

Joseph Rowntree Housing Trust

The Oaks

Inspection report

Hartrigg Oaks, Lucombe Way
New Earswick
York
North Yorkshire
YO32 4DS

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Tel: 01904750700

Website: www.jrht.org.uk/community/oaks-york

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The Oaks is a residential care home providing personal and nursing care to up to 43 people. The service provided support to people living with dementia, physical disabilities, sensory impairments and care for people over the age of 65. At the time of our inspection, there were 37 people using the service.

The Oaks also provides a domiciliary care agency to people living in bungalows adjacent to the care home. Not everyone who used this service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Recent changes within management had resulted in shortfalls to the quality of the service. The provider had sourced additional management support and created detailed action plans to drive forward the improvements needed.

Quality assurance systems in place had supported the provider to identify shortfalls in quality. The provider was open and honest regarding these shortfalls and had taken appropriate action to address these in a timely way.

People were happy with the service and told us they were supported by kind and caring staff. The service was clean and welcoming, and people were engaged within the local community.

Staff understood their roles and knew what was expected of them. Risks to people were assessed and reviewed on a regular basis. Medicines were managed safely. Staff were recruited safely and they understood the principles of keeping people safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was good (published 25 April 2022).

Why we inspected

We received concerns in relation to management oversight, safeguarding people and pressure area care. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has remained good based on the findings of this inspection. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report. The provider had identified shortfalls with documentation and safeguarding at the service and was taking appropriate action to address this.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Oaks on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation regarding the documentation for the risk management of pressure area care for people.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Oaks

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by 1 inspector and a specialist advisor.

Service and service type

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

This service is also a domiciliary care agency. It provides personal care to people living in their own bungalows.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with managers, nurses, care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 7 people who used the service about their experience of the care provided and 4 relatives. We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans did not always contain basic explanations of the control measures staff needed to follow. For example, people who were at risk of pressure area care had no care plans in place to inform staff how to manage the risks.

We recommend the provider reviews best practice guidance for assessing and recording risk related to pressure area care and update their practice accordingly.

- The provider had identified care plans and risk assessments required updating to ensure all associated healthcare risks were clearly documented for staff to refer to.
- Staff were able to clearly explain the care they provided where people were at risk of pressure damage to their skin. Staff understood how regular positional changes are an important part of risk mitigation and prevention of pressure area care.
- Appropriate checks were carried out to ensure people lived in a safe environment. Equipment to support people with pressure area care received regular checks to ensure they were in good working order.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt the service was safe. Comments included, "I feel safe here, the staff are very good at looking after me", "I know they feel safer there than they did at home" and "The staff are really good at looking after me and keeping me safe. I have a lot of health conditions and they know how to support me."
- The service had a safeguarding policy in place and the management team followed internal and external processes to keep people safe.
- Staff understood the importance of safeguarding people and knew what action to take to ensure people were safe and protected from harm and abuse.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff understood their responsibilities under the MCA and Deprivation of Liberty Safeguards.

Staffing and recruitment

- There were enough staff to care for people safely.
- Sufficient staff were observed and call bells were answered promptly.
- The provider followed safe recruitment practices and carried out appropriate recruitment checks to ensure the suitability of staff to meet people's needs.

Using medicines safely

- Medicines were stored, recorded and administered safely.
- People received their medicines as prescribed. Records relating to the administration of 'as and when' required [PRN] medicines were not always in place.
- Systems in place to monitor the management of medication had identified concerns relating to the PRN documentation, stock control and missed administration of medicines. The provider was actively addressing this to prevent reoccurrence.
- Staff administered medicines safely and received regular checks on their competence to ensure best practice was been followed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- The service accommodated visiting in line with current government guidance

Learning lessons when things go wrong

- Accidents and incidents were monitored and investigations were completed to identify lesson learnt.
- The provider monitored investigations to identify improvements needed and develop staff's knowledge and understanding.

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 our last inspection we rated this key question good. At this inspection the rating has changed 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

- The management of the service was not consistent. A number of changes in the management structure had impacted on the oversight of the service and staff morale.
- The provider was taking a pro-active approach to address gaps in oversight of the service. Where concerns had been identified through internal systems, appropriate action was planned to address these. This included improvements to records and risk management which required embedding into practice.
- The provider had utilised managers from other locations to provide managerial support to the service and staff. These managers were clear about their roles and responsibilities and followed detailed action plans to improve practice and monitor the quality of the service.
- The provider was aware of their responsibilities to have a registered manager in place and they were considering their options as part of their improvement processes to ensure they fulfilled this requirement.
- The provider was aware that the staffing culture required addressing and had implemented support and incentives to promote staff morale. Staff felt the current management team were supportive and spoke positively about them.

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

- People and their relatives spoke positively about the management of the service. Comments included, "I am a very lucky person to have such lovely people looking after me" and "The management team are really good at recognising the improvements needed."
- The provider was working in line with their vision and values for the service and took a pro-active approach to address shortfalls identified.

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

- The provider was open and honest throughout the inspection.
- The provider and management team worked collectively with all staff to demonstrate and embed a positive culture and promote person-centred care and support for people.
- Where things went wrong, the provider had been open and honest with people about this. Safeguarding allegations had been reported to the local authority and CQC in line with the provider's legal responsibility to do so.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were given opportunities to provide feedback regarding their care and support needs. The provider analysed this information to develop and improve the quality of the service.
- The provider was working collaboratively with external agencies and health professionals to ensure positive outcomes for people. These included, the local safeguarding team, health partnerships and the local authority.