The Lady Nuffield Home

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Inspection report

165 Banbury road
Oxford
Oxfordshire
OX2 7AW
Tel: 01865 888500
Website: www.ladynuffieldhome.co.uk

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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

Overall summary

This inspection took place on 12 November 2015. It was an unannounced inspection.

The Lady Nuffield is a care home located close to Oxford town centre. The home is registered to provide accommodation for up to 30 persons who require personal care. At the time of our inspection 28 people were living at the service.

There was a registered manager in post. 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.

People were safe. Staff understood how to recognise and report concerns and the service worked with the local authority if there were any concerns. People told us they felt safe and were happy with the support they received. People received their medicines safely as prescribed. Staff assessed risks associated with people's care and took action to reduce risk.

Summary of findings

There were sufficient staff to support people. Staff were not rushed in their duties and had time to support and engage with people. The service had robust recruitment procedures which ensured staff were suitable for their role.

Staff understood the needs of people and provided care with kindness and compassion. People spoke positively about the service and the caring nature of the staff. Staff took time to talk with people and provide activities such as and arts and crafts, games and religious services.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) which governs decision-making on behalf of adults who may not be able to make particular decisions themselves.

People told us if they raised a concern they were confident they would be listened to and action would be taken to address it. The service had systems to assess the quality of the service providedat the service. Learning was identified for staff and action taken to make improvements which improved people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

People's opinions were sought and acted upon to improve the service. Regular surveys were sent to people and their relatives and the results analysed. Where people and their relatives had made practical suggestions they were adopted to improve the service.

All staff spoke positively about the support they received from the registered manager. Staff told usthey were approachable and there was a good level of communication within the home. People knew the registered manager and spoke to them openly and with confidence.

Accidents and incidents were investigated and learning shared amongst the staff to prevent reoccurrence. The registered manager's vision of 'making a difference to people' was shared by the staff. The service had a culture of openness and honesty where people came first.

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. People told us they felt safe. Staff knew how to identify and raise concerns.

There were sufficient staff on duty to meet people's needs.

People received their medicine as prescribed.

Good

Is the service effective?
The service was effective. Staff had the training, skills and support to care for people. Staff spoke positively of the support they received.

People had sufficient amounts to eat and drink. People received support with eating and drinking where needed.

The service worked with health professionals to ensure people's physical and mental health needs were maintained.

Good

Is the service caring?
The service was caring. Staff were kind and respectful and treated people and their relatives with dignity and respect.

People's preferences regarding their daily care and support were respected.

Staff gave people the time to express their wishes and respected the decisions they made.

Good

Is the service responsive?
The service was responsive

People were assessed and received person centred care.

There were a range of activities for people to engage in, tailored to people's preferences. Community links were maintained and people frequently visited the local area.

Good

Is the service well-led?
The service was well led. The registered manager conducted regular audits to monitor the quality of service. Learning from these audits was used to make improvements.

There was a whistle blowing policy in place that was available to staff around the home. Staff knew how to raise concerns.

The service had a culture of openness and honesty where people came first. The registered manager fostered this culture and led by example.

Good

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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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 12 November 2015. It was an unannounced inspection. This inspection was carried out by an 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.

We spoke with five people, two relatives, three care staff, the chef, the activities coordinator and the registered manager. We looked at five people's care records, medicine and administration records. We also looked at a range of records relating to the management of the home. The methods we used to gather information included pathway tracking, which captures the experiences of a sample of people by following a person's route through the service and getting their views , We also used observations including our Short Observational Framework for Inspection (SOFI). SOFI provides a framework for directly observing and reporting on the quality of care experienced by people who cannot describe this themselves.

Before the visit we looked at previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

In addition, we reviewed the information we held about the home and contacted the commissioners of the service and the care home support service to obtain their views. The care home support service provides specialist advice and guidance to improve the care people receive.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included; "There is the medical centre across the road with our GP. I feel very safe here" and "I am safe here. There is a bell on the wall if need anything". One person's relative said "This place is excellent. I have no reservations about recommending this home. My mother is safe, I have no concerns about that".

People were supported by staff who could explain how they would recognise and report abuse. They told us they would report concerns immediately to their manager or senior person on duty. Staff were also aware they could report externally if needed. Comments included; "I would speak to them (person), then the senior carer or manager. I can also call CQC (Care Quality Commission)" and "I'd report my concerns to the manager, the bodies of trustee's, social services and the local authorities". Records confirmed the service reported any concerns to the appropriate authorities.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to reduce the risks. For example, One person was at risk of falls. The person used a frame for mobilising and required the use of a hoist for bathing. Guidance was provided to staff to keep the person safe. This included following approved moving and handling techniques and keeping the person's room clutter free. We went to this person's room and saw it was free from clutter with no identifiable trip hazards present. Staff were aware of and followed this guidance.

