

Sanctuary Care Limited

Iffley Residential and Nursing Home

Inspection report

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16 March 2017

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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

We inspected this service on 15 and 16 March 2017. Iffley House is a care home with nursing providing care and accommodation for up to 76 people. The service is divided into three units; ground floor – assisted living residential, first floor - residential dementia and second floor - nursing unit. On the day of our inspection 67 people were living at the service.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good. At the last inspection in July 2015, we asked the provider to take action to make improvements in relation to management of medicines, and this action has been completed.

People told us they were safe. Staff were knowledgeable how to recognise safeguarding concerns and what to do if they suspected abuse. There were systems in place to identify and manage risks to people.

There were enough staff on duty to keep people safe. People were assisted promptly and with no unnecessary delay. There was a recruitment system in place that helped the management make safer recruitment decisions when employing new staff.

People were cared for by staff who were knowledgeable about their roles and responsibilities and had the relevant skills and experience. Staff received regular appraisals and were well supported in their roles.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. 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.

People were supported to meet their nutritional needs. Staff supported people to eat their meals where they chose and provided individual support if required. External professionals were positive about the management of the home and told us people were referred appropriately when needed. Records showed people had access to a range of health professionals.

People's needs were assessed prior to the admission to the service to ensure their needs could be met. People's care plans were reviewed regularly and there was ongoing work in progress to keep them current.

Staff encouraged people to engage in activities. People benefitted from an environment designed to enable them to move freely around the service.

The registered manager worked to continually improve the service. Feedback was sought from people and their relatives and action taken when needed. Complaints policy was available to people and relatives. The registered manager had quality assurance systems in place and a good overview of the concerns they were working to address.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service improved to Good.

People told us they felt safe.

There were systems in place to make sure people received their medications as prescribed and medicines were stored safely.

Staff were knowledgeable about how to recognise signs of potential abuse.

There were sufficient staffing levels to keep people safe and provider ensured safe recruitment practices were followed.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Iffley Residential and Nursing 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service.

This inspection took place on 15 and 16 March 2017 and was unannounced. The inspection team consisted of two inspectors 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.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to tell us about.

Throughout our inspection we spent time observing care throughout the service. We also carried out a 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 spoke to nine people and nine relatives. We also spoke with the registered manager, deputy manager, two nurses, one senior carer, seven care staff, one member of the housekeeping team and with the activities coordinator. We also spoke with one external professional who had been involved with the people living at the service.

We looked at records, which included ten people's care records and medication administration records (MAR) for eight people living at the home. We checked recruitment files for five staff and staff training and supervision matrix. We also looked at a range of records about how the service was managed.

Following the inspection we contacted a number of external health and social care professionals and commissioners to obtain their views about the service.

Is the service safe?

Our findings

At our last inspection in July 2015 we found people had not always received their medicines as prescribed and there was not always an accurate record of when people were supported to take their medicines. That was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to send us an action plan detailing how the regulation will be met. The registered manager had submitted an action plan that detailed the systems put in place to address the issues we found.

At this inspection in March 2017 we found people received their medicine safely and medicine records were completed accurately. Medicines were stored safely. Medicines were kept in a designated medicine trolley and insecure rooms. When people needed their medicine to be administered 'as required' (PRN) protocols were in place to ensure people received their medicines when needed.

People we spoke with told us that they felt safe. One person said, "Oh yes, it is a very safe place". Another person said, "I've no worries about safety at all". People were cared for by staff that understood their safeguarding responsibilities. Staff we talked with demonstrated a satisfactory knowledge of processes to safeguard people. One staff member said, "I would report this to my senior straight away. I would go further if they did not act on it".

There were sufficient staff to keep people safe. People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Risks to people's personal safety and well-being had been assessed and plans were in place to manage these risks. People were encouraged to benefit from positive risk taking. For example, one person wanted to self-administer their medicines. We saw the person's care file contained a relevant risk assessment and the person's care plan outlined the details of the routine the person used when taking their medicines independently.

Accidents and incidents were recorded and appropriate action had been taken where necessary. The registered manager carried out a monthly analysis of accidents to identify any trends or patterns. The analysis included any lesson learned or action taken as a result of accidents. For example, one person sustained a fall and to manage this risk a sensor mat was introduced.

