

# Embrace (Geffen) Limited

# Nunthorpe Oaks

## Inspection report

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## 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?

Outstanding 

# Summary of findings

## Overall summary

We inspected Nunthorpe Oaks on 21 February and 7 March 2017. The first day of the inspection was unannounced, which meant the staff and registered provider did not know we would be visiting. We informed the registered provider of our visit on 7 March 2017. When we last inspected the service in July 2014 we found that the registered provider was meeting the legal requirements in the areas that we looked at and rated the service as good.

Nunthorpe Oaks provides care and accommodation for up to 56 older people some of whom were living with dementia. The service is purpose built with accommodation provided over two floors and this includes communal lounge and dining areas. There are garden areas surrounding the building. At the time of the inspection there were total of 54 people who used the service.

The home had a registered manager. 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.

People received a consistently high standard of care because staff were led by an experienced and proactive registered manager. The staff team were highly motivated and enthusiastic, and committed to ensuring each person had a good quality of life. There was a clear management structure in place and oversight from the registered provider. There were systems in place to monitor the safety and drive the continuous improvement of the quality of the service provided. A comprehensive programme of audits and checks were in place to monitor all aspects of the service, including care delivery, accidents and incidents, health and safety, infection prevention and control and medicines. Audits resulted in clear action plans to address shortfalls or areas of improvement.

The registered manager displayed exceptional leadership qualities, drive and enthusiasm. They empowered staff to provide outstanding care that was tailored to individual's needs. Without exception people, their relatives and professionals told us they experienced and we observed compassionate care from staff who strove for excellence. This ensured the service was run in the best interest of people who used the service.

People received care and support in an exceptionally personalised way. Staff knew people well, understood their needs and the way they communicated if they were living with dementia. Care was focused on people's wishes and preferences. This meant people were able to maintain their independence and achieve a good sense of self-worth and wellbeing. The impact this had on people was outstanding and had resulted in them being settled, content and helped them to lead as full and active lives as they wanted to.

Staff developed exceptionally positive and caring relationships with people and their families. Staff were very motivated and demonstrated a commitment to providing the best quality care to individuals in a compassionate way. People's privacy and dignity was maintained at all times during the inspection. Health

professionals told us people received end of life care that was exemplary, and that staff worked closely with the community nursing team to ensure people and their family were treated with dignity and respect, and that their individual preferences were considered at all times.

People's independence was actively encouraged. The registered manager and staff displayed clear resolve to make a positive difference to people's lives. Activities were invigorating, outings and events were well thought through, varied and in plentiful supply. Staff encouraged and supported people to access activities within the community. There were meaningful activities for people living with dementia.

Assessments were undertaken to identify people's care, health and support needs. There was a strong emphasis on person centred care. People and their families were at the centre of decision making whilst working alongside professionals to get the best outcome possible. Care plans were developed with people who used the service and relatives to identify how they wanted to be supported.

People were protected by the services approach to safeguarding and whistle blowing. People who used the service told us they felt safe and could tell staff if they were unhappy. People told us staff treated them well and they were happy with the care and service received. Staff were aware of safeguarding procedures, could describe what they would do if they thought somebody was being mistreated and said that management acted appropriately to any concerns brought to their attention.

There were sufficient staff on duty to meet the needs of people who used the service. Staff were available to provide support with visits out in the community. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff started work.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as health, falls, moving and handling and the use of equipment. This enabled staff to have the guidance they needed to help people to remain safe.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards, which meant they were working within the law to support people who may lack capacity to make their own decisions.

People were provided with a choice of healthy food and drinks, which helped to ensure that their nutritional needs were met.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

The registered provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident that staff would respond and take action to support them. People we spoke with did not raise any complaints or concerns about 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?

Good ●

The service was safe.

People told us they felt safe. Staff were aware of the different types of abuse and knew how to recognise and respond to abuse correctly.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place.

Effective systems were in place for the management and administration of medicines. Checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

### Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. Staff had received regular supervision and an annual appraisal. Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards

People were provided with a choice of nutritious food. People were weighed on a regular basis and nutritional screening took place.

People were supported to maintain good health and had access to healthcare professionals and services.

### Is the service caring?

Outstanding ☆

This service was extremely caring

People who used the service and their relatives consistently said staff supported them with care and compassion and got to know people exceptionally well. The registered manager and staff were committed to achieving excellence in the provision of care.

People were treated with respect and their independence, privacy and dignity were promoted. People and relatives were included in making decisions about their care.

End of life care was exemplary, staff worked closely with the community nursing team to ensure people and their families were well supported and cared for.

### Is the service responsive?

**Outstanding** ☆

The service was very responsive.

People consistently received person centred care. People who used the service and relatives were involved in decisions about their care and support needs.

People were provided with numerous opportunities to take part in a varied range of stimulating activities of their choice inside and outside the service.

People did not raise any concerns about the service they received. The registered provider had a system in place in which complaints could be made.