Another person was at risk of developing pressure ulcers. Staff inspected the person's skin condition daily. Any changes to the person's skin condition were documented on a body map. Barrier creams were applied where prescribed to help protect the person's skin. Daily notes evidenced this guidance was followed and the person did not have a pressure ulcer. We saw risks were reviewed every month or as people's circumstances changed.

There were sufficient staff on duty to meet people's needs. The registered manager told us staffing levels were set by the "Dependency needs of our residents". Staff were not rushed in their duties and had time to sit and chat with people. People were assisted promptly when they called for help using the call bell.

People told us there were sufficient staff to support them. One person said. "I had to press my bell once when my neighbour had a fall and they were very quick to respond to the bell. Three of them came running". Another said "The staff cope very well. We are very lucky here, we have excellent staff.". One relative said "I'm not aware of any staff issues. There's enough. There's also good continuity of staff".

Staff told us there were sufficient staff to support people. Comments included; "We are only ever short if someone calls in sick at the last minute, otherwise it is usually fine", "It's usually pretty good here. I don't think we have any staffing problems" and "I think there are enough of us. Very occasionally it gets tight but all places get that".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role.

People had their medicines as prescribed and when they needed them. The staff checked each person's identity and explained the process before giving people their medicine. Medicines were stored securely and in line with manufacturer's guidance. Staff were trained to administer medicine and their competency was regularly checked. Medicine records were not always accurate. We found the balances for one person's medicine did not tally. On counting the person's medicine we found counting errors could occur because of the way tablet packaging was maintained. We spoke with the registered manager about this. They immediately introduced a system to remove the chances of a counting error reoccurring in these circumstances. The person had not been at risk from this error.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they had received an induction and completed training when they started working at the service. Induction training included fire, moving and handling and infection control. One relative said "I am happy with the capabilities and skills of the staff here. They seem well trained".

Staff told us, and records confirmed they had effective support. Staff received regular supervision. Supervision is a one to one meeting with their line manager. Supervisions and appraisals were scheduled throughout the year. This gave staff the opportunity to discuss development oportuntities. For example, one member of the domestic staff was interested in becoming a care worker. They had asked if they could attend training to prepare them for this change in role. We saw the relevant training had been booked for them.

Staff told us they received effective training. Comments included; "We get lots of training that's really useful. I've had induction, end of life and safeguarding training. We get regular refresher training too which keeps us up to date" and "Oh we get loads of training. There's a thorough induction which is quite tough but really good plus all the other training we do".

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected.

At the time of our visit no one was subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. These safeguards protect the rights of people by ensuring that if there are any restrictions to their freedom and liberty these have been authorised by the supervisory body. The registered manager told us they continually assess people in relation to people's rights and DoLS.

People were supported by staff who had been trained in the MCA and applied it's principles in their work. Staff offered people choices and gave them time to decide before respecting their decisions. Staff spoke with us about the MCA. Comments included; "I've had the training and we continually assess people regarding their decision making. We involve them and their families" and "I don't think anyone here at present has a real problem but we look out for them. They may sometimes have difficulties making some decisions so we help them. I offer them choices and give them time to decide".

Staff demonstrated a good understanding about how to ensure people were able to consent to care tasks and make choices and decisions about their care. Throughout our visit we saw staff offering people choices, giving them time to make a preference and respecting their choice. For example, one person felt unwell at lunch and did not want their meal. Staff offered the person a lighter alternative and they chose an omelette which was provided for them. Care plans were signed by the person and we saw they were involved in care reviews ensuring the service had their agreement on any changes to the support they received.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included the GP, Care Home Support Service, Speech and Language Therapist (SALT), district nurse and physiotherapist. Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans. Where people were at risk of weight loss or pressure ulcers, referrals to healthcare professionals had been made and guidance was being followed.

People received effective care. For example, one person had difficulty hearing. The person chose not to wear their hearing aid and staff respected this decision. To ensure staff could communicate effectively with this person detailed guidance was listed in the person's care plan. Staff were guided to 'speak clearly and maintain eye contact' with the person as they needed to 'see people clearly to understand them'. We observed a member of staff talking to this person. They crouched down in front of them and established eye contact before speaking clearly and slowly to the person. The person was able to understand them and they had a conversation.

Another person could develop pressure ulcers. They had been referred to the Care Home Support Service who had assessed the person and provided guidance for staff. This included the use of pressure relieving equipment. We went to this person's room and saw this equipment was in place. Due to this intervention, the person did not have a pressure ulcer.

Good

Is the service effective?

People told us they enjoyed the food. One person said “We never go to bed hungry, there is a good variety of food which is very good”. A relative said “The food here is good with lots of choice. When my mother first came here she was losing weight but they soon fixed that”.

