Joseph Rowntree Housing Trust

The Oaks

Inspection report

Hartrigg Oaks, Lucombe Way
New Earswick
York
North Yorkshire
YO32 4DS

Tel: 01904750700
Website: www.jrht.org.uk

Date of inspection visit:
09 July 2018
16 July 2018

Date of publication:
22 August 2018

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?	Requires Improvement

Summary of findings

Overall summary

The Oaks is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is purpose built and is registered to provide care and accommodation for up to 42 older people, some of whom need nursing care or have a dementia related condition. The care home forms part of the Hartrigg Oaks retirement village in New Earswick, on the outskirts of York.

The service also provides personal care to people who live in their own bungalows on the Hartrigg Oaks site. Not everyone living in the bungalows receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. We do not inspect the premises of people receiving regulated activity in their own home. Facilities at the care home include a gym, coffee shop and swimming pool; these can be accessed by people who live at the home or those who live in their own bungalows on the site.

At our last inspection in February 2016 we rated the service Good. At this inspection we found the evidence continued to support the rating of Good overall, although the key question: 'Is the service well-led?' is now rated Requires Improvement. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The Oaks did not have a registered manager, which is a condition of their registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A new manager was due to start in post the month after our inspection.

We found staff morale and people's confidence in the leadership of the service had been affected by a staffing consultation which was on-going at the time of our inspection. The provider was working to try and address people's concerns and provide reassurance in relation to the proposed changes.

People told us they felt safe and staff knew how to protect people from avoidable harm. Risk assessments were in place and updated when required. Staff completed safeguarding training and were aware how to report any concerns. Accident and incidents were monitored, to identify trends, learn from issues that had occurred and prevent recurrence. Appropriate responsive action was usually taken, but we found one example where action identified still need to be completed.

Appropriate checks were completed before staff commenced employment, to ensure they were suitable to work vulnerable people. There were sufficient, suitably trained staff to keep people safe. People told us staff

were generally very responsive to their needs, but we received some concerns about recent staffing issues impacting on staff being able to respond to people as quickly as usual.

Medicines were stored, administered and recorded safely. The premises were clean and well maintained to keep people safe. People were supported with their nutritional and healthcare needs and had access to healthcare professionals when they needed them.

Staff received an induction and training to give them the skills and knowledge they needed for their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We received very positive feedback about the staff and it was evident that people and staff knew each other well. People told us that staff were caring and treated them with respect. People's dignity was maintained and their independence promoted.

The environment was stimulating and people could access an extensive range of activities of their choosing.

The provider had a policy in place for responding to complaints and people told us they would feel comfortable raising any concerns.

Care plans included information about people's needs and preferences and were usually regularly reviewed. We found some minor issues with care files but, on the whole, they gave staff sufficient appropriate information to meet people's needs. There were quality assurance systems in place to monitor the quality and safety of the service.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service has deteriorated to Requires Improvement.	**Requires Improvement**

The Oaks

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 9 and 16 July 2018. The first day was unannounced. We told the provider we would be returning for the second day of the inspection.

The inspection was carried out by two adult social care inspectors and one expert by experience on the first day of inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Day two was carried out by one adult social care inspector.

Before our inspection, we looked at information we held about the service. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service, such as notifications we had received from the registered manager. A notification is information about important events which the service is required to send us by law. We sought feedback from the local authority quality monitoring team prior to our visit. We planned the inspection using this information.

During the inspection we spoke with 10 people who lived at The Oaks care home and five people who received personal care in their own bungalows. We spoke with one visiting healthcare professional and three relatives of people who received a service. After our site visits we received feedback, via the telephone or our website, from a further eight people who lived in bungalows on the site and used the facilities at The Oaks, but were not in receipt of a care package. They are therefore referred to as 'visitors' in this report.

We spoke with the Interim Home Manager, Head of Care, Nominated Individual for the provider, General Manager for the property and bungalows, Training Manager and Deputy Head of Quality and Compliance. We also spoke with the deputy manager with responsibility for the personal care community support packages, three nurses, three care staff and a volunteer.

We looked at a range of documents and records related to people's care and the management of the service. We viewed four people's care records, medication records, three care staff recruitment and induction files, training records and a selection of records used to monitor the quality of the service. We also spent time in the communal areas of the home and made observations throughout our visits of how people were being supported. We carried out observations using the short observational framework for inspections (SOFI). SOFI is a tool used to capture the experiences of people who use services who may not be able to express this for themselves.

