

Sanctuary Care Limited

Yarnton Residential and Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Yarnton is care home that was providing personal and nursing care to 52 people at the time of the inspection.

At the last inspection on 24 April 2018, we asked the provider to take action to make improvements in fire evacuation measures as well as pressure risk and risk management, and this action has been completed.

People's experience of using this service:

People living at Yarnton received safe care from skilled and knowledgeable staff. People told us they felt safe receiving care from the service. Staff understood their responsibilities to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. The home used the same agency staff to ensure consistency. Medicines were managed safely and people received their medicines as prescribed.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to maintain good health and to meet their nutritional needs.

People told us staff were caring. Staff consistency enabled people to receive good care from staff who knew them well. People had access to a variety of activities to prevent social isolation. However, activities could be improved and be more linked to people's interests and hobbies.

Yarnton was well-led by a manager who was making positive changes. Staff culture had significantly improved, and this had resulted in provision of good care. The service had a clear management and staffing structure in place. Staff worked well as a team and had a sense of pride working at the service. The provider had quality assurance systems in place to monitor the quality and safety of the service.

The service was an important part of the local community. The team facilitated various community links that reflected the needs and preferences of the people who used the service.

Rating at last inspection:

At our last inspection we rated the service requires improvement. Our last report was published on 11 June 2018.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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

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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Yarnton Residential and Nursing 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of two inspectors and three Experts 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:

Yarnton is registered to provide accommodation and personal care for up to 60 older people who require nursing or personal care. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The accommodation is spread over two floors and divided into four units namely Oriel, Magdelan, Trinity and Keble. Oriel is a nursing unit, Magdelan specialises in providing care to people living with dementia and Trinity and Keble are residential care units.

The service had a manager who was registering with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The

provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We reviewed the action plan which the provider had submitted following the last inspection. We received feedback from three social and health care professionals who regularly visited people who received care from the service. We also reviewed the provider's previous inspection reports.

We spoke with 14 people and 10 relatives. We looked at seven people's care records and nine medicine administration records (MAR). We spoke with the manager, the regional manager, the deputy manager and seven staff which included, a nurse, carer staff, kitchen staff, activities coordinator and a volunteer. We reviewed a range of records relating to the management of the home. These included three staff files, quality assurance audits, staff communication letters, incident reports, complaints and compliments. In addition, we reviewed feedback from people who had used the service and their relatives.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection on 24 April 2018, we asked the provider to take action to make improvements in fire evacuation measures as well as pressure risk and risk management, and this action has been completed.

Assessing risk, safety monitoring and management:

- The provider had fire evacuation measures in place. Records showed checks were conducted regularly and actions taken where necessary. People had Personal Evacuation Emergency Plans in place (PEEPs).
- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure they were safe. Where people were thought to be at risk of developing pressure sores, pressure relieving equipment was in place and set at correct settings.
- People's risk assessments included areas such as their mobility, nutrition or medicine management. Staff were familiar with and followed people's risk management plans.
- People told us they felt safe living at Yarnton. One person said, "I do feel very safe living here. They did give me a pendant about six months ago and encouraged me to wear it".
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.

Systems and processes:

- People were supported by staff that knew how to raise safeguarding concerns. One member of staff explained, "I can report concerns to the manager or to the safeguarding team and CQC (Care Quality Commission)".
- The provider had safeguarding policies in place and the team reported concerns accordingly.
- The provider had a business continuity plan that included various emergencies.

Staffing levels:

- The home had enough staff on duty with the right skill mix to keep people safe. Agency staff were used when needed and the provider ensured the same staff were used to maintain consistency. Staff told us there were enough staff. One member of staff said, "We have enough staff. We are using regular agency staff who know what they are doing".
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Using medicines safely:

- People received their medicines as prescribed and the home had safe medicine storage systems in place.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Where people required when necessary medicines, these were administered safely. People told us they

were supported with medicines. One person said, "I take medicine for blood pressure. The nurse makes sure I take the right medicine".

- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

Preventing and controlling infection:

- The provider ensured staff were trained in infection control. We saw staff washed their hands and used disposable gloves and aprons where required.
- The provider had an infection control policy in place. Staff were aware of the provider's infection control policy and adhered to it.

Learning lessons when things go wrong:

- The registered managers ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff.
- Discussions with staff showed there had been learning following medicines recording errors and people's surveys.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider ensured people's needs were assessed before they came to live at Yarnton to ensure those needs could be met and individual care plans put in place.
- People's expected outcomes were identified and care and support was regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.
- People and relatives told us they were involved in the assessment and care planning process.

