

## Lady Nuffield Home

# Lady Nuffield Home

## Inspection report

165 Banbury Road  
Oxford  
Oxfordshire  
OX2 7AW

Tel: 01865 888500

Website: [www.ladynuffieldhome.co.uk](http://www.ladynuffieldhome.co.uk)

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### Ratings

#### Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

This inspection took place on 5 November 2014.

This location is registered to provide personal care and accommodation for up to 30 people. At the time of our inspection 29 people 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.

As part of our visit we completed an observation in the dining room at lunchtime. We saw staff were available if people wanted support, extra food or drinks. We found that some improvements were needed to ensure a positive dining experience for everyone.

Most people we spoke with were satisfied with the choice of food available to them. One person told us they would prefer more choices to be made available to them.

# Summary of findings

The provider had ensured that people were safe at the home. There were enough staff to meet the needs of people who used the service. People we spoke with told us that staff responded quickly when they needed support.

Staff were skilled and experienced and received on-going supervision and appraisals to monitor their performance and development needs. People we spoke with told us they had no concerns about how staff provided care and support to them.

People told us and we observed that staff were kind, caring and respectful to them when providing support and in their daily interactions with them.

People were able to participate in crafts and events taking place in the home and in the community. People were supported and encouraged to maintain relationships with people who were important to them.

The provider regularly sought feedback from people who used the service to improve service delivery. People

completed questionnaires and took part in coffee mornings, where their views were recorded and acted on by the provider. There were audit processes in place intended to drive service improvements. The registered manager demonstrated a commitment to values, a vision and a working culture which placed people who used the service at the centre of service development and care delivery.

The registered manager and staff had received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). This legislation sets out how to proceed when people do not have capacity and what guidelines must be followed to ensure people's freedoms are not restricted. At the time of our inspection no DoLS applications were needed for people at the home.

Records showed that we, the Care Quality Commission (CQC), had been notified, as required by law, of all the incidents in the home that could affect the health, safety and welfare of people.

# Summary of findings

## 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.

Staff received training in safeguarding adults. Staff understood how to identify potential abuse and understood their responsibilities to report any concerns to the registered manager.

Staffing levels were adequate to ensure people received appropriate support to meet their needs.

Recruitment records demonstrated there were systems in place to ensure the staff were suitable to start work with people who used the service.

Good



### Is the service effective?

The service was not consistently effective.

During lunchtime we observed that people's walking frames had been placed in the corridor outside the dining room out of people's reach. This practice could potentially reduce people's independence and restrict their freedom of movement.

During lunchtime we saw that one person had difficulties cutting up their food. They were seated behind a wall with their back to staff. The person could not easily be seen by staff to enable effective support to be provided.

Staff had the knowledge, skills and support to enable them to provide effective care. People had access to appropriate health professionals when required.

Requires Improvement



### Is the service caring?

The service was caring.

People told us they were treated with respect and dignity by staff.

Care staff provided care with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

Good



### Is the service responsive?

The service was responsive.

People's individual needs had been consistently responded to by the provider.

People felt confident they could make a complaint if they needed to and that it would be dealt with by the provider.

Good



### Is the service well-led?

The service was well-led.

Good



# Summary of findings

People were encouraged to comment on the service provided to influence service delivery. The provider promoted a culture which placed people who used the service at the centre of service development and care delivery.

There were systems in place to make sure the staff learnt from events such as accidents and incidents and investigations. There were also audit processes in place. These helped to reduce the risks to people and helped the service to continually improve.

# Lady Nuffield Home

## 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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 5 November 2014. The inspection was unannounced, which meant the staff and provider did not know that an inspection was planned on that day.

The inspection was undertaken by one inspector.

As part of our inspection process, we asked the provider to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received this prior to the inspection and used it to help in our inspection planning.

We spoke with inspectors who had carried out previous inspections at the home. We checked the information we held about the service and the provider. We had received notifications from the provider as required by the Care Quality Commission (CQC).

On the day of our inspection we spoke with six people who used the service and five visiting relatives. We also spoke with the registered manager, the administrator, five members of care staff, the activities co-ordinator and two visiting healthcare professionals. 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 looked at three people's care plans. We looked at three staff recruitment files and records relating to the management of the service, including quality audits.