Good

Is the service safe?

Our findings

People we spoke with confirmed they felt safe living at The Oaks or living in their own bungalows with care staff visiting them. One person commented, "I have an alarm if I need help and there are people nearby." Another told us that there was lots of security in place to keep people safe and explained to us how their safety and privacy was protected. For example, "I have key fobs for entry in to and around the service. I have a key for my room and my balcony door. I can look after my own safety. Every Tuesday there is a fire drill and we all know what to do." Relatives and visitors were confident that people were safe and well cared for.

Staff received training in safeguarding vulnerable adults from abuse and were aware of the action they should take if they had any concerns. The provider had a safeguarding policy and access to the local authority multi-agency policies and procedures.

Staff were appropriately vetted prior to their employment, to ensure they were suitable to work with vulnerable people. This included seeking references from previous employers and a Disclosure and Barring Service (DBS) check.

There were enough staff to meet people's needs. The provider used a dependency tool to assess the amount of staff required to support people safely, according to their level of need. We reviewed staff rotas and observed staff responded promptly to people's requests and call bells during our inspection. We did however, receive feedback from some people that lived at The Oaks that they had noticed an increase in the use of agency staff in the two months prior to our inspection and two people told us staffing levels had recently impacted on them being able get a bath at their normal time. They also felt response times from staff had become slower. The provider investigated these issues and assured us of the action they would be taking to monitor the situation.

Medicines were appropriately managed, stored, recorded and administered. Staff received medication training and were observed to check their competency before being allowed to support people with their medicines. We observed staff supporting people appropriately with their medicines. People told us they received their medicines on time and were given pain relief when they needed it.

Risks to people's safety were assessed. We found examples which showed that staff acted to minimise risks that had been identified. For instance, providing someone with a falls detector due to their risk of falling and making sure pressure relieving equipment was in place, where people were at risk of developing pressure sores. We observed staff using hoisting equipment safely.

The provider monitored the number of accidents and incidents each month and used this information to look for any patterns. This helped them to identify where further action or improvement may be required. We found one recent example where an identified action, in relation to a change in the person's medicines, had not been fully implemented by the time we inspected. The provider discussed this with staff and took action to address this.

We found checks of the building and equipment were carried out to ensure the environment and equipment was maintained safely. This included checks on the fire alarm, gas safety and electrical wiring. A sluice room door was not locked on the first day of our inspection, but the provider arranged for a new lock to be fitted and this was in place when we returned on the second day. Arrangements were in place to prevent and control the risk of infections, including cleaning schedules and domestic staff. The building was clean and there were no malodours.

Good

Is the service effective?

Our findings

People we spoke with felt that staff had the appropriate skills to care for them effectively. One person confirmed, "Absolutely, unlike many care homes, staff have been here a very long time and are very experienced. They know people well". Other people gave specific examples to demonstrate why they felt staff were well-trained; these included the staff's ability to respond to their individual health conditions.

Staff received a comprehensive five-day induction when they started in post, in line with the requirements of the Care Certificate. Training was well organised and included topics such as health and safety, medication and people handling (safe moving and positioning). Staff competence was assessed and recorded following practical training. Staff we spoke with felt their training equipped them for the role. Staff received individual and group supervision and had an annual appraisal. We noted some staff supervisions were overdue. Staff meetings took place and there were also staff handover meetings each day. We observed a handover meeting and saw that staff shared key information to plan the shift effectively.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). In the community, applications must be made to the Court of Protection. We found the provider conducted mental capacity assessments in relation to specific decisions and DoLS authorisations were in place, or had been applied for, for people who required them. Where people had a Lasting Power of Attorney (LPA) for health and welfare decisions or for finances the provider requested, and retained, evidence of this. This helped ensure that relatives were only asked to sign to consent to decisions for which they had legal authority.

Staff demonstrated an awareness of the MCA and throughout our inspection we observed staff seeking people's consent before assisting them. For example, on one occasion we saw staff asking someone if they would like to be helped to move (in their wheelchair) to the dining room. It was not clear from the person's initial response if they wanted to go, so staff waited and asked again a few minutes later. They tailored their approach and waited until it was clear the person was in agreement before supporting them to move.

There were systems in place to assess people's needs and choices in line with legislation and best practice. An assessment was conducted prior to people moving to the home. We found the environment was suitable for people's needs, as it was spacious and accessible. People could access facilities at the home, such as the restaurant, gardens, hair salon, shop, swimming pool and gym. The general manager for the property told us about plans and investment agreed for renovation of the care home over the forthcoming year. This included new flooring, lighting and redecoration. We were advised how these plans would be taking account of dementia friendly design principles.

