams and lotions were reviewed. At this inspection we found the provider had acted on these recommendations and improvements had been made.

Why we inspected

This was a planned inspection to assess the standard of care delivered by staff and award a rating under the new provider.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Nunthorpe Oaks Residential Care Home

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 two inspectors 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

Nunthorpe Oaks Residential Care 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. Nunthorpe Oaks residential Care Home 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 service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 and sought feedback from the local authority and professionals who work with the service. We used all this information to plan our 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 four people and seven relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, regional manager, deputy manager, team leaders, care assistants, and the head chef. We also spoke with five professionals who worked with the provider.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment. 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.

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

- People were protected from the risk of abuse, harm and neglect. Staff were up to date with their safeguarding training. Staff did not have any current safeguarding concerns but told us how to report concerns if they did.
- The registered manager monitored and reviewed incidents, and lessons were learnt to keep people safe.
- People told us they felt safe at Nunthorpe Oaks. One person told us, "The staff make me feel safe, if I need anything, they are there to support me."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and welfare were assessed and managed. When a risk was identified, action was taken to ensure people were referred to the relevant health care professional and the risk mitigated.
- Staff were given sufficient information around managing risks to people and what those risks were.
- Care records were not always clear in relation to people's dietary needs. The registered manager amended the records immediately to ensure this information was clearer.
- Health and safety certifications were up to date including water checks, electrical, gas and fire safety procedures.

Staffing and recruitment

- There were enough staff to support people safely. The registered manager monitored staffing levels to ensure there were enough staff on duty to meet people's needs. One member of staff said, "There are enough staff on shift, and I know we are recruiting as well."
- People and relatives said staff were always around when people needed help. One person told us, "They come quickly if I use the buzzer." A relative said, "There are plenty of staff walking around the floor to support."
- A range of pre-employment checks were carried out to ensure only suitable staff were employed. These included obtaining references and checking employment histories.

Using medicines safely

At our last inspection we recommended procedures for managing topical creams were reviewed. The provider had made improvements.

- Medicines were managed safely. Stocks were monitored to ensure people had their medicines available

when needed and were stored securely.

- Staff were competent at administering medicines safely and completed the medicines administration records accurately.
- People received their medicines, including creams and lotions, as prescribed.
- Medicines audits were completed monthly. These checked the safe storage of medicines, whether staff had received training, the quality of records and if people had received their medicines as prescribed.

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 meeting shielding and social distancing rules
- 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 accessing testing for people using the service and staff.
- 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 was in line with government guidance and health professionals' advice. Visitors were not restricted in any way and safety was promoted while on site. For example, PPE was provided for visitors and screening of negative COVID testing.

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 good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The decoration and décor were not always dementia friendly. There was a lack of sensory items for people with dementia to interact with, and signs could be more obvious to help people navigate around the home. We recommend the provider consider best practice guidance to help create a more dementia friendly environment.

- The home had been recently decorated and had a homely feel. It was generally well maintained.
- A coffee bar had been built for people. This encouraged them to live independently and provided an area within the home where people could be alone if they wished or spend time with their loved ones.

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

- Staff robustly assessed people's needs. Detailed care plans and risk assessments were in place. This ensured staff had an appropriate level of information to support people's individual and diverse needs and preferences.
- Staff delivered care and support in line with best practice guidance.

Staff support: induction, training, skills and experience

- There were effective systems in place to support and supervise staff. Staff received regular supervisions, this included one to one sessions and spot checks of their competencies.
- Staff told us they felt supported in their roles. Staff had regular meetings with the registered manager to talk about their work.
- The provider had a training plan in place to ensure staff regularly received the training they needed to be effective in their roles. One staff member said, "The registered manager is brilliant; they make us aware of any extra training we can do."

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

- Records were not always consistent around who required fortified drinks and snacks. We fed this back during the inspection and the registered manager amended the records immediately to resolve this.
- People were supported to eat and drink enough to maintain a balanced diet.
- People had a choice of food and drink, and best practice was followed at mealtimes. Two options were plated and shown to people to help them choose themselves what they would like. If people wanted something which was not on the menu, this was catered for.
- People were offered support and encouragement to eat their meals when needed.