### Is the service well-led?

**Outstanding** ☆

The service was extremely well led.

People received a reliable, well organised service and expressed a high level of satisfaction with the standard of their care.

Staff were supported by the registered manager and felt able to have open and transparent discussions with them through supervision and staff meetings.

There was an established management team that had a track record of putting people at the heart of the service, involving them meaningfully in decisions about how the service was run.

# Nunthorpe 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 checked 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.

We inspected Nunthorpe Oaks on 21 February and 7 March 2017. The first day of the inspection was unannounced, which meant that the staff and registered provider did not know we would be visiting. We informed the registered provider of our visit on 7 March 2017. The inspection team consisted of one adult social care inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. In addition a representative from the National Audit Office accompanied us on the first day of the inspection. The National Audit Office attended the inspection as they wanted to understand our inspection processes as part of an audit they are currently undertaking on the Care Quality Commission.

Before the inspection we reviewed all the information we held about the service. The registered provider had completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We used the Short Observational Framework for Inspection (SOFI) during this inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We sat in communal areas and observed how staff interacted with people. We spoke with 14 people who used the service and nine relatives. In addition, we received information via e-mail from two relatives after our visit. We also spoke with a retired councillor who visited the service on a weekly basis to spend time with people who used the service. We looked around communal areas of the home and some bedrooms.

During the visit we spoke with the registered manager, deputy manager, trainee unit manager, handy lady, handy man, activity co-ordinator and two care assistants. We also contacted commissioners of the service and health professionals who visited the service to seek their views. Their comments can be read in the main body of this report.

We reviewed a range of records. This included four people's care records, including care planning documentation and medicine records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

# Is the service safe?

## Our findings

People and their relatives told us they felt Nunthorpe Oaks was a safe place to live. One person said, "I didn't feel safe before I moved in here and only slept for about four hours a night, but now I sleep 12 hours a night." Another person said, "The staff are always there to provide you with reassurance should you need it and that definitely makes me feel safe." Another person said, "I'm as settled as much as anywhere, the staff are wonderful triers, I needed 24 hour care so the security is important." A relative said, "We have peace of mind knowing [relative] is so well cared for."

During our discussions with staff they were able to tell us about different types of abuse. Staff were aware of action they should take if abuse was suspected and were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures. The registered manager and staff told us abuse and safeguarding was discussed with staff on a regular basis during supervision and staff meetings. The registered manager told us, "[Name of two staff members] are safeguarding champions. They work with seniors and other staff and talk about safeguarding. They act on any issues before they get bigger to keep people safe."

Staff told us that they had received safeguarding training at induction and every year thereafter. Records were available to confirm staff had received safeguarding training within the last 12 months. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as health, falls, moving and handling and the use of equipment. This enabled staff to have the guidance they needed to help people to keep safe. Staff at the service took a positive approach to risk taking. For example, one relative told us that although the person who used the service had poor eye sight staff had encouraged and supported a person to walk around the enclosed garden as they liked to be outdoors. The relative told us, "I presume [relative] feels safe here as it's a community. [Relative] walks around the gardens about 12 times a day and this helps with [relative's] wellbeing."

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, obtaining references and Disclosure and Barring Service checks (DBS). These were carried out before potential staff were employed to confirm that they were of suitable character to work with vulnerable people.

Through our observations and discussions with people, relatives and staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. The registered manager told us there were nine staff on duty during the day and overnight there were five staff on duty. We looked at duty rotas, which confirmed this and saw that this was a mixture of care assistants and senior care assistants. We spoke with people who used the service about the amount of staff on duty. One person said, "There always seems to be one of them [staff] around if you need help." Another person said, "I'm never kept waiting when I need them [staff]." From our observations we saw when people



needed help staff were visible and available to provide the help and support.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety was maintained. We saw documentation and certificates to show that relevant checks had been carried out on the gas safety, fire extinguishers and the fire alarm. We saw certificates to confirm that portable appliance testing (PAT) had been undertaken and was up to date. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. This showed that the registered provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises and equipment.

We also saw that personal emergency evacuation plans (PEEP's) were in place for each of the people who used the service. PEEP's provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed that regular evacuation practices had been undertaken. Records were available to confirm that the fire alarm was tested on a weekly basis to make sure it was in working order.

Arrangements were in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw that regular analysis was undertaken on all accidents and incidents in order to identify any patterns or trends and to put measures put in place to avoid re-occurrence.

The registered provider had systems and processes in place for the safe management of medicines. Staff were trained and had their competency to administer medicines checked on a regular basis. Medicine administration records (MAR's) that we looked at were completed correctly with no gaps or anomalies. We asked what information was available to support staff when handling medicines to be given 'as required'. We saw that written guidance was kept to help make sure they were given appropriately and in a consistent way.

Arrangements were in place for the safe and secure storage of people's medicines. Medicine storage was neat and tidy which made it easy to find people's medicines. Room temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges.

