

Sanctuary Care (Geffen) Limited

Nunthorpe Oaks Residential Care Home

Inspection report

114 Guisborough Road
Nunthorpe
Middlesbrough
Cleveland
TS7 0JA

Tel: 01642316694

Website: www.europecare.co.uk

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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 caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Nunthorpe Oaks is a care home which provides residential care for up to 56 older people. Some people supported by the service were living with dementia. At the time of inspection 39 people were using the service. Nunthorpe Oaks is a purpose built building set out over two floors.

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

At the time of inspection the service was being monitored closely by the local authority due to a range of concerns raised about the quality and safety of the service. At this inspection we found the provider had acknowledged the concerns raised and was taking action to support staff and make improvements. The improvements identified by the management team had not been fully completed and quality assurance systems had not identified some of the shortfalls we found. People and relatives told us they felt the service was now on the right track but there was further work to do.

We found medicines were not always managed safely. Risks to people were not always assessed and managed effectively. People's individual care needs had not always been assessed and reviewed regularly. We found the home required refurbishment and was not always free of malodours.

Staff knew how to safeguard people from abuse. Recruitment processes reduced the risk of unsuitable people being employed. Staff told us there were usually enough care staff on duty to meet people's needs. Staff were supported through a system of induction, training and supervision. However, the provider recognised that there had been some shortfalls in these areas. The provider was working to address this issue.

A range of activities were provided for people. We have made a recommendation about outings and activities for people who do not want to join in group sessions.

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.

The service had recently been working closely with a range other professionals and agencies to improve the service on offer to people. A complaints system was in place. Lessons were learnt from adverse incidents.

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 outstanding (published 2 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified two breaches of regulation in relation to the safety and governance of the service. Please see the action we have told the provider to take at the end of this report.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Nunthorpe Oaks Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors, a medicines team 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.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. A manager had been recently appointed and was going through the process of becoming registered. 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 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 requested feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 four people and four relatives about their experience of the care provided. We spoke with eleven members of staff including the manager, regional manager, deputy manager, one senior care worker, four care workers, the maintenance person, a housekeeper and the cook. 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 eight people's care records and multiple medicine records. We looked at four staff files in relation to recruitment. 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. This included a range of training information 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 last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely and there were gaps and inconsistencies in some people's medicine records.
- A stock check of several medicines found the amounts in stock did not always tally with people's administration records. This meant we could not be assured people had always received their medicines appropriately.
- Some people had not always received their medicines as prescribed because stock was not available. The regional manager told us this was due to the high number of GP practices being used and the issue was being addressed.
- We found one person's medicine administration chart had been signed to say a medicine had been administered when it was still in its package.
- The amounts of fluid thickening agent administered and the application of creams by carers were not being recorded by staff.

The provider had failed to ensure systems were in place or robust enough to demonstrate medicines were managed safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the issues with medicines found with the regional manager. They told us they were working with other agencies to improve medicine procedures. They were also training additional staff in the service's medicine procedures.

Assessing risk, safety monitoring and management; preventing and controlling infection

- Risks to people were not always assessed and monitored. This included risks to people around the use of oxygen and catheter care.
- We identified food and fluid records for people with needs in this area were not always completed fully and consistently.
- We identified some infection control procedures within the service could be improved. We saw a cleaning trolley and mop bucket were dirty as was a box used to store cleaning cloths.

Systems were either not in place or robust enough to demonstrate risk was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately to the issues we raised during and after the inspection. They confirmed people's care needs and the associated risks were being reviewed. They told us a new, electronic care planning system was to be implemented shortly which would help address the issues we had identified with risks to people.

- General risk assessments for tasks undertaken by staff were in place.
- A range of checks were carried out on the building and equipment to help ensure their safety. Plans were in place to be followed by staff in the event of an adverse event such as a fire occurring.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One person told us this was because, "I'm surrounded by people who care."
- Staff knew how to safeguard people from abuse. They told us they were confident any concerns raised would be managed appropriately.
- The provider had a safeguarding policy and procedure in place for staff to follow where needed.

Staffing and recruitment

- Pre-employment checks were undertaken before new staff began work to help ensure staff recruited were suitable and safe to carry out their role.
- People told us there were enough staff on duty to meet their needs. One person told us, "They are always there if you need something."

