

GMA Healthcare Ltd

Nunthorpe Hall

Inspection report

Eastside
Nunthorpe
Middlesbrough
Cleveland
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Tel: 01642326900

Date of inspection visit:
04 February 2020

Date of publication:
19 February 2020

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Nunthorpe Hall is a care home providing personal care to 27 people aged 65 and over at the time of the inspection. The service can support up to 35 people.

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

Feedback about the service from people and those close to them was remarkably consistent and exceptionally positive. There was a well-established staff team who had worked at the home for several years.

The whole staff team were incredibly enthusiastic and passionate about the services they provided. They were highly motivated and said they were proud to work at the home and deliver a high quality, caring service. Staff at Nunthorpe Hall demonstrated that they were extremely committed to making a positive difference to people's lives. They were exceptionally caring and often went the extra mile to support people to a more fulfilled life.

The service was entirely flexible and changes or adaptations were made to meet people's current needs and choices. A person said, "I certainly feel fully very well-looked after here." There was excellent communication with external professionals to ensure services achieved positive outcomes for people including some people being supported to return to their own home.

People were extremely well-cared for, relaxed and comfortable. Care was completely tailored to each individual, risks were very well-managed. One relative commented, "We are pleased [Name]'s free movement and independence are encouraged, rather than suppressed even when such a course may be tempting."

Staff demonstrated an excellent understanding of each person's support needs and their personal preferences. They knew people and their histories very well. One person commented, "Staff are so helpful and patient. They are always extremely upbeat and so ready to help you. They always seem happy here." Staff training at the service was up-to-date and bespoke training was provided. The management team supported staff and encouraged them to become skilled and knowledgeable. The provider had ensured resources and skilled staff were available to support people.

The service was dedicated to ensuring continuous quality improvement to make a real difference for people. Highly person-centred care enriched people's lives, helped them to achieve their dreams and led to extremely positive outcomes. An extensive range of individual activities were available to promote people's well-being. Staff supported people to maintain people's links with family and friends. Regular newsletters were produced to promote everyone's involvement in the service. This included ongoing communication about the large variety of activities and clubs that were available. There were also very positive opportunities to connect with the community, including partnership working with a local school.

People and their relatives were involved and supported in decision making. 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. People's equality and diversity as unique individuals with their own needs was respected by staff.

The building was grand, accessible, light and spacious for the comfort of people. One person said, "It's like living in a hotel." People, relatives and staff were confident about approaching the registered manager if they needed to.

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

Rating at last inspection

The last rating for this service was good (published 30 July 2016). There was also an inspection on 1 February 2018 however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

Why we inspected

This is a planned re-inspection because of the issue highlighted above.

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?

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?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally 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 Hall

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.

Inspection team

One inspector and an Expert-by-Experience carried out the 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.

Service and service type

Nunthorpe Hall 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.

The service had a manager who was new into post and was applying to register with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the 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 used all of this information to plan our inspection. 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.

During the inspection-

We spoke with 11 people who used the service and six relatives about their experience of the care provided. We spoke with 12 members of staff including the provider, the manager, the previous manager, the deputy manager, one senior support worker and four support workers, the activities co-ordinator, the maintenance person and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

Is the service safe?

Our findings

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

At the inspection on 29 March 2016 this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were trained in safeguarding and had access to guidance about what to do to report any concerns about abuse.
- People and relatives said people were kept safe at the home. One person said, "I definitely feel safe here."
- Information was available for people, relatives and staff about adult safeguarding and how to raise concerns.

Assessing risk, safety monitoring and management

- Systems were in place to assess and monitor risk and to keep people safe. One person told us, "Yes I am quite safe and happy here. Everybody is very attentive if you need anything."
- Information from risk assessments was transferred to people's care plans to ensure people were supported safely. A relative said, "Staff check [Name]'s feet all the time to make sure they don't get pressure sores."
- Arrangements were in place for the on-going maintenance of the building. Routine safety checks and repairs were carried out.

Staffing and recruitment

- There were sufficient staff on duty to support people safely and to attend to their personal and social care needs. One person told us, "Staff are always around if you need them." A relative said, "The home seems very well-staffed, the telephone and front door are always answered promptly by staff."
- Effective recruitment practices were followed to help ensure only suitable staff were employed. These included satisfactory references and background checks with the Disclosure and Barring Service (DBS).

Using medicines safely

- Medicines were managed safely. One person commented, "I'm supported to take my own medicines."
- Where people were prescribed medicines 'when required' this was supported by a separate protocol for staff to follow.
- Systems were in place for the ordering, storage, administration and disposal of medicines.