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to carry out their roles effectively. One relative told us, "The staff seem very efficient". An external professional told us, "The staff develop good relationships with the people they are looking after and there is a rolling programme of appropriate training".

Staff told us and records confirmed staff received training relevant to their roles. Training included: dementia, dignity, food safety, nutrition, safeguarding, health and safety. Staff complimented training received. One member of staff said, "Training is really good. We can request anything and they normally arrange provision". Staff were supported through supervision meetings with their line manager. This gave the member of staff and their line manager the opportunity to discuss any issues that may have arisen, as well as areas where the member of staff excelled.

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's care plans contained information about people's mental state and cognition. People's care plans gave details about people's abilities to make decisions. For example, one person's care records clearly stated "[Person] lacks capacity to make complex decisions". However, we noted that some capacity assessments were generic and did not relate to specific decisions. We raised this with the registered manager who told us this had been already identified. The registered manager showed us they had scheduled further training for senior staff to attend in April.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made applications to the local authority when people were assessed as being deprived of their liberty. For example, one person had been assessed as unable to understand they were now accommodated in the service and the registered manager applied for DoLS. We noted the application gave clear rationale and said the person 'would not know where she is'.

People were mostly complimentary about the food provided. Comments included: "I like it here and I like their cakes", "If I didn't like the food there is always an alternative choice". We did however received some negative feedback about the menus; some people said there was not enough choice, especially at tea time, when others said the food was 'too fancy'. We raised this with the registered manager who told us they had already arranged for the chef to attend the next residents and relatives meeting. The registered manager explained to us the menu was put in place by the hospitality department based at the head office and not by the service's kitchen staff. The registered manager told us they would address this with the head office if people at Iffley House wanted to make any changes to the menu. People's needs relating to nutrition and hydration were monitored when required to ensure people ate sufficient amounts of food and drank enough

fluids. The list of people's dietary requirements such as people's likes and dislikes and foods suitable for people with special dietary requirements was available in the kitchen.

People were supported to access health professionals if needed. When there were concerns about a person's health or well-being, immediate action was taken, such as contacting the person's GP or seeking guidance from professionals such as Speech and Language Therapists (SALTs) or a dietician. An external professional told us, "They make a lot of appropriate referrals and they follow recommendations appropriately. I am confident they would act on my recommendations".

Is the service caring?

Our findings

People we spoke with praised the caring nature of staff. Comments included: "I think we're cared for really well. The girls are kind and you ask them for anything they'll do their best", "They are remarkably patient and kind, lots of hugs and kindness", "I think on the whole they are brilliant", "They are excellent. Very good" and "Yes, of course I'm happy here. Otherwise I would run back".

People were looked after by staff that developed positive relationships with them. Staff showed kindness and consideration towards people they supported. Staff knelt on the floor when speaking to people to ensure they were at the same eye level and to aid good communication. One member of staff told us, "This is a rewarding job, you feel appreciated, you can go home and be happy". Another staff member said, "I love this job".

People were encouraged to remain independent and staff were aware of the importance of this. One staff member said, "We ask them (people) to do things on their own. For example, [person] is getting stronger and we encourage her to do more things on her own. She is recovering very fast and seems to be very happy about it". People were encouraged to personalise their bedrooms, one person had a cat. We saw relatives visiting with families and dogs. One relative told us, "The grandchildren even are eager to come here!"

We observed staff ensuring they used appropriate techniques to communicate with people. For example, people were offered meal options. Staff used gestures and other prompts such as showing a meal, to ensure people understood them and could make their choices.

Staff worked well as a team; there was frequent communication among staff members who shared all information needed to ensure people's needs were met. The staff members caring approach was not only directed towards the people they cared for but also towards each other.

People's dignity and privacy was respected. Staff knocked at people's doors before walking in and they ensured any personal care was being carried out with the door shut. One staff member said, "We make sure the bedroom door and the bathroom door is closed. We always knock and wait to be invited in". Another one said, "We always make sure we protect people's dignity, even if we give medication – I would not just shout through the room if someone wanted some laxatives for example".

