The Lady Nuffield Home

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We undertook an unannounced inspection of The Lady Nuffield on 28 December 2017.

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. On the day of our inspection 27 people were living at the service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good overall.

Why the service is rated Good:

People remained safe living in the home. There were sufficient staff to meet people's needs and staff had time to spend with people. Risk assessments were carried out and promoted positive risk taking which enable people to live their lives as they chose. People received their medicines safely.

People continued to receive effective care from staff who had the skills and knowledge to support them and meet their needs. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to access health professionals when needed and staff worked closely with people's GPs to ensure their health and well-being was monitored.

The service continued to provide support in a caring way. Staff supported people with kindness and compassion. Staff respected people as individuals and treated them with dignity. People were involved in decisions about their care needs and the support they required to meet those needs.

People had access to information about their care and staff supported people in their preferred method of communication. Staff also provided people with emotional support.

The service continued to be responsive to people's needs and ensured people were supported in a personalised way. People's changing needs were responded to promptly. People had access to a variety of activities that met their individual needs.

The service was led by a registered manager who promoted a service that put people at the forefront of all the service did. There was a positive culture that valued people, relatives and staff and promoted a caring ethos.

The registered manager monitored the quality of the service and looked for continuous improvement. There was a clear vision to deliver high-quality care and support and promote a positive culture that was person-

centred, open, inclusive and empowering which achieved good outcomes for people.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**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 28 December 2017 and was unannounced. The inspection was carried out by one 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.

Before the inspection, we asked the provider complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR, previous inspection reports and notifications we had received. Notifications are certain events that providers are required by law to tell us about. In addition, we contacted the local authority commissioners of services to obtain their views.

We spoke with eight people, five relatives, six care staff, the administrator, the chef, the registered manager. During the inspection we looked at six people's care plans, four staff files, medicine records and other records relating to the management of the service. We observed care practice throughout the inspection. We also 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.

Good

Is the service safe?

Our findings

People continued to feel safe. People's comments included; "I certainly feel safe here" and "I do feel very safe here". One relative commented," [Person] is very safe here, there are always people around. She is in a safe environment".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. Staff comments included; "I'd report concerns to my senior and the manager. I can whistle blow if I need to" and "I would contact my manager and the local authorities". There were safeguarding procedures in place and records showed that all concerns had been taken seriously, fully investigated and appropriate action taken.

There were sufficient staff on duty to meet people's needs. Staff were not rushed in their duties and had time to sit and chat with people. One staff member told us, "Yes, we've enough staff here". One relative said, "Oh yes, there are sufficient staff on duty here". During our inspection we saw people's requests for support were responded to promptly. Records confirmed the service had robust recruitment procedures in place.

Risks to people were identified in their care plans. People were able to move freely about the home and there were systems in place to manage risks relating to people's individual needs. For example, where people were at risk of falls, guidance had been sought from healthcare professionals and their guidance was followed. This promoted positive risk taking enabling some people to walk into town independently.

People were protected from the risk of infection. Infection control policies and procedures were in place and we observed staff following safe practice. Colour coded equipment was used along with personal protective equipment (PPE). The home was clean and free from malodours. Staff told us they were supported with infection control measures and practices. One staff member said, "I have my cleaning schedules and there is no shortage of gloves, aprons or cleaning materials". One relative said, "This is a clean home".

Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. Where people were prescribed medicines with specific instructions for administration we saw these instructions were followed. Medicines were stored safely. Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely.

We observed a medicine round. Staff identified the person and explained what they were doing. They sought the person's consent before administering the medicine. When they were satisfied the person had taken their medicine they signed the medicine administration record (MAR).

The service learnt from events and errors. Records confirmed that following a medicine error, protocols for administering medicines were updated and staff were briefed regarding the changes. Accidents and incidents were also recorded and investigated. They were analysed to see if people's care needed to be

reviewed. Reviews of people's care included referrals to appropriate healthcare professionals.

Good

Is the service effective?

Our findings

The service continued to provide effective care and support to people. People were supported by staff who had the skills and knowledge to meet their needs. New staff completed an induction to ensure they had appropriate skills and were confident to support people effectively. One person said, "The care is extraordinarily good here".

