

Sanctuary Care Limited

Nunthorpe Oaks Residential Care Home

Inspection report

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23 September 2020

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Nunthorpe Oaks care home is a residential care home for up to 56 older people. At the time of inspection 26 people were living at the home.

The care home supports people in one purpose-built building across three floors. There are several communal areas for people to enjoy and there is a large accessible garden.

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

We received mixed reviews about staffing levels at night and staff confidence in raising concerns. The regional manager said these concerns would be reviewed straight away. Improvements were needed to management of topical creams and records to manage risks. We have made a recommendation about these concerns. Staff had good knowledge of people's needs. Good procedures were in place to manage the risks of infection.

People said they received good care. One person said, "I am well looked after; the care is fabulous, it's fantastic. Staff couldn't do more for you." A relative said, "The staff work so hard. The best thing about the home is the caring staff."

Staff had the right skills and experience to look after people. They took action when people's health needs changed. People were positive about the menus. People were involved in their care. They had choice about their care and staff respected their decisions.

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.

The senior leadership team had been focused in their efforts to make improvements to the home. Quality monitoring tools had been effective in identifying where changes needed to be made. Feedback had been addressed and the culture of the home had improved. Staff said they enjoyed working at the home.

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

This service was registered with us on 20 July 2019 and this is the first inspection. The last rating for this service was requires improvement (published 21 November 2019) and there were two breaches of regulation. The previous 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.

The home remains rated requires improvement. It has been rated requires improvement for two consecutive inspections.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 15 October 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and 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.

In addition, 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 coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. 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 Nunthorpe Oaks care home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 ●

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 Care Act 2014.

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

One adult social care inspector and one assistant inspector carried out this inspection.

Service and service type

Nunthorpe Oaks care home is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

We announced this inspection ten minutes prior to our arrival to the home. This supported the home and us to manage any potential risks associated with COVID-19.

What we did before 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 also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public

about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and eight relatives about their experience of the care provided. We spoke with 15 members of staff including the regional manager, registered manager, assistant manager, three team leaders, seven care workers, a maintenance member of staff and a laundry member of staff.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At the last inspection risks to people were not effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff understood and managed the risks to people. People received timely care. People said they were happy with their care. Comments included, "I get good care and the staff are really good" and "They [staff] do their best for me and that is all I can ask for."
- The quality of care records to manage risk had improved. There were gaps within care records, however they had been highlighted during quality assurance checks. Action plans were in place to address these.
- Certificates to maintain the health and safety of the building were up to date.

Using medicines safely

At the last inspection, the provider had failed to ensure systems were in place or robust enough to demonstrate medicines were managed safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst some improvements were still required regarding topical medicines, enough improvement had been made at this inspection that the provider was no longer in breach of regulation 12.

- Continued improvements were needed to ensure topical creams were managed safely. People did receive their topical creams, but not as prescribed. Recording around topical creams was not consistent. The provider had identified these concerns through their own quality monitoring and actions had been put in place to address this.

We recommend procedures for managing topical creams are reviewed.

- People received their prescribed medicines when needed. The quality of recording in relation to tablets and liquid medicines had improved. Staff had been proactive in addressing ordering issues with GP surgeries.

Learning lessons when things go wrong

- Staff understood their responsibilities in raising concerns and discussing general issues. However, staff gave mixed reviews about whether they felt they could do this. We shared these concerns with the regional

manager to allow them to take appropriate action to address this.

- Improvements had been made since the last inspection. The management team had been proactive in reviewing all areas of the home and putting new procedures in place. A relative said, "Staff will bend over backwards for you. They do listen and I think the care home has improved over the last few months. They have new management in [the home] and they've got more of a grip on everything."
- Accidents and incidents were regularly reviewed. Actions had been taken to minimise any further risk of harm.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. Minor issues identified during inspection were addressed straight away.
- 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.