Learning lessons when things go wrong

- The provider and registered manager reviewed incidents to identify if improvements were needed.
- The manager gave examples of how lessons had been learnt from adverse incidents and had shared these across the team.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's care and health needs had not always been fully assessed.
- We found staff were carrying out care tasks for some people, such as using thickener in their drinks without any explanation for this being recorded.
- People's plans of care had not been reviewed regularly. However, one review had taken place shortly before this inspection.

Care plans did not always fully reflect people's current care needs. The provider had failed to maintain an accurate, complete and contemporaneous record in respect of each person. This placed people at risk. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the issues we found with care plans with the regional manager who told us an action plan was in place to improve the monitoring and review of care plans. This included rewriting all care plans in the near future.

- Nationally recognised tools were used for pressure ulcer risk assessment and for weight monitoring. This helped staff identify and reduce the level of risk.

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

- People's nutritional needs were not always managed safely. We found gaps in records relating to people's nutrition. The regional manager told us the service was working with other agencies to address this issue.
- We observed the lunchtime experience could be improved for some people. We identified one person with a visual impairment was not given all the support they needed at lunchtime. People's food was not always hot. We discussed these issues with the regional manager who told us they would address these matters with staff.
- The cook was aware of people's individual nutritional needs. The menu was adapted to meet people's different needs.
- People told us they enjoyed the food. One relative told us, "[The food] is very good and always an alternative. The chef is exceptional."
- There were drinks stations on each floor of the home to encourage people to drink. One person told us, "There's always drinks on each landing, we can get orange squash and fruit." However, we observed staff could be more proactive encouraging people to drink at lunchtime. We brought this to the attention the

regional manager who told us they would discuss this with the staff team.

Staff support: induction, training, skills and experience

- Staff told us they had not always felt supported by the management team but this had got better recently. One staff member said, "The atmosphere was awful but things have really improved. I feel like we have turned the corner now."
- A programme of supervision had been implemented for staff. Due to a high staff turnover the regional manager told us there had been some gaps in the sessions held. However, this was being addressed with meetings scheduled.
- Staff were trained in areas the provider deemed key, such as moving and handling and falls awareness. Where there were gaps in staff training dates had been scheduled.
- New staff had been recently recruited to work at the service. The provider had an induction process in place for newly appointed staff. This included completion of a handbook and the shadowing of experienced staff. Newly appointed staff were completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of care staff.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood MCA requirements. Where needed best interest decisions were in place for people lacking capacity.
- DoLS applications and any conditions related to these were made and managed appropriately.
- Staff were observed seeking permission before they carried out day to day tasks with people.
- Conversations with staff showed they understood the importance of enabling people to make their own decisions wherever possible. One person told us, "I decide what to wear and get myself ready".
- Some people had chosen to have 'Do Not Attempt Cardiopulmonary Resuscitation' forms completed so staff knew what action to take in an emergency.

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

- The provider was working in partnership with other organisations to support to people with their health needs. This included GP's and district nurses.
- The regional manager recognised further partnership work was required with other agencies to achieve the service's action plan and improve the quality of care on offer to people.
- People were supported with health appointments where needed.

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

- The building was tired and in need of refurbishment. We found stained carpets and in some areas of the

home there were unpleasant smells particularly carpeted corridors. We discussed the issues with the building with the regional manager who told us a complete refurbishment of the home was to start in January 2020.

- Some signage was available to help people find their way around. However this needed improving.
- People's bedrooms were personalised. They contained items such as photographs and soft furnishings.

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 last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We saw staff were kind and caring towards people when they interacted with people. However, we observed at certain times of day some people went a long time without staff engaging with them. We discussed this with the regional manager who said they would address the issue with the staff team.
- We observed staff were very respectful when interacting with people. Staff knew people and their visitors well and talked with them about their interests and families. One person told us, "The staff are absolutely wonderful."
- We saw where people were anxious staff successfully offered lots of support and reassurance. One person told us staff "have never, ever been grumpy".
- When staff were carrying out tasks with people they made every effort to ensure people understood what was being asked and gave them time to decide what they wanted to do.