## Is the service effective?

### Our findings

People who used the service told us staff provided a good quality of care. One person said, "I have improved since I moved in here. I was six stone and now I am eating much better I have gone up to seven stone. I feel much better in myself." Another person said, "I've been here since September. I made the choice to come here [Nunthorpe Oaks] and I haven't regretted it."

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. We saw that staff had undertaken training considered to be mandatory by the service. This included: safeguarding vulnerable adults, fire, health and safety, nutrition, medicines administration and first aid. In addition staff had completed other training specific to their role such as end of life care and dementia. Staff said the quality of the training was very good. The activity co-ordinator told us how pleased they were to have done training in end of life care as this had helped them when spending time with people who were receiving palliative care. They also said, "The company are really investing in me and I have just been enrolled on a first aid course." Another staff member told us how the registered provider invested in good training and also listened to any individual requests for training. They said, "I have worked here for three years now and have done loads of training. I have started to do an 'Education in Training' course which I really wanted to do. Embrace has paid for this training for me. They are very willing to support you in courses of your choice."

The registered manager had also organised for representatives from the Parkinson's Society and a nurse who specialised in motor neurone disease to come into the service to provide training to staff. Staff told us they had found this training to be very beneficial.

Staff told us they felt well supported and that they had received supervision and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision and appraisals had taken place. A staff member we spoke with said, "Our supervision is very good. [Name of registered manager] does my supervision and it is very worthwhile. If I am struggling with anything I can talk to [name of registered manager] about it." Induction processes were available to support newly recruited staff. This included reviewing the service's policies and procedures and shadowing more experienced staff.

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. The application procedures for this in care homes and hospitals are 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 were being met. At the time of the inspection five

people were subject to DoLS authorisations with a further eight awaiting authorisation. People subject to DoLS had this clearly recorded in their care records and the service maintained a good audit of people subject to a DoLS so they knew when they were due to expire and reassessment was needed. Where relevant, people had been supported to access specialist dementia advocates and had their rights upheld.

When people were deprived of their liberty we saw that staff used the least restrictive options available. For example, some people were unable to leave the service independently, however people were encouraged and supported to go out into the garden area. We saw that staff directed people out into the garden to enjoy the fresh air and plants. We saw that people enjoyed being out in the garden and had the freedom to walk around.

Mental capacity assessments were available in care records, which identified that people lacked capacity to be involved in their care planning process and decisions surrounding their care. We saw that staff, family and other professionals were involved in making best interest decisions where this was the case.

We looked at the menu plan, which provided people with choice. Staff were able to tell us about particular individuals, how they catered for them, and how they fortified food for people who needed extra nourishment. Fortified food is when meals and snacks are made more nourishing and have more calories by adding ingredients such as butter, double cream, cheese and sugar. This meant that people were supported to maintain their nutrition. People told us they liked the food. One person said, "The food is so good. We get good nutritious food with vitamins." Another person said, "We get protein with every meal. We certainly eat well and get vegetables galore."

Staff were knowledgeable about specific food intolerances and made adjustment in the way food was cooked to accommodate people's needs. One person said, "I was a wreck when I came. I was six stones and then I was diagnosed as a [food intolerance]. I was the first person they had had with this; I caused them some problems (person who used the service joked about this). The cook discusses my menus every few weeks. [The cook] got interested in my special diet. [The cook] was making me special bread and cakes, I was piling on the weight, I had to ask [the cook] to make less."

The registered manager told us that all people who used the service had undergone nutritional screening to identify if they were malnourished, at risk of malnutrition or obesity. The service used the Malnutrition Universal Screening Tool (MUST) to assess people. This is an objective screening tool to identify adults who are at risk of being malnourished. As part of this screening people were weighed at regular intervals.

We saw records to confirm that people had received visits from the dentist, optician, chiropodist, dietician and their doctor in order to maintain their general health and wellbeing. Staff told us they had good relationships with the doctors who visited people. Staff told us the doctors would visit at any time if needed. People were accompanied to hospital appointments by staff, however if relatives preferred to support the person they were able to do so. Relatives told us staff acted quickly when people became unwell and kept them up to date with the outcome of any doctor or hospital visits. One relative said, "They [staff] responded very quickly to an emergency situation when [relative] was having a stroke. They called the ambulance immediately."

We contacted the district nursing service as part of the inspection to ask for their views. They wrote and told us, 'For the past 3 years, I have been part of a small team of community nurses involved in caring for the residents of Nunthorpe Oaks requiring nursing intervention, and visit the care home on a regular basis. During this time, I have found that a positive working relationship has developed between the care home staff and the nursing team. Carers never hesitate to ask for professional advice and are comfortable to ask if

unsure, especially regarding pressure area care and skin integrity. This partnership ensures that safe, effective care can be provided, as concerns are reported in a timely manner. Recommendations and guidance, such as positional changes and nutritional intake are always acted on promptly, and staff appear to take on any board advice given. For example - wound care and the extra nutrition required, staff ensure residents who have difficulty eating or drinking are given extra attention and encouraged to eat and drink at every available opportunity, not just mealtimes.

