

## Joseph Rowntree Housing Trust

# The Oaks

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

The Oaks is a residential care home that was providing personal and nursing care to 41 older people at the time of the inspection. The service can support up to 42 people. In addition, the service was providing a domiciliary care service to people living in their own bungalows on the same site. Not everyone using the service receives a 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.

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

People told us staffing and management changes over the last year had impacted on their care and been very unsettling. A large amount of agency staff were being used. People's care records had not always been consistently reviewed and quality assurance systems had not been effective in maintaining the quality of care and driving improvements forward in a timely way. People had not always received their medicines in line with their prescription. The provider was taking action to address this.

Health and safety checks were completed and staff understood how to care for people safely. However, opportunities to learn from accident and incidents that occurred were not always maximised, to reduce the risk of recurrence. Staff knew how to identify and report any safeguarding concerns.

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. However, staff knowledge in relation to people's Deprivation of Liberty Safeguards in place needed improvement. We have made a recommendation about improving staff knowledge in this area.

People told us they generally enjoyed the food available and had a choice of meals. Records in relation to food and fluid intake and weight monitoring were inconsistent. Action was being taken to ensure staff updated their regular refresher training.

Staff and people using the service reported recent improvements in morale and practice, since the introduction of a new interim management team.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

At the last inspection the service was rated good overall (published 23 August 2018).

### Why we inspected

This inspection was prompted by information of concern. It was a focussed inspection, based on the information received. Concerns related to medicines practices, staffing and support with nutrition and

hydration needs. We inspected the following three key questions: Is the service safe, effective and well-led?

#### Enforcement

We have identified breaches in relation to safe care and treatment (medicines) and good governance (quality assurance and record keeping). Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will monitor the progress of the improvements working alongside the provider and local authority. We will return to visit as per our re-inspection programme. If any concerning information is received 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 not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-led findings below.

**Requires Improvement** ●

# The Oaks

## 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. This inspection was planned to check 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

The inspection was conducted by one adult social care inspector on day one and day three of the inspection. One medicines inspector and a medicines team support officer conducted the second day of inspection.

#### Service and service type

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.

This service is also a domiciliary care agency. It provides personal care to people living in their own homes on the same site as the care home.

The service does not have a manager registered with the Care Quality Commission. A registered manager is someone who, along with the provider, is 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

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 looked at the information we held about the service,

such as notifications we had received from the provider. A notification is information about important events which the service is required to send us by law. We reviewed concerns raised with us and sought feedback from the local authority safeguarding team. We used all of this information to plan the inspection.

#### During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with nine members of staff including the interim clinical lead, interim compliance officer, deputy manager, general manager, care quality and compliance manager, two care workers and two nurses.

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, two staff recruitment and induction files, training and supervision information, staff rotas and a selection of records used to monitor the quality and safety of the service. We also conducted a comprehensive medication audit.

#### After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at training data and reviewed additional feedback received from a relative.

# Is the service safe?

## Our findings

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

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.

### Using medicines safely

- Systems for the ordering, recording and administration of medicines required improvement.
- The provider had notified us of a high number of medication errors in the three months prior to the inspection. They had taken action to try and address these issues, including additional training and competency checks for staff.
- At the inspection we found that despite the action already taken, further work was still required to ensure best practice was consistently followed. This included concerns about the recording of topical medicines, systems for removing out of date medicines and the availability of information for staff about high risk medicines.
- Regular medicines audits were conducted, but not all the issues we found had been identified and effectively addressed.

The failure to consistently operate robust systems for the safe management of medicines was a breach of Regulation 12 (12)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

- Prior to our inspection, the provider had sought advice from the local Clinical Commissioning Group (CCG) in relation to their medicines systems. A CCG pharmacist conducted a planned visit prior to the second day of our inspection. The provider confirmed they would be acting on the recommendations from the CCG visit.

### Assessing risk, safety monitoring and management

- Premises and equipment were appropriately checked and maintained.
- The provider's scheduled fire evacuation practice was slightly overdue. This was particularly significant due to the high number of agency staff being used at the time of our inspection, who were less familiar with the service. The provider agreed to complete this. The clinical lead had recently introduced a fire awareness briefing for all new staff and agency staff, to supplement the training available.
- The provider conducted assessments to evaluate and minimise risks to people's safety and wellbeing. However, risk assessments had not always been consistently reviewed since our last inspection.
- There was a lack of clarity in one person's care file about how to support the person with personal care, in their best interests, when they were distressed. The provider updated us after the inspection about how they had addressed this.

### Learning lessons when things go wrong

- Accidents and incidents were recorded on an electronic system. Investigations into each incident were not

always fully completed or reviewed by the manager in a timely manner. Records did not always include detail of actions the provider had taken to reduce the risk of recurrence. The management team were aware there was a backlog of investigation records to complete and were working to bring them up to date.

- The provider had recently introduced a new 'learning for safety memo' for staff. This was produced as required, in response to an incident or near miss.

#### Staffing and recruitment

- Since our last inspection, a high number of long-standing staff had chosen to leave the service, following a staffing consultation and restructure. The provider had attempted to recruit new staff but had not been successful in filling all the vacant positions. They were using a high level of agency staff to maintain staffing levels at the time of our inspection.
- We received consistent feedback from people and staff that staffing issues and high agency staff usage had affected the quality of people's care and staff morale over the previous eight months. One person told us, "We have been living through a period where we have had to rely on agency staff. They can vary in quality. We're gradually pulling out of the low point. We're taking on more staff but it takes time."
- The provider had recently increased staffing levels in response to concerns about the safety of staffing levels. The increased hours were in line with a new tool the provider was using to calculate the number of staff required. Continued work was required to recruit permanent staff for these positions, to improve the consistency of people's care and reduce reliance on agency staff.
- Appropriate recruitment checks were conducted to ensure applicants were suitable to work with vulnerable people.

#### Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and were able to describe indicators of abuse and how to report any concerns.
- The provider had appropriately referred concerns to the local authority safeguarding team when required.
- The interim compliance officer had recently set up a new system to monitor the progress of any investigations or safeguarding referrals made.

#### Preventing and controlling infection

- Staff received guidance about infection prevention and control. They used personal protective equipment (PPE) when required, such as disposable gloves.
- Domestic staff were employed and the home was clean.



## 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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People confirmed staff asked their views and sought consent before supporting them.
- Evidence was retained about whether people had a Lasting Power of Attorney (LPA) for health and welfare decisions, so that the appropriate people were consulted, should this be required.
- The provider assessed people's capacity to make specific decisions and had made DoLS applications where required.
- The interim compliance officer had recently developed a new system to ensure there was oversight of DoLS applications and their outcome.
- Staff were not all knowledgeable about specific conditions on people's DoLS authorisations. Records to evidence how staff were meeting the conditions on one person's DoLS authorisation required improvement.

We recommend the provider take action to improve staff knowledge in relation to Deprivation of Liberty Safeguards, based on current guidance and best practice.

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

- Staff assessed people's nutrition and hydration needs and information about this was recorded in their care plan. However, records of people's food and fluid intake were inconsistent, which meant it was difficult to accurately monitor and respond to changes in people's needs.
- People were weighed regularly but records of weights were not always stored in the same place and were not always clearly dated. This made it hard for staff to easily track people's weight loss or gain.
- People received food in line with their dietary requirements were offered a choice of meals.

- We received generally positive feedback about the food. One person said it was, "Good" and another confirmed, "There's always a choice." They also added, "They've changed the way they serve meals to people who need assistance. That was very disorganised but it seems to be better now."

Staff support: induction, training, skills and experience

- People told us staff skills and knowledge was variable.
- Not all staff felt their induction gave them the information they needed to support people well. Staff told us induction support had started to improve recently, since a new management team had been in post.
- Some staff had gaps in their training or were overdue refresher training. Plans were already in place to address this. We received an update from the provider after the inspection, with information about additional training which staff had completed.
- There was a supervision and appraisal process in place, and the provider was taking action to improve the frequency and consistency of supervisions.

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

- Systems were in place to assess people's needs and wishes.
- A new interim clinical lead had been appointed for a six month period, to support improvements at the service and knowledge of best practice. Staff told us this had been very beneficial.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care with and across organisations

- People had access to health and social care professionals. Staff sought specialist advice where required.
- Information about people's health needs was recorded in their care plan. Improvement was needed to the consistency of information about one person's needs in relation to skin integrity and pressure care. The provider agreed to update this.
- There were GP visits to the service on a regular basis, for anyone who needed to see them.

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

- The home was spacious and there was lift access to all floors.
- There had been some improvement works to the home since our last inspection, such as new flooring in the corridors and communal areas. Further work was planned.
- There was a range of facilities including a swimming pool, gym and restaurant.
- People had access to mobility aids and adaptations, where required.

# 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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since our last inspection there had been several changes in management. The provider had recently appointed an interim clinical lead and interim compliance officer. They were supported by a deputy manager. The new management team demonstrated an understanding of regulatory requirements.
- The service did not have a manager registered with CQC, which is a condition of their registration. Shortly after our inspection the provider updated us that a permanent manager had been appointed and would be submitting their application to register with CQC.
- There were daily 'flash meetings' with staff from each department, to ensure key issues were communicated.
- Information related to people who used the service was stored securely to ensure the integrity of confidential information.
- Notifications had been submitted to CQC as required.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The management team were aware of the requirements of the duty of candour responsibility.
- People and staff told us that, over the last year, staff morale had been very low and that staffing issues had impacted on the quality of the service. However, the new management team had helped to make recent improvements at the service.
- People told us, "We now at last have a stable management team, and their attitude to residents is very positive. They are walking around and visible." Another told us, "We've had a terrible year... But in the last couple of weeks there's been a very marked improvement." Staff told us, "It's really improved since [clinical lead] started. They have given us the leadership and knowledge that was lacking. We didn't know any different. There's been a noticeable improvement in all areas."
- The provider's quality audits had not been completed consistently since our last inspection. The quality assurance system had not been effective in maintaining quality standards and driving improvements in a timely manner.
- Care plans and risk assessments had not always been regularly reviewed and monitoring documentation was not consistently completed.

The failure to effectively operate quality assurance systems and maintain accurate and complete records in relation to people's care is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

- The provider had recently developed new quality assurance documentation and was taking action to improve the systems in place. Further time was needed to demonstrate the impact of these changes and evidence sustained progress.

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

- Some staff felt their views had not always been listened to, but this was starting to improve.
  - Staff meetings were held.
  - People and relatives had opportunity to provide feedback about the service in meetings and surveys.
- People were also involved in other aspects of the running of the service, such as health and safety meetings and recruitment. Despite this, some people and relatives felt that concerns they had raised about changes at the service had not been listened to.

Continuous learning and improving care

- The provider had made changes at the service and conducted a staff restructure since our last inspection.
- The management team were already aware of many of the issues we identified and were taking action to address them. They demonstrated commitment to making the improvements required.
- Continued work was required to implement and sustain improvements, and to recruit more permanent staff to improve the consistency of care.

Working in partnership with others

- The provider worked well with other organisations and built links in the community. This included local schools, nurseries, an adapted cycle scheme and faith groups. These links had enhanced the social opportunities available to people.
- Staff worked in partnership with other health and social care professionals to meet people's needs.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Personal care	The provider had failed to consistently operate a safe system for the management of medicines.
Treatment of disease, disorder or injury	

  

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