People received support with their healthcare needs. We saw from people's health and medical care plans that they had accessed a range of services and professionals where required, such as GPs, podiatrists, physiotherapists, district nurses and the mental health adult liaison team. People confirmed they had good

access to services, including one person who told us, "The system here is good. A local doctor will call once a week and you ask to see them. We all have a named doctor."

People were supported to maintain a healthy balanced diet. Where appropriate, staff recorded people's food and fluid intake using electronic hand-held devises. This enabled the provider to monitor people had enough to eat and drink, and to monitor any concerns. We received generally very positive feedback about the food available, although one person who used the service and two visitors felt the range and quality of vegetarian options could be better. Food and drinks were available throughout the day. People could have meals in the coffee shop/restaurant area or in the assisted dining room. We observed mealtimes in both. Adapted crockery and cutlery was available for those who required it. We noted some occasions in the assisted dining room where the mealtime experience could be better organised. The provider agreed to monitor and address this.

Good

Is the service caring?

Our findings

People, relatives and visitors spoke highly of the staff at the service and told us they were treated with dignity and respect. People's comments included, "The carers are wonderful," "They are kind and respectful, all the staff" and "Very nice staff; always stop and ask if I am alright." Several people and visitors referred to the 'sense of family' between staff and people who used the service. This was partly attributed to the length of time many of the staff had worked at the service. In many cases relationships had built up over several years, as some people had lived in bungalows on the Hartrigg Oaks site before moving to the care home. It was evident from our discussions and observations that people and staff knew each other well.

We asked people if they felt involved in decisions about their care. One person told us, "I have a senior carer and we discuss this. They listen and my opinion counts." Another person said, "I have a designated staff who is my key worker, they are very good. My care plan is in a blue folder which is filled in every month."

Staff spoke about people with respect. Apart from one occasion we observed, staff were discreet when discussing people within earshot of others. This helped maintain people's privacy and confidentiality. People confirmed that staff assisted them in maintaining their dignity, including when providing them with personal care and bathing support. One person told us, "They give me a shower and hair wash. They always maintain my dignity." We observed staff knocking on people's doors before entering their bedrooms. People who received care in their own bungalows confirmed that staff always knocked on their door and alerted them to their presence before coming in.

People's independence was promoted; this included people who choose to live independently in the bungalows and those who lived in the care home. We observed staff tailored the amount of assistance they offered, to encourage people to maintain their skills. One person confirmed, "My care plan is to help me remain as independent as I can be."

In the provider's PIR we were advised that information about people's spiritual and religious needs was sought in their pre-admission assessment but we noted the 'initial needs assessments' we viewed did not prompt staff to seek information about people's faith and cultural needs, or other information in relation to protected characteristics under the Equality Act. There was opportunity to record this information in other parts of their care file, such as a 'What is important to me?' document. However, ensuring this information was consistently gathered when people accessed the service would help to ensure staff are promptly able to plan any support that may be required. We found people's faiths were respected and there were regular meetings of worship and Quaker meetings held at the home, for those who wished to attend. Appropriate equipment and support was available for people with any physical disabilities. Staff completed equality and diversity training as part of their induction and demonstrated a commitment to treating people equitably, whilst responding to individual needs.

Information related to people who used the service was stored securely. This included access to information held electronically. This helped to protect the confidentiality of information.

People were supported to maintain relationships with those close to them. People had a telephone in their room if they wished and visitors were welcomed anytime.

Good

Is the service responsive?

Our findings

The feedback we received from people and relatives indicated that staff were very responsive to people's needs and wishes. Several people who lived in the bungalows on the Hartrigg Oaks site told us they had received additional support when they needed it, for instance when recovering after operations or ill health. In some cases, they had received this additional support in their bungalow, and in other cases they had moved into the care home for a respite stay. People praised the flexibility of the service in accommodating their short term or changing needs.

Each person had a care plan containing information about the support they required. Care plans were usually reviewed monthly, but we noted some examples where the monthly review was slightly overdue. We also found some minor anomalies in care files where certain information was not consistent throughout the file. For instance, the food intolerances information in one person's file and certain handwritten updates in other people's files. In the main though, care plans contained up to date information about people's needs and preferences. A 'What's important to me' section included detail about people's personal histories and preferences. There was also information recorded about people's communication needs.