# Is the service safe?

## Our findings

We asked people if they felt safe living at the home. One person told us: "I feel safe living here." Another person said: "It is fine here. I feel safe living here." One relative told us: "My relative is in good hands, they are safe here."

Everybody we spoke with said they felt safe living at the home. All the relatives we spoke with told us they felt reassured that their loved ones were safe in the home.

Staff we spoke with told us they understood about different forms of abuse, how to identify abuse and how to report it. Staff told us they had completed training in safeguarding adults and told us of their duty to report information of concern to the registered manager. We looked at training records which confirmed this. The provider had policies and procedures in place for dealing with any allegations of abuse. We received no safeguarding notifications from the provider in the last 12 months. The registered manager confirmed that no safeguarding incidents had taken place within this timeframe.

We saw that care plans contained risks assessments and the actions staff should take to reduce the identified risks for each person. We found that records contained detailed information on people's health and social care needs. Staff told us they read people's care plans. They told us they attended handover meetings before every shift to ensure they had up-to-date information on people's needs.

One health care professional told us: "They [staff] are vigilant to people's needs and ensure risks to people are assessed. They explain risks to people and ensure other professionals are involved in people's care. Daily information on people's needs is available."

We asked people about staffing levels at the home. One person told us: "I have used my buzzer to call staff and it is a very quick service." Another person told us: "I had a fall a while ago and two staff came quickly and helped me" and: "There are no staffing issues. Staff come quickly when you need them." We also spoke with five staff members. The staff we spoke with told us that all shifts were adequately covered.

We looked at staff records and saw checks had been made to ensure staff recruited were of good character before they started work at the home. The staff records we looked at contained two references and criminal records checks for all staff.

We saw that the provider followed relevant professional guidance about the management and review of medicines. The registered manager showed us a new medicines management system she had set up in March 2014. This system provided staff with descriptions for all medicines, a clear code system to document when they had administered medicines and a clear process for monitoring medicine stock levels. The registered manager carried out monthly audits to ensure people were provided with the correct medicine. We spot checked medicine administration records (MAR) and found staff had accurately recorded medicines administered. We spoke to two senior staff members who told us the system was very good and reduced the risk of medicine errors.

# Is the service effective?

## Our findings

People we spoke with were happy with the skills and competency of staff. One person told us: "I am happy with the care here". One relative told us: "The staff are good. [My relative] is in good hands". One relative wrote a comment: "It was especially during the last few days [of our relative's life] that I appreciated the skill and compassion of your staff".

A visiting healthcare professional told us: "The staff are competent and experienced and know what is required. The level of care delivered here is very good. Staff are professional. I have never witnessed anything inappropriate. There is a clinical room where we can discuss things in private. The manager is on the ball here".

We read a thank you card sent by a relative which read: "This is just to thank all the staff for the lovely care and attention which they gave my relative. It was good to know they were safe and comfortable. When problems arose there was always someone around who could deal with them. Staff went to so much trouble to get the mechanical bed which enabled our relative to spend their last days in the home rather than in hospital".

During lunchtime we observed that people's walking frames had been placed in the corridor outside the dining room out of people's reach. We asked one person who used a walking frame what they thought about this. They told us that it made sense as it created more room in the dining area. They told us that staff would get the walking frame for them when they wanted to leave. It was not clear whether everybody had agreed to this practice. This practice could potentially reduce people's independence and restrict their freedom of movement. The registered manager told us she would address this to ensure people's rights were not negatively impacted by this practice.

We observed that one person had difficulties cutting up their food. They were seated behind a wall with their back to staff. The person could not easily be seen by staff to enable effective support to be provided.

Most people told us they enjoyed the food provided and were offered choices. One person told us: "The food is good. You get choices and drinks and snacks". Another person told us: "We get the menu for the week ahead and decide what we want to eat. They [staff] encourage people

to eat. We get tea at various times of the day". Another person told us: "There is not enough choice of food. Sometimes the food does not have enough flavour. We can have snacks throughout the day".