Preventing and controlling infection

- The premises were clean and there was a good standard of hygiene. One person commented, "I really think the place is clean. I know door handles are rubbed carefully to prevent infections."
- Staff received training in infection control to make them aware of best practice, as they supported people.

Learning lessons when things go wrong

- Any accidents or incidents were recorded and monitored. Reports were analysed, enabling any safety concerns to be acted upon. For example, there had been a high incidence of falls in the early morning and measures had been put in place to ensure their reduction.
- Safety issues were discussed with staff to raise awareness of complying with standards and safe working practices.

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 inspection on 29 March 2016 this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- People's care and treatment was provided in line with law and guidance.
- People, or those appointed, were involved in decisions about people's care. DoLS had been appropriately applied for, and care plans contained evidence of MCA assessments and best interests' decisions where needed.
- Where people did not communicate verbally, staff had a good understanding of people's body language and gestures and only supported people when they were sure they were happy.

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

- People's needs were assessed prior to using the service and reviewed on an ongoing basis. These assessments followed good practice.
- Assessments included information about people's medical conditions, oral health, dietary requirements and other aspects of their daily lives.

Staff support: induction, training, skills and experience

- Staff received training to meet people's care and support needs and they kept up-to-date with safe working practices. They received supervision and support to carry out their role. One staff member commented, "We get plenty of training and I'm well supported by the management team and other staff."

- Staff completed an induction programme at the start of their employment, that included the Care Certificate. New staff shadowed experienced staff until they, and the registered manager were satisfied they were competent to work alone. A relative said, "I think staff have ongoing training. Some have been doing the job for years. The others are monitored very closely and carefully when they are new."

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

- People's nutritional health was assessed, monitored and supported to ensure they were eating and drinking enough.
- Systems were in place to ensure people received varied meals at regular times, in line with their dietary requirements. There was an extensive menu. One person said, "The chef is a gem, I like plain comforting food."
- People enjoyed a relaxed and pleasant dining experience and alcohol was served at the lunch time meal and at other times during the day."

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

- Care plans were in place to promote and support people's health and well-being.
- Where people required support from other healthcare professionals this was arranged and staff followed guidance provided. Information was shared with other agencies if people needed to access other services such as hospitals.
- Access to regular health services, such as GPs, mental health, chiropody and opticians was well-documented. A person told us, "The doctor comes to the home to see me. I have been seeing a dentist as well."

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

- The building was a Grade 2 listed building which was very comfortable, well-decorated, light, spacious and airy. There was a programme of refurbishment.
- Bedrooms were personalised and homely. One person commented, "It's a beautiful environment. It's lovely and roomy, I do like my bedroom."
- There was appropriate signage around the building to help maintain people's orientation.

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.

At the inspection on 29 March 2016 this key question was rated as good. At this inspection this key question has improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well-treated and supported; respecting equality and diversity

- Staff supported people in an exceptionally caring, attentive and patient manner and this was commented upon by people and relatives. We observed if people became distressed, staff responded immediately and knew how to support them to reduce their anxiety. One person told us, "I am amazed at the kindness, absolutely amazed. I have heard them [staff] when they didn't know I was listening. They repeat and repeat questions, they are so patient" and "Staff bend over backwards to make sure everything is in place. They are all lovely, they go over and above to make sure everything is fine." Staff used an in-depth awareness of each person to support them very well, both in terms of the care they needed and other things such as details about their families and interests.
- Management promoted a very strong person-centred culture where people were at the heart of the service. They were committed to ensuring people received the best possible support in an exceptionally caring and nurturing environment. People received detailed information about the service and a pamper basket of toiletries when they moved in. Due to the compassionate support of staff people flourished and enjoyed an excellent quality of life at the home. For example, a previously insular person now lead a full and varied life. They joined in most of the activities and regularly suggested new craft activities. The person helped to organise their wardrobe in colour code to select a choice of outfits in the morning. Another person enjoyed making sure they were wearing jewellery and make up. They liked to read a daily newspaper and the home arranged a monthly Woman and Home magazine which they were thrilled to receive.
- The relationship between staff and the person receiving care was considered as important as the physical care provided. People told us they had formed extremely trusting relationships and spoke affectionately about the staff who supported them. One person said, "I have confidence, it is like a big family, staff are always happy and we get wonderful care." Another person told us, "Staff are always upbeat and ready to help you. They have lots of little thoughtful ways that makes you feel its home." A person who was sometimes very unsettled and distressed always thanked the staff after they had been helped to settle down again.
- Records contained detailed information about people's likes and dislikes, so staff were able to provide person-centred care. There were many examples of people receiving the care they requested. People were also offered a wish each day. Staff supported them to have their wish fulfilled. Examples included, placing a bet on the horses, a tree being planted, a walk in the garden and having a gin and tonic.
- Guidance was available in people's care plans which documented how they communicated. This included information about how people communicated if they were in pain, when they could not tell staff verbally.