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training and understood how to support people in line with the principles of the Act. One staff member said, "This is about people making their own decisions. We support them to do this". Another staff member said, "I watch for behaviours and if residents are struggling to make decisions we conduct further assessments. This is to protect them and help them make their own decisions". Throughout our inspection we saw staff routinely seeking people's consent.

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 a clear understanding of DoLS. At the time of our inspection no one at the service was subject to a DoLS authorisation.

People's needs were assessed prior to their admission to ensure their individual care needs could be met in line with current guidance and best practice. This included people's Individual preferences relating to their care and communication needs. People had also stipulated how they wished to receive their care. For example, one person requested 'female carer's for personal care'. Another had requested a bath instead of a shower. Staff were aware of people's support needs and preferences and records confirmed these preferences were respected.

Staff told us and records confirmed that staff received support through regular one to one meetings with their line manager and training. Staff training records were maintained and we saw planned training was up to date. Where training was required we saw training events had been booked. Staff also had further training and career development opportunities.

People were positive about the food and the support they received to maintain their nutrition. People's comments included; "The food is very good, I have to say", "The food here is very good and there is always a choice" and "Food is very good, almost too good here, there's almost too much choice".

Where people had specific dietary requirements these were met. The kitchen maintained up to date records ensuring people received diets appropriate to their needs. People's weights were regularly monitored and those records we saw evidenced people were maintaining their weight. We observed the midday meal, which was a lively, well attended event. Staff supported people appropriately.

People were supported to maintain good health. Various health professionals were involved in assessing, planning and evaluating people's care and treatment. Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans. One person told us, "I do get to see my specialist still".

People's rooms were furnished and adapted to meet their individual needs and preferences. Paintings, pictures and soft furnishings evidenced people were involved in adapting their rooms. Corridors displayed period pictures and paintings, and contrasting handrails had been installed to assist people to mobilise independently.

Good

Is the service caring?

Our findings

The home continued to provide a caring service to people who benefitted from caring relationships with the staff. People's comments included; "Some of the carers are from Poland and Ukraine and are particularly nice, they make us feel like family and come over as particularly nice", "They have a good team here and they are very good" and "All the carers are kind". One relative commented, "This is a delightful home, it really suits my mother".

People were supported by a dedicated staff team who had genuine warmth and affection for people. Staff comments included: "I think we have caring relationships here. I join in with the residents in many ways", "I love my job and my residents" and "We are conscientious with our residents because they matter".

People were involved in planning their care, the day to day support they received and their independence was promoted. Records showed people were involved in reviews of their care and staff told us they involved people in their support. One relative said, "I do feel involved, I attend events and reviews. I also do the surveys". One staff member said, "I always talk residents through their care so they understand and I encourage them to do what they can for themselves. It keeps them informed and independent". Throughout our inspection we saw staff promoting people's independence.

People were treated with dignity and respect. When staff spoke about people to us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. People were addressed by their preferred names and staff knocked on people's doors before entering. Throughout the inspection we observed staff treating people with dignity, respect and compassion.

People received emotional support. One person had short term memory loss which could make the person feel anxious. Staff supported this person by reminding them and explaining what was going on. Staff knew this person well and had identified the times of day the person felt most vulnerable and anxious and were guided to provide extra support at these times. Staff we spoke with were aware of this person's needs and told us they supported this person as a, "Matter of routine". One relative said, "Emotional support? Oh yes, the staff here are wonderful".

During our inspection we observed numerous examples of staff interacting with people showing kindness, consideration and compassion. People responded to staff with smiles and laughter and it was clear genuine bonds had been formed.

People's personal and medical information was protected. The provider's policy and procedures on confidentiality were available to people, relatives and staff. Care plans and other personal records were stored securely.

Good

Is the service responsive?

Our findings

The service continued to be responsive. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. Staff were aware of, and respected people's preferences.

Staff treated people as individuals. For example, one staff member spoke with us in great detail about how one person liked to take their bath. The member of staff knew this person's routine and that their bath was important to them. They said, "It's not about being repetitive, it is knowing the individual resident. They are all different with different wants and needs". All the staff we spoke with had worked at the home for many years and demonstrated an in depth knowledge of the people they supported. One person said, "I am treated as an individual". A relative commented, "They have got to know my mum so well I can honestly say she get personalised care".