Nunthorpe Oaks is purpose built with 56 en-suite rooms, which consist of a toilet and hand wash basin. There are four lounge areas and landscaped gardens which were easily accessible. People's bedrooms were very personalised with possessions, pictures and photographs that were important to them. All areas of the service were well maintained.

## Is the service caring?

### Our findings

People, relatives and professionals praised staff and told us about the excellent care provided at Nunthorpe Oaks. One person made the thumbs up sign and said, "This place is tip top." Another person said, "The staff are wonderful and very, very caring." Another person said, "Wonderful, wonderful and wonderful." A relative said, "My [relative] has just moved in and [relative] couldn't be happier. It's the ambience and the staff work so hard. They are absolutely smashing."

The registered manager had received a recent compliment from a relative, which they shared with us. This read, 'From the very beginning [relative] tells us [relative] has been treated royally. In [relative's] own words 'I couldn't be better looked after; I have my cleaning and laundry done, food provided, everything I need; I couldn't have coped on my own and I couldn't be in a better place'. At first, being used to his own company [relative] tended to stay in his room (which incidentally is fantastic - large enough for us to have installed some of [relative's] own furniture, knick-knacks, photos and pictures, and with [relative's] own en-suite toilet and wash basin, which with [relative's] very limited mobility is an absolute boon) but with the gentle encouragement and persuasion of yourself and staff [relative] now enjoys many of the activities provided. I often have to ring [relative] about 3 times because [relative's] not in [relative's] room; then I remember 'oh, it's Monday, [relative] will be at his carpet bowls'.....etc. [Relative] also only (last week we discovered) joined your 'Oomph' Class [name of activity co-ordinator], which is a fantastic achievement. [Relative] was a regular churchgoer so is delighted that a church service is held regularly which [relative] always attends, and tells me proudly that 'they enjoy my singing'. And of course with all the extra entertainment provided [relative] always has the choice of company or solitude depending on how [relative] is feeling. When [relative] is in his room I know that staff regularly pop their heads round the door to make sure [relative's] OK, even when we are visiting. Their kindness is unbelievable."

Another relative wrote to us and said, 'I cannot thank the staff enough for their kindness and exceptional care my precious [relative] is receiving. Their [staff] patience is tireless they are so gentle and understanding of [relative's] needs and also supporting my sister when she visits.'

The service had a strong, visible person centred culture and was exceptional at helping people to express their views. One person who used the service was the chairman of the 'residents committee'. This person chaired regular meetings and obtained people's views on the care and service provided. People told us they had a voice and were continually asked for their opinion and were involved in making decisions. At a meeting in January 2017 people were asked for their opinions on cleaning and maintenance, food and activities. One person raised concern that the ground was rough under foot outside where they smoked. They described the seating in this area as 'terrible'. The chairman told us they spoke with the registered manager and the area was upgraded.

During the inspection we spent time observing interactions between staff and people who used the service. There was a calm and relaxed atmosphere, we saw staff interacting with people in a very caring and friendly way, promoting independence, dignity and choice at all times. We heard staff speaking to people about topics that interested them, or they had experienced in their lives. One staff member spoke to a person

about their family. They spoke with another person about cooking and baking. People smiled and clearly enjoyed this conversation. We heard another staff member compliment a person on the way they were dressed and their hair, we saw the person smile as they were complimented. These examples showed that staff were knowledgeable about each individual and were able to use this knowledge to have meaningful interactions with people in a very caring way.

Staff demonstrated a kind and caring approach with all of the people they supported. We saw staff actively listened to what people had to say and took time to help people feel valued and important. When speaking with people we saw that staff got down to the level of the person so they did not appear intimidating and to enable eye contact with the person. On one occasion we saw a staff member touching the hand of a person who used the service, we saw from the person's facial expressions that this brought about comfort and reassurance. On another occasion a staff member was painting the nails of a person who used the service. The person who used the service put their head towards the staff member and the staff member responded. We could see that this provided the person with happiness.

The registered manager told us they and the staff team tried to replicate a family environment and this was supported by what relatives had written about the home. One relative wrote, 'We would like to thank you all so much for the wonderful Christmas Day at the 'Oaks'. Being [relative's] first Christmas at the 'Oaks' we wanted it to be like any other Christmas Day we shared, and with your help and generosity we were able to do just that. The three course Christmas lunch was superb, being able to personalise the lunch table was a big help so that [relative] had [relative's] familiarities – and [relative's] favourite tippie!!! The kindness you normally show was outdone on Christmas Day. Everyone was wonderful.' The registered manager showed us photographs they had taken of the person who used the service and their relatives spending Christmas day at the service.