Respecting and promoting people's privacy, dignity and independence

- There was a strong culture of empowering people. Independence and autonomy were promoted at all times and this was at the centre of all care and support that people received.
- There were several examples of where staff had gone 'the extra mile' to provide exceptionally caring and compassionate support and helped people to flourish and become more independent. In some cases people had returned home after intensive staff care and support. Staff had supported them to become more mobile or independent.
- Staff were very proud of their caring approach towards people. Staff all knew the importance of respecting people's privacy and dignity. One person commented, "Staff are very caring about helping you to keep your sense of dignity."

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

- Throughout the inspection we saw staff spending time with people. We heard laughter between staff and people and saw respectful interactions. People were offered choices and were listened to. Staff looked at people when they spoke with them and made sure people had the time they needed to communicate. This meant people felt valued and important to staff.
- Every effort was made to ensure people were supported to express their views so that staff understood their wishes and choices. People's families said they were well-informed and felt involved in their relative's care. One person told us, "Staff talk with you, they don't just assume, they ask you questions about what you want." A relative said, "We have good conversations about [Name]'s care. Staff phone me straight away if there is any problem."
- People said they were listened to and action had been taken as a result of their requests. For example, people wanted alcohol at meals which was now served and at other times. People wanted to use the chapel, attached to the home, this had been used for a recent carol service and it could now be accessed at other times. A garden project was taking place and menus included people's suggestions.

Is the service responsive?

Our findings

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

At the inspection on 29 March 2016 this key question was rated as good. At this inspection this key question has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The service truly enriched people's lives, as well as making a significant difference to their family members, by helping people to fulfil wishes and aspirations.
- There was an extensive advertised programme of individual and group activities and engagement with the community. These included children from local schools visiting, a pen pal scheme where people kept in touch with people at a sister home, chess, book club, Information Technology IT club where people could use I pads, tablets and other technology to improve their technical skills and keep in touch with their family, pet therapy, Time to talk, cream teas in the café, film afternoons with chocolate and Prosecco, wine and cheese afternoons and regular outings. One person told us, "You don't have to do activities but there are lots of opportunities if you want to. It's your choice" and "There are all sorts of activities, I like to take part."
- There were many examples of how staff supported people to be fully occupied and engaged in enjoyable activities that were meaningful to the person and improved their quality of life, including people confined to bed. One person commented, "Staff pop in every half hour to have a chat." Everything staff did focused on people's well-being and preferred activities and as a result people's well-being had greatly improved. For example, a very anxious person, who didn't want to mix with people, had, after intensive staff intervention now joined the knit and natter club. Another person, who had been used to working outdoors, with detailed risk assessments, walked around the extensive grounds of the home and enjoyed the outside environment. A person who was previously distressed now enjoyed relaxing and observing and sometimes taking part in activities.
- People were supported to continue with activities and pursuits they had enjoyed before they came into the home. The gardener told us, "A lot of residents had lovely gardens and allotments and I want to bring back memories for them." As a result, several garden project were taking place including, creating a sensory garden to attract bees and butterflies, a water garden to listen to, a herb garden for smelling and cooking with, an indoor house plant project and bird project. Monthly events and awareness days took place. Examples, included Six Nations Rugby, Baftas, National story telling day and themed food days. Nutrition was used as part of socialising and there was a well-stocked bar which also served cocktails and liqueur coffees. We observed some people enjoying a glass of sherry as they painted nest boxes ready for the National nest box week in February.
- There was a tranquil and welcoming atmosphere and a camaraderie was observed amongst people, staff and visitors. People were encouraged and supported to maintain and build relationships with their friends and family. There was no restriction on visiting times. A person told us, "There is no restriction on visiting, family can come any time."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The management team went to great lengths to ensure staff were responsive to people's needs and to ensure they had the information to meet people's needs when they moved into the home. People's potential for achieving a fulfilling life with their preferences for care and support were placed at the heart of care planning and they or, their representative were fully involved in the process.
- Once people had moved into the service they were made to feel at home and included in the daily life of the home, if they wanted to be. People told us they were listened to and were made to feel "in charge."
- Throughout the admission process goals were set to support each person to adjust to life in the home or for rehabilitation and to build up knowledge of their skills and how these could be developed. People's care was planned in a way which was responsive to their needs and was modelled on best practice. For example, tissue viability. A person who had extensive wound care needs and affected mobility had become fully mobile and returned home due to the excellent care from staff. Some other people had also been able to return home due to the intensive care and consistent staff support as they were successfully rehabilitated and became more independent.
- The service regularly reviewed people's needs and worked in close partnership with people and relatives to make changes. When people required transition to a greater level of care, staff supported people and their relatives in highly personalised ways, with sensitivity to individual needs.