People's end of life wishes were recorded and respected. We found Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were in place to show if people did not wish to be resuscitated in the event of a healthcare emergency. People complimented staff ability to be empathetic in difficult situation. One person said, "When my wife died, they were so considerate. They realised it was new to me, probably not new to them but they were super and practical at the same time".

Is the service responsive?

Our findings

People had care plans in place that gave staff guidance on how to support their needs. Staff used the information about people's background to enhance their well-being. . For example, one person's life history contained the information they enjoyed playing the piano. The staff had organised one-to-one music sessions for this person which resulted in the person being more confident. As a result of this the person also joined other people in group music sessions.

Staff knew people well and used their knowledge to enhance people's well-being. One member of staff told us, "I went to [person] to sing her nursery rhymes. Normally she barely speaks but she was singing with me when I started. It's nice to see them smiling". Relatives told us people received support that met their wishes and needs. One relative said, "[Person] likes a particular seat and I mentioned it at the residents meeting and they told all the staff so they can make sure he has it". An external professional told us, "I do think that the staff have a good understanding of equality and diversity and respect people's differences, they tailor their care to the individual's needs".

People had access to activities. There was an activity calendar in place which was overseen by two activities coordinators. Activities included: games; music, reading; relaxation sessions; film; arts and crafts. There was also a church service and celebrations such as St Patrick's Day and Pancake Day. The registered manager told us they had just appointed a third activities coordinator to ensure more activities including outdoor activities such as gardening could be arranged.

The registered manager ensured feedback was sought from people through an open door policy, meetings, a suggestions box and quality surveys carried out by the head office. Records showed people were encouraged to give their opinions and action was taken to respond to issues raised.

People and their relatives knew how to make a complaint and the provider had a complaints policy in place. One relative said, "I'd be happy raising any issue to management they are extremely approachable". The complaints policy was displayed in the reception, the policy gave details of how to complain within the organisation and outside the organisation if people were not satisfied with the outcome. Records confirmed there were three complaints received last year that were responded to by the registered manager. The service also received several compliments.

Is the service well-led?

Our findings

The service was led by an experienced registered manager. The registered manager demonstrated a good knowledge and understanding of people, their needs and choices. They promoted an open and inclusive culture that provided person-centred care. People and their relatives complimented the registered manager and how the service was run. Comments included: "From what I have seen I think it's very well managed" and "I'm quite happy with the service". An external professional told us, "Manager is utterly remarkable. Lots of communication between us".

Staff were positive about the service and described their team as friendly and supportive. There was a relaxed and friendly atmosphere and staff told us they were happy to work there. They also said they were satisfied with the way the home was run. One staff member said, "The registered manager is down-to-earth and very helpful. She is very accommodating and always willing to help".

The registered manager was supported by a new deputy manager. They were looking forward to working together as a team and told us they had a plan how to address issues they were aware of. For example, they had identified that working relationship between the night staff and the day staff could be improved. The deputy manager told us they were going to spend some time working the night shifts to ensure new processes were put in place to address the concerns identified. The registered manager was also supported by a regional manager. The regional manager planned to carry out monthly support visits to the service to ensure the smooth running of the home.

The registered manager had systems in place to monitor the quality of the service. They undertook a number of internal audits including medication, infection control, premise maintenance and care plans audits. We viewed some examples of the audits and saw where improvements were identified an action plan showed how and when improvements would be made. The registered manager was aware some care plans needed updating. The registered manager has arranged a meeting with senior staff and the regional manager to emphasise the staff responsibilities in relation to keeping care documentation up to date. The meeting was scheduled for the week following our inspection.

Staff worked well with other professionals including local health and social care teams. The registered manager attended regular meetings with the local GP's surgery to ensure a good working relationship. Iffley House was recently recognised by the Sanctuary Group (provider) as the best performing home of the Home Counties and we saw the certificate displayed at the service. Iffley House scored five stars on their most recent Environmental Health kitchen inspection. The registered manager told us they had a 'don't be lonely this Christmas' scheme where they invited people from the local community to join for Christmas lunch.