Systems and processes to safeguard people from the risk of abuse

- Improved safeguarding procedures were in place. The number of safeguarding incidents had reduced. Staff said when they raised a potential concern, they did not receive any feedback about this. The regional manager said this would be addressed and a new procedure would be put in place.
- During the Covid-19 pandemic, relatives had maintained communication with people through telephone and video calls. Staff had kept relatives up to date when they rang the home. Relatives said communication through these methods had provided them with reassurance their loved ones were safe.
- People and relatives said the home was safe. Comments included, "I am safe. I get good care and the staff are really good" and "My mum is exceptionally well cared for."

Staffing and recruitment

- There were enough staff on duty with the right skills to safely care for people. People and relatives said, "There's plenty of staff, I don't have to wait for anything" and "I cannot fault the staff. They are superb."
- We received mixed reviews about staffing levels at night. The provider said this would be reviewed.
- Safe recruitment procedures were in place.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At the last inspection, the provider had failed to maintain accurate and complete care records for people. This placed people at risk. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The quality of care records had improved. Staff used electronic devices to record when care had been delivered. This supported the management team to have oversight of people's care.
- People said they were involved in their care. They made decisions about how they wanted their care and they were kept up to date when referrals to health professionals took place.

Staff support: induction, training, skills and experience

- Staff were supported to provide good care to people. This included induction, supervision and training. One staff member said, "I've had enough support and they've [management] been really good to me." People received good support from staff.
- People and relatives said staff knew their needs well and had the right training to care for them. Comments included, "The girls [staff] are all good. I have no issues," and "All the staff are caring, kind and very attentive."

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

- People were supported with their nutritional intake. They spoke positively about the food provided. We observed a positive mealtime experience.
- Staff were aware of people's dietary preferences, likes and dislikes. When people's needs changed, they were kept updated. Comments included, "The girls know my needs. I'm a coeliac so they need to know how to look after me" and "[Person] is a special diet. The chef always goes out on a limb and finds different things for [person] to eat so they aren't always eating the same thing. It really is excellent."

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

- The home was in the process of being updated at the time of inspection. People and staff had been kept up to date about this and had been involved in making decisions about decoration.
- The environment met people's diverse care, cultural and support needs. There were a variety of communal spaces for people to spend their time.

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

- People had regular access to health professionals as part of their care. Care records had been updated to reflect changes in people's health conditions. Staff had good knowledge of the professionals involved in people's care.
- People and relatives said staff were proactive in seeking additional support from professionals when needed. Comments included, "They [staff] do their best for me and that is all I can ask for" and "They [staff] get a doctor for me if I want one."

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff followed the principles of the MCA. They supported people to make decisions. People said they had choice in all aspects of their care and staff respected their decisions.
- Care records reflected decision making. Staff had been proactive in seeking authorisations for people when 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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; 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 the last inspection, the provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the services. This put 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. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Quality assurance measures had improved. They had highlighted where improvements needed to be made. Action plans were in place to support these improvements.
- There was good oversight in place from the senior leadership team to support ongoing improvements in the home. This included audits, observation and feedback. Accountability was in place at all levels to ensure a system of quality assurance was maintained.
- Lessons had been learned since the last inspection. Improved procedures were in place to ensure people continually received good care. One staff member said, "There have been lots of changes going on. We do our best and try to keep on top of things."

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

- The culture of home had improved. Staff worked together to provide care to people which led to positive outcomes for them. Staff said, "All staff work well together. The hands-on care is fantastic" and "Staff have started to work together more efficiently."
- The senior leadership team had provided consistent oversight of the home. They had led change and staff had supported them to make positive changes in the home.
- Staff said they enjoyed working at the home. People were treated with kindness and compassion. One staff member said, "We all know each other, and we know the residents. It makes a difference. Residents are important to us. We work as a team and make sure residents are well looked after."

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

- People, relatives and staff had been kept up to date about improvements taking place at the home. Staff said they felt involved and had a role to play in making improvements.

- Feedback from professionals had been addressed. The senior leadership team had robust procedures in place to embed change; there was a strong emphasis on making continued improvements.
- People were supported to maintain relationships with those important to them. Staff supported people to make telephone and video calls. The home had been successful in obtaining funding to have a separate building in the garden to support people to receive visits from relatives during the pandemic.