Staff support: induction, training, skills and experience:

- New staff went through an induction which prepared them for their roles.
- Staff told us they felt supported in their roles through 'My performance' supervision meetings with their line managers. One member of staff commented, "I feel supported. We have continuous supervisions".
- People were supported by skilled staff that had ongoing training relevant to their roles. For example, staff had received 'A virtual dementia bus' training which they found very informative. This training gives staff an opportunity to walk in the world of people living with dementia and then change the environment and their practice to potentially improve their care.

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

- People complimented the food and said, "The food is really good, it is worthy of a three star Hotel", "We get a choice of vegetables, it is nice food for the most part considering they have to cook for so many" and "We do have a choice although they like it better if you order it in advance".
- Staff supported people to maintain good nutrition and hydration. This included special diets, individual choices and preferences.
- The kitchen staff were aware of people's dietary preferences and ensured special diets were catered for. Alternative menus were available if and when people changed their minds.
- People had an enjoyable dining experience. Some people chose to have meals in their rooms and staff respected that. People had the same pleasant dining experience and support where ever they chose to eat their meal. There were enough staff to support people with nutritional needs.

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

- Yarnton was a purpose-built home with several sitting areas where people could spend their time. There were activity corners with quizzes and engineering parts which people could use. There was also a corner from which people could observe birds.
- The home allowed free access to people who used equipment like wheelchairs. People's doors were a different colour to the walls and this enabled people to recognise their rooms. There were memory boxes to personalise people's doors.

- People could move around freely in the communal areas of the building and the beautiful gardens.
- People's rooms were personalised and decorated with personal effects, furnished and adapted to meet their individual needs and preferences.

Supporting people to live healthier lives, access healthcare services and support:

- People were supported to stay healthy and their care records described the support they needed. Where referrals were needed, this was done in a timely manner.
- Healthcare professionals told us staff followed their advice and sought further advice when needed. One healthcare professional told us, "Staff are welcoming, helpful and do what they need to do. Our recommendations are always followed".

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

- People's rights to make their own decisions were respected and people were in control of their support. One person said, "I can choose what I want to do each day".
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member explained, "We assume they have capacity and enable them to make simple decisions for themselves".

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

Good: 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:

- People were positive about the care they received and told us staff were caring. One person said, "I think all the carers are good here". One person's relative told us, "We have absolutely no qualms about any of the staff here- one of them even comes in on her day off".
- We observed staff talking to people in a polite and respectful manner. It was clear people were comfortable in the company of staff. The atmosphere was calm and pleasant.
- Staff knew people very well and knew how best to support them.
- The service had an equality, diversity and human rights approach to supporting staff as well as people's privacy and dignity. People's culture and religion was acknowledged as an important aspect of their care and people were empowered to maintain and develop this.
- The provider recognised people's diversity and they had policies in place that highlighted the importance of treating everyone equally. People's diverse needs, such as their cultural or religious needs were reflected in their care plans. Staff told us they treated people as individuals and respected their choices. One member of staff said, "I am aware of people's different cultures and I respect them".

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

- People were involved in their care. Records showed staff discussed people's care on an on-going basis.
- Where required, information was provided to people in a format that was accessible to them and we saw accessible information was embedded in care plans. For example, we saw one person used a picture board to communicate effectively.

Respecting and promoting people's privacy, dignity and independence:

- People told us staff treated them respectfully and maintained their privacy. One person said, "They are respectful. They give me the privacy I need when they help me to wash".
- People's care plans highlighted the importance of respecting privacy and dignity. Staff knew how to support people to be independent. One member of staff told us, "We support residents to do simple things like offering a flannel to wash their face".
- People were supported to be as independent as possible. We saw some people had plate guards during meals to enable them to eat by themselves.
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. We saw staff logging on and off computers when not in use. Staff were aware of the laws regulating how companies protect information.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received care and support specific to their needs, preferences and routines. People's care plans reflected individual needs with clear guidance for staff to follow to ensure person centred care.
- Care plans included information about people's personal preferences and were focused on how staff should support individual people to meet their needs. For example, people's preferences about what time they preferred to get up or what food they liked to eat. The provider had introduced an electronic records system which allowed staff to update records at the point of care.
- People's care plans were regularly updated to reflect people's changing needs. For example, one person fell and was hospitalised. On their return to the home they had new equipment. We saw the person's care plan was reviewed and updated to reflect those changes.
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update '10 at 10' meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.
- People had access to activities which included in-house, days out and group activities. For example, music therapy, gardening, animal visits, light exercise, arts and crafts and live music entertainment. We saw evidence that there were links with the local community. Children from a local school often visited and interacted with people. People told us they enjoyed these interactions.
- However, we found activities could be improved by making them more meaningful and linking them to people's interests. People had raised this as an area of improvement. We discussed with the regional manager and they told us, the home had two new activities coordinators who were working with people and their relatives in ensuring they captured people's interests. They had also introduced activities suggestion boxes to encourage people and relatives to suggest activities.
- People told us they participated in activities. One person said, "They do offer some entertainment sometimes. We had a lovely May Ball with the children here and tea on the lawn and Burns Night with the pipers and the Christmas Carols were nice". Another person commented, "There are a few activities from time to time. You do remember the good ones but there is certainly not something on everyday".