People were encouraged to maintain their role in family life. Staff were passionate about supporting people to maintain important relationships within their own family. The deputy manager told us how they had supported two people who used the service to attend a family wedding. And this included returning to the home for a 'freshen up' before returning to continue with the celebrations.

On another occasion staff stayed with a person who used the service whilst they were in hospital until their family were able to get home from their holiday. They wrote, 'I have to say the response of your team to [person who used the service] last week when [relative] became very sick was fantastic - it was really heart-warming. The support and care and devotion of [names of staff] in particular was as though it was a member of their own family – it provided [relative] and I with great comfort and support and we are extremely grateful to have such exceptional people looking after [relative]. I look forward to hopefully seeing them this weekend when I come and visit.'

One person who used the service told us how all of their family had taken over the garden room for a private party to celebrate their 90th birthday. They told us how the person and their family had really appreciated this opportunity.

Another compliment the staff received was, '[Name of person who used the service] was treated with dignity and respect from the minute [relative] moved in until [relative] died. As we visited daily we were able to observe the relentless hard work and dedication of each member of staff whether senior staff, carers, laundry, kitchen staff, cleaners and handymen. We found them diligent and so caring, treating each person as an individual. In fact I cannot praise them highly enough.'

Recently staff helped to arrange the funeral of a person whose only living relative lived too far away and they

were unable to attend. Staff helped to alleviate the pressure by liaising with the relative, providing support and organising for the person to have a fitting send off by leaving from the service. Staff gathered outside of the home to pay their respects and photographs were taken and sent to the relative.

Managers and staff at all levels were committed to working in a person-centred way. The service had many dignity champions. The registered manager had encouraged staff in different roles to enrol and become a dignity champion. They said, "Dignity is very individual to people, what is important to one is different to another person." The registered manager told us they were actively involved in the national Dignity in Care campaign, which aims to change the culture of health and social care services improving the quality of care and the experience of people using services. The registered manager strove continually to develop the approach of the staff team, motivating and inspiring them to continue offering kind, compassionate care.

The expectation of a caring and person-centred approach to people was made clear to staff at induction, and was reinforced through ongoing supervision and training. The registered manager told us dignity was on the agenda at every meeting to re-enforce the 10 dignity points all people who used the service and staff were aware of. One of the 10 points of dignity was to engage with family members and relatives confirmed staff at the service communicated with them exceptionally well. One relative said, "We [relatives] communicate with the carers a lot, we [relatives and staff] work as a team, we don't want to take over we consult each other." Another point of the 10 dignity do's was to provide people with choice. A person who used the service told us how staff accommodated this by giving them their medicines earlier than others as they liked to go to bed early. This showed that the staff team were committed to delivering a service that had compassion and respect for people.

Each year people who used the service and staff celebrated Dignity Action Day. This provided an opportunity for people in health and social care to come together to uphold people's rights to dignity and provide a memorable experience for people. The activity co-ordinator told us that this year people who used the service, staff and relatives had celebrated with a cream tea.

It was clear from speaking with the registered manager and staff and from looking at records the registered provider was committed to achieving excellence in the provision of care.

The registered manager and staff showed concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. One relative said, "I can't believe how well [relative] has settled. The staff do a fantastic job. [Relative] has been given a new lease of life. After a couple of weeks [relative's] not just more animated but more mobile, which has made a positive impact on [relative's] wellbeing." Staff told us they enjoyed supporting people. One staff member said, "This is an amazing place to work. [Name of deputy manager] always says if the residents are happy then I am happy."

We saw that people had free movement around the service and could choose where to sit and spend their recreational time. We saw that people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure that people received care and support in the way that they wanted to.

At the time of the inspection people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. The registered manager was aware of the process to follow should an advocate be needed.

There was no-one receiving end of life care at the time of the inspection. However, the registered manager

talked to us about end of life care planning, pain relief and how the district nursing service visited to support people and staff. We contacted the district nursing service as part of the inspection to ask for their views. They wrote and told us, "End of life care in the home is exemplary, staff work closely with the community nursing team to ensure residents and their family are treated with dignity and respect, and that their individual preferences are considered at all times.

We were shown many compliments from families thanking the registered manager and staff for their care and support after people had died. We read a compliment about the deputy manager. It said, 'You couldn't have done more if it was one of your own family. You have shown much extra ordinary care and love.'



# Is the service responsive?

## Our findings

People who used the service and relatives constantly praised the staff, care and service provided. One person said, "I have come to realise that company is more important than loneliness and I certainly have company here." Another person said, "I couldn't be happier. All the staff generate so much fun and laughter." A relative we spoke with said, "It's a marvellous place with staff who really know what they are doing and really care."

During the inspection we received information from a general practitioner who wrote, 'I have been attending Nunthorpe Oaks as a clinician, many of my patients are residents and have nursing needs cared for at this home. I have always found the standard of care to be excellent, communication with staff has been informative and helpful and they have always shown the utmost care and respect to patients and willingness to help clinicians seeing their patients.'