People had enough to eat and drink. Where people needed assistance with eating and drinking they were supported appropriately. Staff were patient and caring, offering choices and providing support in a discreet and personal fashion. Menus were provided daily and staff helped people choose what to eat. People were also shown their meals so they could decide what to eat on the day. Where people required special diets, for example, pureed or fortified meals, these were provided.

We observed the midday meal. Food was served hot from the trolley and looked home cooked, wholesome and appetising. People were offered a choice of drinks throughout their meal. One person’s care plan noted the person liked ‘small, manageable portions’ at meal times. We saw this person was provided with a meal in line with the guidance. People were encouraged to eat and extra portions were available. The meal was a friendly and communal experience.

Good

Is the service caring?

Our findings

People told us they enjoyed living at the home and benefitted from caring relationships with the staff. Comments included; "Carers seem to be on a rotation and so I get a different one every day. I get on well with all the staff and they are very friendly", "The carers are good at holding a conversation and the home provides a lot of support" and "Staff are lovely, very good". A relative said "This is a very caring home. From top to bottom there is a friendly, genuine interest in things that are important to people here. This is an excellent home".

Staff told us they enjoyed working at the home. Comments included; "I think it is really good working here. The residents are so nice" and "I very much enjoy working here because the care is very good. We have high standards".

People were cared for by staff who were knowledgeable about the care they required and the things that were important to them in their lives. Staff spoke with people about their careers, family and where they had lived. Staff also supported people to maintain hobbies, interests and religious beliefs. One person was very keen to attend a 'birds of prey' activity. Staff were aware of this and reminded the person the event was happening that afternoon. Later in the day we saw the person was supported to attend this activity. The member of staff supporting this person stayed with them even though their shift had finished to ensure the person enjoyed the activity.

We observed staff communicating with people in a patient and caring way, offering choices and involving people in the decisions about their care. For example, at lunchtime we saw people's preferences of what to eat and drink were respected. One person told us how their preferences were respected. They said "They always ask and follow my preferences. Staff are not a bit bossy and do things my way".

People's independence was promoted. For example, one person required assistance with personal care. The person had stated their preferred level of assistance and the care plan guided staff to 'encourage them to maintain their independence'. Daily notes evidenced the person was encouraged to 'wash and dry themselves'.

Throughout our visit we saw people were treated in a caring and kind way. The staff were friendly, polite and respectful when providing support to people. Staff took time to speak with people as they supported them. For example, one person had asked for a drink. When the member of staff brought them the drink they crouched down next to the person and engaged them in conversation. We saw the person smiling and laughing and they clearly enjoyed the interaction.

People's dignity and privacy were respected. We saw staff knocked on doors that were closed before entering people's rooms. Where they were providing personal care people's doors were closed and curtains drawn. This promoted their dignity. We saw how staff spoke to people with respect using the person's preferred name. When staff spoke about people to us or amongst themselves they were respectful. Language used in care plans was respectful and appropriate. Throughout the day we saw people were appropriately dressed, their hair brushed and looked well cared for.

One person told us about staff respecting their privacy. They said "They are very good with privacy and they are very reliable". A relative said "Dignity is definitely promoted here. Just look around you and see".

Some people had advanced care plans which detailed their wishes for when they approached end of life. For example, one person had stated they wanted to 'stay at the home and be pain free and comfortable'. The person's funeral preferences were also listed. Staff were guided to support them with their choices and decisions towards end of life. Staff were aware of this person's advanced plan.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to admission to the service to ensure their needs could be met. People had been involved in their assessment. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. Care plans were detailed, personalised, and were reviewed regularly.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person had difficulty with their memory. They had been referred to and were receiving support from the memory clinic. The care plan highlighted the person could become anxious about their memory and staff were guided to 'reassure and support' the person. We saw staff supporting this person and they were calm, reassuring and caring in their approach.

Care plans and risk assessments were reviewed to reflect people's changing needs. Staff completed other records that supported the delivery of care. For example, where people had cream charts to record the application of topical creams applied, a body map was in use to inform staff where the cream should be applied. Staff signed to show when they had applied the cream and there was a clear record of the care being carried out.

People received personalised care. For example, one person was at risk of choking and weight loss. The care plan noted the person could sometimes 'take food back to their room' where they would eat unsupervised. Staff were aware and vigilant, encouraging the person not to do this. Where the person insisted staff supervised the person in their room. They were weighed weekly and their food and fluid intake was monitored. Records confirmed the person was gaining weight and there had not been a choking incident.

Another person could stay in their room for periods of time putting them at risk of social isolation. The person's care plan noted they liked 'the company of other people at meal times'. Staff were guided to prompt and encourage the person to attend the dining room at mealtimes. At the lunchtime meal we saw this person enjoyed their lunch with their friends.