- People told us they enjoyed the choice of meals and were always offered drinks and snacks. People praised the quality of the meals and food provided. One person said, "The food is very good."

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

- Staff worked effectively with other agencies to monitor and promote people's health and wellbeing. People were regularly reviewed by external professionals involved in their care. A relative told us, "[Person] had an infection, they got the doctor straight out."
- We received positive feedback from health care professionals and commissioners regarding their involvement with the service.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.

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 worked within the principles of the MCA when making decisions for people who lacked capacity to do so themselves. Records showed how decisions were made in people's best interests, and how relatives and professionals were involved where appropriate.
- DoLS were applied for and monitored appropriately.

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 domain under the new provider. 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

- Staff treated people well. Staff had received training in equality and diversity to support them with this.
- Care plans contained information about people's choices and the support staff were to provide, to ensure people's individual needs were met.
- People appeared well presented and cared for. People fed back how happy they were and felt well looked after. One person said, "I love it here, I am well looked after."

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

- People and relatives were supported to express their views.
- Relatives told us they were always kept up to date with what was happening at the home and with their loved ones. One relative told us, "The home is in touch all the time about [person's] care, I am kept well informed."
- Kind and caring interactions were observed during the inspection. Staff engaged with people, were attentive and gave people choice.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. There were juice stations available for people to help themselves throughout the home.
- We saw staff respected people's private space such as bathroom and bedrooms. Staff knocked on doors and waited for a response before entering rooms.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this domain under the new provider. 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 had detailed and personalised care plans in place. They included information for staff about people's life history, care and support needs, interests, likes, dislikes and preferences and people that were important to them. They also included information for staff about how people wanted to receive their care and support.
- Care plans were consistently updated to reflect people's changing needs.
- Staff were able to discuss people's needs and preferences. Handovers took place at the start of each shift to ensure incoming staff knew about any changes.

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 registered manager and staff understood the accessible information standard. People's communication needs were identified and recorded in their care plans.
- The registered manager told us documents could be provided in alternative formats if required, such as large font or easy read.

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

- People were supported and encouraged to undertake activities and maintain social relationships to promote their wellbeing. There were a wide range of activities to part take in. The home had three ambassadors which people could go to, to give feedback on activities.
- Activities information was clearly displayed in communal areas with pictures and the timetable for the week.
- Staff helped people maintain friendships and relationships that were important to them. One relative told us, "I can visit at any time" and another said, "They've made friends here."

Improving care quality in response to complaints or concerns

- Complaints were handled effectively. The provider had policies and procedures in place to handle complaints. People, relatives and staff told us they were comfortable raising any issues, and that the

registered manager dealt with them promptly and openly.

End of life care and support

- At the time of our inspection nobody at the service was receiving end of life care, but policies and systems were in place to provide this should it be needed.

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 good. The rating for this key question has remained 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

- The culture was person-centred. Systems were in place to obtain and respond to the feedback of people, relatives and staff. People said they were confident issues would be addressed if they raised them.
- Staff told us the registered manager was open and approachable, with one staff member describing them as, "A brilliant manager." The leadership of the service had a positive influence on the performance and caring approaches taken by the staff team.
- The registered manager was passionate about the service, the people and their relatives. Feedback from people included, "I see the manager around all the time, she comes to sit and chat with us."

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 their responsibility in relation to the duty of candour and the need to report certain incidents to CQC, and had systems in place to do so.
- People and relatives said they had regular and open communication with the service. Records showed that updates were sent when needed. One relative told us, "If anything changes, they are straight on the phone."

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

- Staff understood their responsibilities and what was expected of them. Staff participated in team meetings and received supervisions. This gave staff the opportunity for learning and development.
- The registered manager carried out a range of checks and audits to monitor and improve the quality of the care and support people received. Action was taken to improve procedures and practice when audits identified issues.

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

- The registered manager held team meetings to gain staff feedback and share information, with actions to learn lessons and improve.
- The provider recognised and rewarded exceptional staff performance through their employee of the month scheme, for which relatives, people and staff had the opportunity to nominate.

Working in partnership with others

- Staff worked in successful partnership with a range of external professionals and agencies to ensure people received the support they wanted and needed.
- The provider was taking part in a charity morning to raise money and support the food bank appeal.