One relative told us: "My relative gets enough to eat and drink, there is always enough food. There is a chart in their room which records what they have had to eat and drink".

We observed that people ate at their own pace and were not rushed to finish their meal. We saw that staff checked whether people liked their meals and whether they wanted more food and drink.

Staff we spoke with said they had regular supervision to discuss their work and an annual appraisal of their development needs. The provider had ensured that staff could access training and development programmes each year to attain a qualification in care. Staff had completed an induction before working at the home. This included training in safe moving and handling, fire, health and safety, and infection control. This ensured that staff had met the basic training requirements of their role. This was confirmed in staff training records we looked at.

One member of staff told us: "I had an orientation to the home when I started working here and worked with other staff". Another member of staff told us: "The induction was good. I shadowed other staff for three weeks".

The registered manager and staff had received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). This legislation sets out how to proceed when people do not have capacity and what guidelines must be followed to ensure people's freedoms are not restricted. At the time of our inspection no DoLS applications were needed for people at the home.

The care records we looked at showed that when there had been a need, referrals had been made to appropriate health professionals. When a person had not been well, we saw that the relevant healthcare professional had been contacted to assess their needs.

A visiting health care professional told us: "The staff are very good and so is the communication. When you ask for things to be done the staff implement it. They always promote people's independence and encourage people to come down for meals".

# Is the service caring?

## Our findings

We saw that people were supported with kindness and compassion. People praised staff and spoke positively about the care and support they received. One person told us: "The staff are kind and compassionate." Another person told us: "The staff are sensitive to people's needs and sympathetic to people with disabilities. Staff are patient with people" and: "The staff are friendly and caring" and: "The staff are all nice here. You can't fault them."

One relative told us: "The staff are exceptional. I can't speak highly enough of them. The core staff team has been here for some time and provide continuity of care. There is a happy relaxed atmosphere. Nothing is too much trouble." Another relative told us: "They give [my relative] all the care they need. The staff are friendly, wonderful, a good team."

We saw recently written thank you cards provided by people and their relatives. One comment read: "Thanks to all the staff for their excellent care of [my relative] throughout [their] stay with you. Everybody was so kind, gentle and considerate, not just to [my relative], but also to the family." Another card read: "I wish to express my high regard for the staff's warmth and care. I have always found your team of carers to be dedicated. Lady Nuffield is an exemplar for society to follow."

We checked to see whether people were involved in making decisions about their care. One person told us: "I sign my care plan when I have a review." One relative told us: "I am involved in my relative's care planning and reviews as their next of kin." They told us they were happy with the care their relative received.

We saw that some people had 'end of life' care plans in place. We saw these were completed with the involvement of people who used the service. Staff supported people to make decisions about their care and to ensure their views were recorded as to how they wanted to be cared for. The registered manager told us she had written to everyone living at the home to inform them about advance care planning. She wanted to ensure that people were involved in planning their end of life care and that their wishes would be documented in their care plans.

We asked people whether they felt their privacy and dignity was respected. One person told us: "Staff maintain my privacy and dignity, they are wonderful. They always ask if there is anything they can do for me. I am happy to stay here. I have nothing negative to say about this place." One relative told us: "Staff treat people with such dignity and are always interacting with people, they are lovely. I want to sing their praises it could not be better." Everybody we spoke with said that staff treated them with respect and ensured their dignity.

We spoke with staff who were aware of the need to treat people with dignity and respect. One staff member told us: "I always think what if it was my mum. I always ensure doors are shut. I give people choices and support people to be independent."

We observed a staff member prompting people with their medicines during lunchtime. The staff spoke with people quietly and discreetly to ensure they took their medicines without drawing other people's attention to this. We observed another member of staff discreetly wipe some food from someone's mouth area to ensure their dignity and personal grooming needs were met.



# Is the service responsive?

## Our findings

People and relatives we spoke with during the inspection were satisfied with the care that staff provided. In care plans we looked at we found evidence that people and those acting on their behalf were involved in the assessment and planning of people's care.