End-of-life care and support

- The home followed the Gold Standards Framework for end-of-life care. Several very positive comments had been made by relatives about the compassionate care people received at the end stages of life.
- The home worked closely with other healthcare professionals to ensure that people were provided with the best end-of-life care possible whilst respecting the choices made by or on behalf of people to ensure a comfortable, dignified and pain free death.
- Advanced care planning took place with people and or their representative when they first moved into the home to find out their wishes of how they wished to be supported at this time.
- Staff were also supported following the death of a person they had cared for. They were able to attend the funeral if this was in line with the wishes of the person and their relatives. There was a genuine desire to remember and celebrate people's lives. With people's consent, a memory tree was placed in the lounge. The leaves of the tree contained photographs of those who currently lived at Nunthorpe Hall and those who had died.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager was aware of the accessible information standard and told us of ways information was available in a different format, such as pictorial and large print to make it easier to read and understand.
- Information was available in people's care records about how they communicated
- Staff supported people to use computer equipment, such as tablets, to stay in touch with those important to them.

Improving care quality in response to complaints or concerns

- People and relatives told us they would feel confident to speak with staff about any concerns if they needed to. One person said, "I don't have anything to complain about. I'd feel comfortable if I needed to" and "I haven't needed to up to now."

- A complaints procedure was available. No formal complaints had been received since 2016. There were several compliments and cards of appreciation. These echoed the highly positive feedback we received at inspection.

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 inspection on 29 March 2016 this key question was rated as good. At this inspection this key question has remained the same. 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;

- A manager was in post who had started working at the home the week prior to the inspection. They were in the process of applying for registration with the Care Quality Commission. Staff, people and relatives said the manager was "Approachable" and "The owners are very friendly." A long-standing staff team was in place.
- The provider worked extremely closely with the management team to ensure an excellent delivery of care at the home. Management were very clear on their roles and understood quality performance, risk and regulatory requirements and the accountability afforded them.
- People received their care from a provider who continually monitored standards and constantly looked at how improvements could be made. The governance and improvement agenda were firmly embedded into all areas to improve service provision. This included through audits, accident and incident analysis, surveys, meetings, individual supervision of staff and appraisals.
- Regular audits were completed to monitor service provision and to ensure the safety of people who used the service. Where any incidents occurred, they were analysed individually and then checked for trends to reduce the likelihood of reoccurrence. The quality of service provision was monitored through information collected from comments, compliments and complaints.

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

- The organisation led by example to create a culture which was incredibly caring and supportive to people and staff. Several staff said they "Enjoyed" coming to work. The provider had a staff incentive scheme that recognised staff contribution to the workplace.
- There was an ethos of continual improvement and keeping up-to-date with best practice across the service. This impacted on the culture within the home and reflected current best practice.
- There was very positive feedback from all people and relatives. The service was praised for the caring and dedicated nature of the staffing and management team and the support people received.
- Various stakeholders were tasked with ensuring the organisation was meeting its objectives and that they were providing a safe and effective service for all people who experienced the best outcomes. The service was fully committed to provider forums and events that were organised via the local and health authorities.

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

- The organisation was committed to protecting people's rights with regard to equality and diversity
- People's views were regularly sought. The home had a resident and relative's group and a resident representative, ambassador, collected people's views and represented people at meetings. A person told us, "We have regular meetings, I do feel listened to."
- The manager had an open-door policy. Meetings were held regularly. Meetings provided opportunities for staff, people and relatives to feedback their views and suggestions.
- Staff were encouraged to develop their skills through training and personal development.
- The home gave back to the community and there were several charities that people and staff supported through fund raising and hosting events.

Continuous learning and improving care; Working in partnership with others

- There was a strong focus on continuous learning and improvement and keeping up-to-date with best practice to ensure people's needs could be met.
- The manager and staff team were outward looking and had formed links with other organisations. They were members of the Alzheimer's Society, they worked collaboratively with the local clinical commissioning group and other organisations to improve outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was aware of their responsibilities with regard to Duty of Candour. They were open and honest but they had not needed to use the Duty of Candour.