The provider had recently introduced a new electronic care management system. Staff recorded information on the system via hand-held mobile devises. For instance, when they had supported someone to reposition, and what people had had to eat and drink. This allowed the provider to check that care was being delivered in line with people's care plan. The provider advised us that, in due course, people's care plans would all be transferred onto the system. Staff were still getting used to recording and retrieving information on the new system at the time of our inspection.

People were supported to follow their interests and take part in social activities. The provider employed two part-time activity co-ordinators, who worked with volunteers to provide a wide range of individual and group activities. People told us, "I use the library and have joined a singing group; I play bowls and have started to play table tennis again. There is always something going on" and "We have over 40 activities to choose from, if you want to start up something you are free to do so. There is transport to take you to the shops." During our visit we observed a flower arranging class taking place, which those attending clearly enjoyed. There was a full program of activities displayed on the notice boards and in the reception. One person told us how staff were supporting them with their photography hobby, and another told us about the lectures and talks they attended at the service. It was evident that people's individual interests were catered for.

The provider had a complaints policy on display. People knew how to raise a complaint and confirmed they would feel comfortable doing so. One person told us, "You would talk to staff or put it in writing. There is a procedure in the resident's handbook." Most people felt that any complaints they raised about their care would be dealt with appropriately. However, several people we spoke with felt frustrated that concerns that they had raised about a proposed staffing re-structure at the home had not been responded to, to their satisfaction. We have referred to this further under the 'Is the service well-led?' section of this report.

People were supported to make their preferences for end of life care known and this was recorded in care plans. The provider continued to work with other services and local hospices to manage the support of people at this stage of their lives. One relative we spoke with emphasised how compassionate and "Marvellous" staff had been in supporting them too, when they had been bereaved.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection there was no registered manager in post. Having a manager registered with CQC is a condition of the provider's registration, therefore this aspect of the service is rated Requires Improvement. Since our last inspection a new manager had started then left within six months. The provider had recruited another new manager who was due to start in the month following our inspection. In the meantime, there was an interim manager working at the home two days a week. The focus of their short-term role was to manage a staff consultation process that was underway at the service. There was also deputy manager for the care home and a deputy manager for the community support to people living in the bungalows.

At our last inspection there was a high degree of confidence in the management and how the service was run. At this inspection, we found this had changed significantly. This was partly due to the current lack of a manager for the service, but also because of concerns about changes proposed to the staffing structure at the service from September 2018. People told us they were anxious about what the impact of the proposals may be, on their care and on the staff affected, and many people did not feel they had been consulted at the initial stage of the process.

The nominated individual and head of care told us that the provider had not consulted with people during the early stage of the process, because the proposals related to staffing rather than to care arrangements. They acknowledged that continued work was required to improve communication and reassure people about the planned changes. There had been two meetings with people, visitors and relatives in the month before our inspection, in addition to individual and group consultation with staff throughout the year. Although the new structure had yet to be implemented at the time of the inspection, it was evident that the proposals had impacted on staff morale and the atmosphere at the home. The nominated individual demonstrated a commitment to working to improve this and told us they anticipated the new manager starting in post would also help provide more stability and reassurance to staff and people moving forward.

The provider had policies and procedures in place in relation to safety, care practices, staffing and quality. Policies had recently been reviewed and there were plans to introduce the updated policies to staff before their implementation in due course.

The provider was aware of their responsibility to submit notifications to CQC in relation to specific events and we had received appropriate notifications since our last inspection, as required by law.

There was a residents committee, and meetings were held which enabled people to give feedback to the provider and discuss issues affecting them. About the meetings, people told us, "They regularly have them and they are very well attended" and "What is interesting is that they are very democratic. We have elections every year for the committee and anything can come up. For example, should all the doors in the service be painted the same colour, can we have chairs that are easier to get up out of." People were also involved in other aspects of the service. For instance, one person had been involved in the interview panel for the new manager.

The provider had a quality assurance system. This included conducting annual feedback surveys and a range of monthly audits in areas such as health and safety and medication. A summary of these audits was reviewed by the provider's central quality assurance team. Data was also analysed at governance meetings, such as accidents and complaints, to monitor for any patterns or responsive action required.

The provider worked in partnership with other organisations, including healthcare partners, education providers and local schools. For instance, we saw a visit from a school choir was planned shortly after our inspection. This helped enrich the opportunities available to people and ensure they had good access to services.