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

- People and relatives told us they had not felt listened to in recent months. However, they felt this was improving with the involvement of the regional manager in the home and the recent appointment of a new manager.
- The regional manager had held meetings with people and their relatives where they had been able to talk about the issues and concerns important to them. Relatives and people told us they had found these meetings productive.
- Staff knew people's communication needs well. We observed them taking time to listen carefully to people. They used gentle touch, signs and gestures to aid communication with people.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and right to privacy.
- We observed staff knocked and asked for permission to enter people's bedrooms. One person told us, "They [staff] always knock on the door. If I want a shower they respect me".
- Offers of personal care made to people by staff were discreet.
- People's independence was promoted. People were encouraged to carry out tasks for themselves where they were able.
- People's confidential information was stored securely.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were met through good organisation and delivery.

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

- The care staff we spoke with knew people's individual preferences. However, people's care files did not always reflect their likes and dislikes and the choices they had made about their care.
- People and relatives told us they were involved in the planning of people's care. However, we identified care files did not always show the involvement of people and significant others.
- People's cultural and spiritual needs were considered as part of their initial assessment.
- Handovers between different staff teams coming on duty took place. This meant staff had the up to date information they needed to support people safely.

Improving care quality in response to complaints or concerns

- A high number of complaints had been received by the service within the last year.
- We identified some improvements had been made following the complaints received. The provider had followed their policy in responding to complaints. However, there were further actions to be undertaken in addressing those raised. The regional manager had recognised and acknowledged the concerns raised by people and relatives. They had an action plan in place to address the issues highlighted.
- People and relatives told us they knew how to make a complaint.

End-of-life care and support

- End-of-life care plans were not in place for people. We discussed this with the regional manager who had identified this was an area requiring development.
- At the time of this inspection the service was not providing any end-of-life care to people.
- Staff received end-of-life care training and policies were in place for staff to follow in the event this was needed.

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.

- People told us they were able to take part in activities within the home. One person told us, "You don't have to be lonely in here there is always something going on."
- Relatives felt the activities on offer had improved recently. One relative told us the activities programme "Now seems to be up and running."
- We identified activities for people who did not want to join in with group sessions could be improved and staff told us they felt more outings would be beneficial to people.

We recommend the service review its activity programme to ensure people, including those who do not want to join in with group activities have regular access to meaningful activities and outings.

- The service had links with the local community. During our inspection the service was being visited by local nursery school children. People were engaging well and playing with the children. Both people and children clearly enjoyed the visit very much.

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.

- Staff knew how to communicate well with people and communication care plans were in place.
- The provider told us information could be provided in a range of formats on a bespoke basis as needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to requires improvement. This meant the 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

- Following a large number of concerns being raised about the quality and safety of the service we found the provider had recently been working closely with the local authority and other agencies to drive improvement. Some improvements had been made however further work was required. The changes made needed to be embedded into service delivery.
- The provider and management team carried out a range of audits which had highlighted many of the areas of improvement required. However, these had not yet addressed the issues we found on inspection. This included shortfalls in the assessment and review of people's needs and the management of risk.

The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the services. This put people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Recent changes had been made to the management team at the service. This had been viewed positively by people, relatives and staff. All said they felt the service was now improving after a very unsettled period. One relative told us, "The home was in a terrible state...now on the whole [it's] good." Another relative said, "It has certainly improved since the new manager came in."
- People and relatives told us the management team had listened to them and their concerns and acted upon them. One relative told us, "I can see now it is moving forward in the right direction."
- Meetings were held where people could express their views. One person acted as a representative for the people living at the home. "
- Staff told us the management team were approachable and they could raise any issues they may have. Team meetings were held to keep the staff team updated with changes.

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

- Throughout the inspection the management team and provider were open and honest about the areas of improvement needed.

- The regional manager told us they were going to start recording informal concerns raised as this was not taking place at the time of inspection.
- Notifications about incidents that affected people's safety or welfare had been sent to CQC appropriately.

Working in partnership with others

- The service had worked recently with a range of other professionals and agencies to improve the quality of service available to people. This included commissioners, the local authority safeguarding team and healthcare professionals. The management team recognised there was further work to be undertaken in this area.

Continuous learning and improving care

- The provider and manager were keen to continue improving service delivery following the recent unsettled period in the service. They shared their plans in this area.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>12.2 a, b, g</p> <p>The provider had not consistently assessed the risks to people's health and safety and done all that was reasonably practicable to mitigate these risks.</p> <p>The provider had failed to ensure the proper and safe management of medicines.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>17.2 a, c</p> <p>The provider had failed to operate effective systems to assess, monitor and improve the quality of the service.</p> <p>The provider had failed to maintain an accurate, complete and contemporaneous record in respect of each person.</p>