One relative told us: "This has been a fabulous success. My relative is very happy here. They are fortunate to be here. My relative was having problems with their memory. The manager was keen for them to go to the memory clinic. With support and some medication their memory got a lot better. Staff are very aware of [my relative's] needs and encourage them to do activities. I am involved in reviewing my relative's care plan every month and have signed the care plan."

Another relative told us: "It's been wonderful. [My relative] is a new person. They are up and about, eating breakfast and putting on weight. Everyone is wonderful. They go the extra step. You can ask [staff] anything. The support is lovely. The staff get to know people quickly."

We found an activities board in the corridor which showed activities taking place and a monthly newsletter which informed people of activities and events taking place. We saw an electronic photo album and photo album books in the reception area which displayed pictures of activities and events people had taken part in.

One person told us: "I like to keep active and do poetry and crosswords." Another person said: "I am fond of crafts and poetry. I like to get involved in the activities here" and: "If

we want to suggest things we would like, we complete a form, for example if we have ideas about trips out. We are watching a firework display tonight." One thank you card read: "You and your wonderful caring team made our relative feel so welcome. They were able to take up new hobbies and make new friends." One relative told us: "There is also a wonderful activities co-ordinator here" and: "There are lots of activities."

During the inspection we observed that people were encouraged and supported to develop and maintain relationships with family members to reduce the risk of social isolation. One person told us: "The staff are marvellous. Nothing is too much trouble. They are wonderful carers and are good to my family as well. When I have visitors they bring chairs, tea and coffee." One relative told us: "I am happy [my relative] is well looked after and comfortable. Staff always make me welcome."

The registered manager told us that people's care needs were reviewed monthly or when people's needs changed. We looked at care plans and saw that that they were up-to-date.

We saw that the complaints policy was available in the main reception of the home to explain how people could make a complaint. We saw there was a suggestions box in the main reception where people could make comments or suggestions about the home. The registered manager told us no complaints had been reported to them since the last inspection. People told us they were aware of how to make a complaint and were confident they could express any concerns. One relative told us: "I have not needed to make a complaint but if I did I know it would be dealt with."

# Is the service well-led?

## Our findings

People told us: "I complete feedback forms and attend coffee mornings to give feedback to the home" and: "We have coffee mornings and fill out questionnaires with suggestions for the service."

The provider obtained feedback from people who used the service through questionnaires. People received a questionnaire every six months to provide feedback about how the service was run. People attended coffee mornings each month to talk about the service and to make suggestions about how the service could be improved. We saw minutes and actions were recorded at these meetings. The registered manager told us people had suggested that a path be built around the garden to enable them to take walks and fully appreciate the garden. She told us that they had obtained quotes and would ensure that a path was built in line with people's wishes.

Staff told us they were informed of any changes occurring within the home and policy changes through staff meetings. This meant they received up to date information and were kept well informed. Staff told us there was an open door policy and they could talk to the registered manager if they had any concerns or issues to raise.

We talked with staff about how they would raise concerns about risks to people and poor practice in the service. Staff told us they were aware of the whistleblowing procedure and they would not hesitate to report any concerns they had about care practices.

During our inspection we saw the registered manager made regular tours around the home and we observed that she actively engaged with people who used the service and staff. The registered manager demonstrated a commitment to values, a vision and a working culture that placed people who used the service at the centre of service development and care delivery.

We have been informed of reportable incidents as required under the Health and Social Care Act 2008 and the registered manager demonstrated she was aware of when we should be made aware of events and the responsibilities of being a registered manager.

We saw that the registered manager reviewed incidents and accidents to ensure risks to people were reduced and falls were investigated. The registered manager told us and we saw that where people had falls they had been referred to the 'falls clinic'. Staff shift times had been changed in light of analysis of the times when people had previously experienced falls to ensure there was more staff on duty to monitor people at these times.

Processes were in place to monitor the quality of care provided. The provider obtained an external environmental high rating of 5 (the highest rating) in March 2014. The registered manager completed regular infection control audits to ensure standards of infection control and hygiene were maintained at the home.

The provider completed monthly audits to include an inspection of the home environment and care plans. These audits were evaluated and where required, action plans were in place to drive improvements.