People were offered a range of activities including games, quizzes, sing a longs, arts and crafts, keep fit, talks with guest speakers and gardening. Trips outside the home were organised and included shopping and visits to places of local interest. Entertainers visited the home and a hairdresser was available every week. Church services were provided every two weeks and people could have a personal service in their room if they wished. The home had links with the local schools who visited the home and some students had volunteered to work in the home assisting with activities.

The activities coordinator maintained year books. These were pictorial records celebrating activities and events people had attended throughout the year. For example, Christmas and Bonfire Night. The activities coordinator maintained records of people's interests and preferences relating to activities of their choice. They used this information to provide events people would enjoy.For example, on the day of our inspection a bird of prey display and talk was held. This event was very well attended and people were able to handle the birds under supervision. People clearly enjoyed the experience. One person said "That was wonderful, I've never held an owl before".

People told us they enjoyed activities in the home. Comments included; "The activity coordinator is very good. He runs crafts, painting, book readings, and scrabble is very popular. He also runs outings" and "There is always something to do and the staff encourage you to join in". The activities coordinator had provided lessons for people relating to computers and ipads. One person said "I have lots of family all over the world and I can keep in touch on my iPad. I use it for all sorts. You can look up everything".

The home had a large, well maintained garden area for people to enjoy. Access to the garden was unrestricted and accessible for people who used wheelchairs. Staff regularly visited the garden to make sure people were safe and to provide support if it was needed.

People knew how to raise concerns and were confident action would be taken to address them. People spoke about an open culture and told us that they felt that the home was responsive to any concerns raised. One person said "I would just see the Manager she is very good". Staff told us they would assist people to complain. One said "I would help them complain and I'd go to the manager for them". The complaints policy was displayed at the entrance

Good

Is the service responsive?

to the home and contained guidance for people on how to complain. We looked at the complaints folder and saw complaints had been dealt with promptly in line with the policy.

People's opinions were sought and acted upon. People could raise issues at coffee mornings regularly held by the registered manager. For example, some people had made suggestions relating to the menu for winter. These suggestions were actioned and the menus changed to reflect people's preferences. Another person had suggested a pub lunch. Eight people attended a pub lunch along with some staff and some people's relatives.

Good

Is the service well-led?

Our findings

People knew the registered manager. Throughout our visit we saw the registered manager around the home talking to people and staff in a relaxed and friendly manner. People responded to them with smiles and conversation. One relative said "The manager is excellent. She is available and approachable and if I have any issues they resolve them immediately".

Staff told us the registered manager was supportive and approachable. Comments included; "I find the manager open and honest. She is really friendly and supportive and so helpful" and "She is supportive and helpful. She has an eye for detail and has high standards. I can approach her with anything".

The registered manager told us their vision for the service. They said "I want to make a difference and make a home fit for my mother. It really is all about making that difference to people". This vision was reflected in the way staff carried out their duties at the home and the comments they made to us. One member of staff said "We have really good relationships with people here and I like to think I make a difference in people's lives".

Accidents and incidents were recorded and investigated. The registered manager analysed information from the investigations to improve the service. For example, one person had fallen but they were uninjured. The accident was investigated and the person referred to the Care Home Support Service. The person had not fallen since. Falls were monitored by the registered manager to look for patterns and trends and records confirmed falls had steadily been reducing over the past two years.

Staff told us they attended briefings, staff supervisions and staff meetings. Comments included; "I set examples for my staff, I give advice and we share learning at briefings and meetings" and "We talk about things that happen so they won't happen again". Staff meetings were regularly held and issues were raised and discussed. For example, at one staff meeting the issue of leaving empty medicine pots in people's rooms was raised. Action was taken to address this issue.

Regular audits were conducted to monitor the quality of service. Audits covered all aspects of care and staffing procedures. Data from audits was analysed and action plans created to improve the service. For example, following one audit it was identified one person's care plan was due a review. We looked at this person's care plan and saw it had been reviewed. Another audit was conducted in response to a medication error. Following the audit and investigation systems were put in place to prevent reoccurrence. Quality monitoring visits were also conducted by the provider's 'trustees' who visited the service six times a year. Actions plans from these visits were maintained and worked through by the registered manager and staff.

Annual surveys were conducted and people's views and opinions were sought on all aspects of care and the home. The latest survey results were very positive with people rating the service as 'good or excellent'. People's recorded comments were very positive.

There was a whistle blowing policy in place that was available to staff around the home. The policy contained the contact details of relevant authorities including the Care Quality Commission (CQC) for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

The service worked in partnership with visiting agencies and had strong links with GPs, the pharmacist, district nurse, Care Home Support Service and other healthcare professionals.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the home had informed the CQC of reportable events.