Improving care quality in response to complaints or concerns:

- The provider had effective systems to manage complaints and the records showed any concerns raised were recorded, fully investigated and responded to as per provider's policy.
- People told us they knew how to make a complaint. One person told us, "I can go to the manager. She often comes around".
- The provider had received complaints mainly around inconsistency in leadership since the last inspection and these had been addressed. There were many compliments received regarding good care.

End of life care and support:

- There were no people receiving end of life support at the time of our inspection. The team occasionally supported people with end of life care and they would work closely with other professionals to ensure people had a dignified and pain free death.
- People's preferences relating to end of life were recorded. These included funeral arrangements and preferences relating to support. We saw many compliments received following support during end of life.
- The home had established close links with a local hospice. Staff knew how to support people and families during end of life care.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a manager in post who was in the process of registering with the CQC. The manager had been in post for 6 months. The manager had worked in the home as a deputy manager and decided to take on the challenge of manager. They told us, "I was tired of being a bystander and wanted to make a commitment to change the culture in the home. I had to step up, I knew the challenges and knew what needs to be done". They were supported by a new deputy manager who had been in post for four months. The new manager had identified areas that needed immediate improvement and were working through an action plan to address the shortfalls identified. This had included engaging with people and their relatives so as to reassure them of their commitment to improving people's experiences.
- On the first day of the inspection, the manager was away. The service was being run effectively in the manager's absence which showed good leadership. There was a clear leadership structure which aided in the smooth running of the service.
- There was a clear management and staffing structure and staff were aware of their roles and responsibilities. Staff took pride in their roles and supported each other to ensure good care.
- The provider had quality assurance systems in place to assess and monitor the quality of service provision. For example, surveys and quality audits including medicine safety, falls and nutrition. Quality assurance systems were operated effectively and used to drive improvement in the service. For example, a lunch survey had showed staff were not always engaging with people during meals. This had been discussed in team meetings and interactions with people had improved.

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

- People and relatives we spoke with recognised the improvements in the home and praised the new manager. One person said, "The new manager is much more proactive and productive, there is a sense of a change of regime and she is prepared to do things". Another person told us, "We have had an awful lot of managers here. This manager has her hands on it, she knows everything that goes on here and she is on top of things". One relative commented, "I have always been encouraged to be involved in the home's matters by the manager. She uses me a lot for knowledge and advice. I like the new manager and I have noticed a big improvement since she came. She had a tough job to change things, but she has made a tangible difference".
- Staff were complimentary of the support they received from the manager and deputy manager. Staff commented, "Manager is direct, open and honest. I think she will do a good job" and "I like the manager's attitude to improve care for residents. We are all up for the challenge".

- The manager had clear plans to improve people's care. They had introduced a lot of positive changes and successfully created a pleasant working atmosphere that contributed to good teamwork. One member of staff told us, "Manager is very open and honest. They are making positive changes and we have already made progress". Another member of staff said, "The team culture has changed. We are a more positive team and we are working better together".
- The provider successfully maintained an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivering good care for people.

Continuous learning and improving care:

- The manager promoted continuous learning, they held reflective meetings with staff to discuss work practices, training, development needs and staff's well-being.
- Staff were empowered to be more proactive and accountable. Staff attended awareness training for areas such as tissue viability and choking risk assessments.
- The provider facilitated a programme to develop their own nurses starting as nursing assistants. This is a country wide pathway used to support staff development towards nurse training.

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

- The provider involved people in various ways. People had opportunities to attend meetings and raise any comments via an open-door policy at any time.
- The provider also facilitated an annual satisfaction survey. The last 2018 survey showed people were generally happy with the care they received.
- The staff told us they felt listened to, valued and able to contribute to the improvement of care.
- During the inspection we observed effective team working. Staff worked well together and respected each other's skills and abilities. This interlink of staff and good communication had a positive impact on the care people received.

Working in partnership with others:

- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care. The home was transparent, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.