The registered manager showed us a recent compliment they had received. This read, 'You can't begin to imagine what a huge relief it is to know that [relative] is so happy and well looked after. We always leave after a visit feeling light hearted and confident that [relative] is in the very best place, as we did yesterday. We had many laughs with [relative] and [relative's] carers and it was lovely to see [relative] so animated. Although [relative's] been diagnosed with Alzheimer's I'm sure that all the company and mind stimulation [relative] receives has kept [relative's] disease at bay, and whilst I know this is a progressive illness, we have seen a definite improvement in [relative] since he has been a resident with you.'

The registered manager told us the service employed two part time activity co-ordinators who organised and arranged activities and outings for people who used the service. They told us one of the activity co-ordinators spent more of their time working with people on a one to one basis, whilst the other led the group activities. We spoke with one of the activity co-ordinators who presented as being extremely enthusiastic and passionate about what they did. The activity co-ordinator told us, "I am pretty proud of the activities here. I enjoy seeing them [people who used the service] sharing joyful moments. I choose to do activities in the back lounge so people can come to join in. It's not forced on people. Meaningful activities make happy residents."

All staff told us people who used the service and Nunthorpe Oaks were very much part of the community, with local groups often visiting. The activity co-ordinator told us how a local knitting group visited the service on a Wednesday to spend time with people who used the service. They told us that initially this group consisted of about five visitors who were knitters and a handful of people who used the service. They told us how this group had grown considerably and how it wasn't just a knitting group it had become a 'knit and natter' so to include more people.

The 'knit and natter' group had really taken off and proved to be very popular. A retired local councillor worked alongside the home's activity co-ordinator to run the group. The retired local councillor told us how they came along with knitting needles and wool at the ready and how the service prepared a drinks trolley for all. One person said, "I don't knit but I certainly like to natter." A relative said, "This group has had a

fantastic impact on [relative]. [Relative] is more sociable, mixing with people and has made friends." The retired councillor told us this group enabled the community to come together, socialise and enhanced people's stay. They also said, "In the community people have a positive image of the 'Oaks'. If I had to be anywhere I would be happy to be here. This place feels alive."

People's spiritual needs were acknowledged and provided for. There were links with local churches and some people who used the service had retained their connection with their churches. Children and teachers from local schools visited the service. At Christmas the nursery children wrote cards for all people who used the service. Some people who used the service had visited the local senior school for tea and entertainment. We were told that the service is to reciprocate with people who used the service hosting an event and invite the children to Nunthorpe Oaks as a thank you. One person said, "It is so lovely when the children come to visit. I love to hear them sing. It gives you a lovely warm feeling inside."

The service has a minibus, which is wheelchair accessible and was provided last year by the registered provider. People had enjoyed a recent trip to Dorman's Museum.

Activities were tailored to people's individual interests and abilities. When people first moved into Nunthorpe Oaks, staff at the service completed a detailed history of the person and this included finding out about their interests and hobbies. The activity co-ordinator told us they spoke with people when they first moved to find out their individual interests to ensure that activities were person centred. People confirmed they were consulted on the activities and outings taking place and it was their choice if they participated or didn't participate. People who used the service had an individual activities support plan which was reviewed and updated on a regular basis.

The chairman of the residents committee told us how they were heavily involved in activities within the service. They told us how they led groups in crosswords, dominoes and quizzes and how they were extremely popular. They also told us they and the registered manager ran a history group in the service. They said, "I help [registered manager], we run a local history session three times a year, I research the old photos we use. The residents love it." The registered manager told us how they got representatives from a local history group to come in and give talks to people. One person said, "I love all the activities, but I do love history and enjoy listening to people and learning something new."

Relatives were also involved in leading activities. The relative of one person played the piano for people and there was singing. Another relative told us, "She [the activity co-ordinator] is a good seller and draws people in. I'm coming in next week to do baking with residents." The relative told us how their career had been in catering and how the activity co-ordinator was quick to draw on everyone's skills to ensure variety and stimulation.

Meaningful activity was seen to be important. We attended the regular bowling session in the garden room, which proved to be very popular. One person who had a visual impairment told us, "It's not deadly serious it's a laugh." This person was assisted to bowl with verbal prompts from the activity co-ordinator. There was a sense of excitement in the room and people were competitive. One person was struggling with the bowling ball and was given a smaller lighter one by the activity co-ordinator. The activity co-ordinator told us the bowling balls had been donated by the local bowls club.

The registered manager told us staff had been trained to provide a programme of exercise activity, fun and mental stimulation to people who used the service. The activity co-ordinator told us how this was particularly beneficial to older people living with a dementia as it provided activity, exercise and reminiscence to familiar music. This involved the use of sensory props such as pom-poms. We watched this

exercise activity and saw that people thoroughly enjoyed this. The staff member leading the activity encouraged people to participate. People told us this exercise had made a real difference to them. One person told us how the swelling in their legs had reduced and another person told us how their mobility had increased. One person said, "This is a fantastic and enjoyable way of exercising you could see how much fun we had." Another person said, "I so look forward to these sessions. We [people and staff] have a giggle but we also benefit by keeping fit and healthier. I certainly feel better in myself."