People's diverse needs were respected. Discussion with the registered manager showed that they respected people's different sexual orientation so that gay and bisexual people could feel accepted and welcomed in the service. The provider's equality and diversity policy supported this culture. We asked staff about diversity. One staff member said, "I like to know about the person before I get familiar with them. I adjust my language so it is neutral, until I know them. This often saves them having to explain themselves which may be uncomfortable for them".

People had access to information. People were able to read their care plans and other documents. Where people had difficulty, we observed and were told staff sat with people and explained documents to ensure people understood. Where appropriate, staff also explained documents to relatives and legal representatives. One staff member spoke with us about enabling people to access information. They said, "I help people with their menus if they have difficulty and I go through and explain thing in their care plans. It's little things, like changing the batteries in a residents hearing aid so they can hear clearly. That's what we all do".

Care plans and risk assessments were reviewed to reflect people's changing needs. For example, one person's condition changed and new medicine was prescribed. The serviced worked closely with the person's GP and records were updated to reflect the person's current support needs. Another person's needs changed when they no longer felt confident in administering their own medicine. Staff now administered this person's medicine.

People were offered a range of activities they could engage in. These included; puzzles, games, music, arts and crafts and regular trips out of the home. For example, trips to garden centres and places of interest. The homes garden had recently been refurbished and boasted an extensive paved area with wheelchair friendly pathways and garden furniture with covered seating areas. Raised borders were installed enabling wheelchair users to partake in gardening activities. The home also had a small shop that sold sweets, snacks and cards that had been hand made by people. One person spoke about activities. They said, "They're trying to lure me into the painting and drawing class. I'm inclined to go".

The service had systems in place to record, investigate and resolve complaints. One complaint was recorded for 2017 and had been dealt with compassionately, in line with the policy. The complaints policy was displayed in the reception area. One relative commented about complaints. They said, "I would just and speak to [registered manager]. I'm confident any concern would be dealt with. One person said, "I have never had cause to complain at all".

People's advanced wishes were recorded. Care plans recorded people's end of life wishes. For example, where they wished to die and funeral arrangements. Staff told us people's wishes were always respected.

Good

Is the service well-led?

Our findings

The service continued to be well led. 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 knew the registered manager who was present throughout the inspection and interacted with people in a friendly and familiar way. It was clear positive relationships had been formed between people and the registered manager. All the people and relatives we spoke with knew the registered managers name. One relative said, "[Registered manager] is good, really on the ball".

Staff told us they had confidence in the service and felt it was well managed. One staff member said, "[Registered manager] is alright, she is supportive and listens. I do think it is well run here". Another said, "I think this is one of the best homes, especially around here".

The service had a positive culture that was open and honest. Staff were valued and people treated as individuals. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. The registered manager spoke openly and honestly about the service and the challenges they faced. Staff spoke about the culture. One said, "I can own up to any mistakes in safety here. There is no culture of blame". Another said, "I am involved here, I have a part to play".

We spoke with the registered manager about their vision for the service. They said, "I want to develop this home and the staff so we can continue to make a positive difference for our residents. I just love doing what I do".

The registered manager monitored the quality of service. For example, audits were conducted and action plans arising from audits were used to improve the service. One action was for people's care plans to be reviewed in relation to people's body maps. This action had been completed. Another action was for an upgrade for staff hand washing facilities. This had also been completed. The registered manager was supported by an external auditor who visited the home on a monthly basis. The auditor liaised with the registered manager, assisted with action plans and supported the registered manager with processes.

The registered manager looked for continuous improvement. Surveys, 'resident meetings' and staff meetings were used to improve the service. For example, some people had raised the issue of 'squirrels in the roof space' being noisy. The registered manager took action and the home received regular visits from 'pest control'. We also saw that following discussion and people's agreement the evening mealtime was changed as some people had requested.

The service worked in partnership with local authorities, healthcare professionals, GPs and social services. The registered manager also attended external meetings. For example, the registered manager was a

member of the Oxford Care Home Association; Oxford Association of Care Provider's and networked with other homes, schools and churches. The registered manager told us, "It's useful to share knowledge and ideas. Because of these discussions we are now introducing a new key worker scheme that will benefit our residents and relatives giving them an identified staff member as a point of reference".

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 was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.