The activity co-ordinator told us they had researched meaningful activities for people living with a dementia. They showed us the 'Twiddlemuffs', which were knitted woollen muffs with items such as ribbons, large buttons or textured fabrics attached that people living with a dementia can twiddle in their hands. People living with a dementia often have restless hands and like something to keep them occupied. People also did large chunky jigsaws and liked to draw and paint. The activity co-ordinator would often spend time with people on a one to one basis reading or taking people out into the local community. The activity co-ordinator told us how they chatted and reminisced with people. They told us how people liked to have their nails painted and be pampered.

We saw people consistently received person centred care. This meant the service put people at the centre of all decisions whilst working alongside other professionals to achieve the best possible outcome. During discussion staff told us how they carefully considered what people wanted, their values, family, lifestyle and treating the person as an individual. During our visit we reviewed the care records of four people. We saw people's needs had been individually assessed and plans of care drawn up. The care plans we looked at included people's personal preferences, likes and dislikes. For example, the care plan for one person detailed the type of soap they liked to use and that it was important to them that they wore make up. People and relatives told us they had been involved in making decisions about care and support and developing the care plans. Care plans provided consistent and up to date information about each individual.

During the inspection we spoke with staff who were extremely knowledgeable about the care that people received. People who used the service, staff and relatives told us how staff supported people to plan all aspects of their life. Staff were responsive to the needs of people who used the service.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who in the organisation to contact. We spoke with people who used the service and relatives who told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. One person we spoke with said, "We [people who used the service] are encouraged to say if we are unhappy about something." People told us that having a person who used the service as a chairman of their residents committee also encouraged people to share their views. People told us any small grumbles were acted upon quickly.

There was a positive, open, transparent culture about complaints and concerns. Discussion with the registered manager confirmed that any concerns or complaints were taken seriously. We looked at records which indicated that the two complaints received since our last inspection had been dealt with promptly and appropriately. We saw that the service kept a record of compliments.

## Is the service well-led?

### Our findings

The service was exceptionally well-led. It had an experienced and skilled registered manager in post, which provided stable and consistent leadership. This was supported by what people and relatives told us. One person said, "[Registered manager] is always there if you need her." One relative said, "This is a fabulous place with an incredible staff team and excellent leadership." Another relative had written to the registered manager to express their appreciation 'As a sailor myself I would describe Nunthorpe Oaks as a very well run ship, with an excellent Captain and crew - so keep it up 'my hearties.' A visitor said, "The leadership is excellent. [Name of registered manager] clearly runs a tight ship." Visiting health professionals confirmed the registered manager was extremely effective in their role.

There was a clear management structure in place at the service. The registered manager was supported by a regional manager and two deputy managers and each member of the management team played an effective part in the running of the service. The registered manager recognised individual skills of staff and utilised these through effective delegation. The registered manager empowered staff by sharing responsibilities whilst monitoring their performance. The management team worked extremely hard to ensure people who used the service and relatives were involved in how the service developed and delivered care.

The service had received many compliments. We were shown a recent letter that had been sent to the registered manager. This said, '[Name of registered manager], what an amazing job you have done in turning round the Oaks. It has meant we felt confident that [relative] was getting all the care, support and love [relative] needed in [relative's] final years. You've shown great leadership and management skills as well as just knowing how to do things 'right'. We're so fortunate that [relative] benefited from all of that.'

The registered manager led by example and modelled excellent practice to staff. For example, throughout the inspection if a person needed support or assistance the registered manager prioritised the person above everything else. People, relatives and staff told us this was the registered manager's usual practice and this ethos was carried out throughout the service. The registered manager told us they were proud of the service, staff and care that was delivered. The registered manager told us, "I try to make a difference to people's lives. I try and spread happiness. I lead by example and treat everyone the same whatever their age, disability or religion. I wake up on a morning and can't wait to come to work. I have been looking forward to you [the Care Quality Commission] coming in so that I can show you what a good job we do."

Staff told us that they felt valued and supported by the registered manager. One staff member said, "I absolutely love my job. [Name of registered manager] is fantastic. With [name of registered manager and name of the two deputy managers] we have excellent leadership and great team work."

The registered manager and staff told us they also felt valued by the registered provider. The registered manager said, "I feel valued by the company. They are there if I need anything. I asked for a minibus and I got it." A staff member said, "Embrace invest in training and their staff. All the additional training I have asked for I have got. Because of this we [staff and service] are outstanding. We were good but we have gone

all out to be even better."

The registered manager and all of the staff were constantly looking for new experiences for people so that they benefitted from lives that were more fulfilled. They had built excellent links with the community. Clergy from local places of worship visited the service regularly. A local knitting group visited the service on a weekly basis and people and relatives described this as invaluable as it enabled people to maintain contact with local people. One person who used the service was soon to be discharged and we were told that the local knitting group were to continue to visit the person in their own home. Local schools visited the service and people visited the schools. The service received welcome donations such as bowling balls that were donated by the local bowls club. One person who used the service told us being part of the community was very important to them and this hadn't changed when they moved into Nunthorpe Oaks. They said, "I used to live over the road so when I go to the shop I see all of my neighbours and wave to them."

The registered manager told us when one person who used the service moved in, they had been diagnosed with a food intolerance. The registered manager thought there was no better person to provide training to staff than them. This person was pleased to be asked to provide such training. Staff told us the training was "Great and very informative." The person told us the registered manager had given training certificates out to those staff who had attended.

The registered manager and staff had signed up as Dementia Friends. Dementia Friends is an Alzheimer's Society initiative that aims to give people a better understanding of dementia. The registered manager and staff had created an informative notice board with leaflets and information on dementia for everyone to read. The registered manager told us they were to advertise and invite people living with a dementia from the local community and their families to an event at the service. They told us this would provide an opportunity for people who used the service, relatives and people from the local community, to come together and enjoy each other's company in a safe and supported environment.

The registered manager told us that they had signed up to the Gold Standards Framework. The Gold Standards Framework provides training to staff providing end of life care to ensure better lives for people and recognised standards of care. As part of this the service had developed a notice board which was full of information on the training programme and its benefits to people and relatives. This training will provide staff with the knowledge and confidence to care for people at the end of their life.

It was clear from discussion that it was the drive and enthusiasm of the registered manager, deputy managers, staff and activity co-ordinator, that ensured they made a positive difference to people's lives. The registered manager was extremely keen to involve people and their relatives. The service had established a positive and open culture. The management team encouraged people, their relatives and staff to raise issues of concern with them.

The registered manager encouraged staff to develop their skills and roles and take responsibility for specific areas such as activities, medicines and safeguarding. Staff confirmed that they were supported to develop their skills and knowledge to take up these responsibilities and felt a sense of achievement and personal development. Discussions with the registered manager showed that they felt a sense of personal achievement seeing staff develop with their assistance and achieve qualifications to improve their career aspirations. One staff member told us, "[Name of registered manager] is so supportive and encouraging. She will go out of her way to support you in your career development." The registered manager told us, "If staff want to come to me I will pass on all of my knowledge and give my all to see them develop."

We saw records which confirmed that regular meetings for people who used the service and relatives took

place. These meetings were chaired by a person who used the service who was very passionate about keeping people informed and encouraging people to share their views and ideas. We saw that discussions had taken place about food, activities, Christmas and much more. One person who used the service said, "Our meetings are very important. They are led by another resident and we are so much involved in decision making and we are always asked for our opinion. It's very much about us [people who used the service]." The chairman told us how the meeting addressed people's concerns. They gave one example of the dinner plates being cold at Sunday dinner. They told us that after this was pointed out they spoke with the cook and the management and this was resolved.

The service had an inclusion folder. This contained evidence of people's involvement in the service. The home had recently been refurbished and new pictures were to be purchased for the wall. People and staff made the decision they would like some pictures with meaning and to trigger memories. A relative who was also a keen photographer took some photographs of places of interest. These were shown to people who used the service at a meeting. One person who used the service said, "The photographs were beautiful. We chose photographs of Fountains Abbey, Roseberry Topping and scenes from Saltburn to display on the corridor walls." We saw people had been involved in choosing the colour of their bedrooms when these had been decorated. We saw colour swatches and recordings of the choices that had been made.

Records confirmed that staff meetings had taken place on a regular basis. There were regular meetings with care staff, night staff and kitchen staff. In addition health and safety meetings took place. Staff told us that the meetings provided staff with an opportunity to share their views.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Monitoring of the service was extremely good. The registered manager, deputy managers and regional manager completed a wide range of audits to maintain people's safety and welfare at the service. These looked at quality in areas of the service such as infection control, housekeeping, medicines, care records, the environment and health and safety. An audit completed by the regional manager in January 2017 identified improvement was needed in the recording of food, fluid and personal hygiene charts for people who used the service. These areas identified as needing improvement during the auditing process were then analysed and incorporated into a detailed action plan. We saw there was a culture of continuous learning and improvement.

Records showed that the regional manager visited the service every month to talk to staff and people who used the service and check on the quality of service provided. The registered manager told us they, "Continually strived to improve all aspects of the home."

We asked the registered manager about the arrangements for obtaining feedback from people who used the service and their relatives. They told us that satisfaction surveys were used to gather feedback in April 2016. The results of the survey showed that everyone was very happy with the care and service received.

The registered manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission and these had been received where needed.