

Sanctuary Care Limited

# Iffley Residential and Nursing Home

## Inspection report

Anne Greenwood Close  
Iffley  
Oxford  
Oxfordshire  
OX4 4DN

Tel: 01865718402

Website: [www.sanctuary-care.co.uk/care-homes-oxfordshire/iffley-residential-and-nursing-home](http://www.sanctuary-care.co.uk/care-homes-oxfordshire/iffley-residential-and-nursing-home)

Date of inspection visit:  
26 September 2019

Date of publication:  
18 October 2019

## 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

### About the service

Iffley Residential and Nursing Home is a service providing accommodation, personal and nursing care for people aged 65 and over including people living with dementia. It can accommodate up to 76 people across three separate floors. There were 72 people living at the service at the time of our inspection.

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

People remained safe at the service. People benefitted from staff that understood how to protect them from harm. Risks to people had been assessed and recorded. There were enough suitably trained and skilled staff to keep people safe. People received their medicine safely and as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People had support to access health care services if required. People were positive about the food and had their nutritional needs met.

People remained supported by staff that were caring, compassionate and respectful. Staff referred to the community at the home as a 'family'. People and where appropriate relatives were involved in making decisions about the care people received. People's independence was promoted, and their confidentiality was protected. The team demonstrated commitment to celebrating people's diverse needs.

People received care that met their needs. People had opportunities to take part in activities and outings of their choice. Staff explored people's interests in order to create opportunities for people to continue pursuing their interests. People knew how to make a complaint and told us their concerns were acted upon promptly. Staff worked with professionals to ensure people received high quality end of life care.

The service remained well-led by an experienced registered manager who was supported by a team of committed staff. People and staff were listened to and able to provide their views in various ways. There were systems in place to monitor the quality of the service. The staff team worked well with a number of external local health and social professionals and promoted an open and transparent culture.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 28 April 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.  
Details are in our well-led findings below.

Good ●

# Iffley Residential and Nursing Home

## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

This inspection was carried out by two inspectors, one assistant inspector and one 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.

### Service and service type

Iffley Residential and Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was on annual leave at the time of our inspection.

### Notice of inspection

This inspection was unannounced

### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also looked at the

notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

#### During the inspection

We spoke with ten people who used the service and two relatives about their experience of the care provided. We spoke with 16 members of staff including the quality support managers, the deputy manager, one nurse, seven care staff, activities co-ordinator, the maintenance person, one housekeeper and the chef. We reviewed a range of records. This included nine people's electronic care records and samples of medication records. We looked at three staff personnel files and viewed a variety of records relating to the management of the service, including accidents and complaints logs.

#### After the inspection

We contacted eight external health and social care professionals, including commissioners to gather their views about the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

### Using medicines safely

- People received their medicines as prescribed. Medicines were stored safely, securely and in line with the manufacturers' guidance.
- When people had been prescribed 'as required' medicines there were protocols in place that guided the staff on when people might need these medicines. Staff knew people's needs well therefore were aware what signs to look for when assessing if people needed additional medicine.
- People told us about the support they had with taking their medicines. One person said, "(Staff) bring medicines in."

### Systems and processes to safeguard people from the risk of abuse

- People said they were safe at the service. One person said, "Safe, fine here, don't have to do anything." One relative added the person was; "Totally safe, no worries."
- The provider had policies surrounding safeguarding in place and the registered manager reported any concerns appropriately to the local authority safeguarding team. Staff knew how to identify and report any safeguarding concerns. A staff member said, "I have to report any case of abuse to manager. I would have to go above to head office if she did not act on it."

### Assessing risk, safety monitoring and management

- Risks to people's personal safety and any specific risks, such as around skin integrity, falls or malnutrition were assessed and recorded. Appropriate action was in place to manage the risk assessed, for example, one person was identified to have a recent weight loss due to ill health. There was a plan how to manage this risk. The record included the information the person had been consulted and gave consent to have their weight monitored frequently and it was being monitored.
- The provider had a system to record any accidents. We viewed samples of the records and these showed appropriate action had been taken when a person suffered an accident.
- The provider ensured relevant checks surrounding environmental safety, such as fire and water safety took place. There were emergency planning documents that guided staff what to do in an event of an emergency. People had individual Personal Emergency Evacuation Plans (PEEP) in place that guided staff how to support people in case of, for example an evacuation.

### Staffing and recruitment

- People said there were sufficient staffing in place to. One person said, "When I need help I think they come quite quickly." Another person said, "I think there are enough people to help me. I like my door open. When the staff come by, (they) wave and say hello."

- Where temporary agency staff were used, they received a site induction. The management team ensured consistent agency staff were booked to ensure care continuity. This was confirmed by the feedback we received from staff.
- The provider followed safe recruitment practices to ensure staff were suitable to work in the service.

#### Preventing and controlling infection

- Staff had infection control training and used protective personal equipment (PPE), such as gloves and aprons. We saw staff followed good practice guidance, which included as using different colour coded equipment to clean different areas in order to prevent cross-infection.
- The environment was fresh, bright, clean and free from unpleasant odours. People told us the level of cleanliness was satisfactory. Comments included, "Environment good, nice and clean" and "Very clean everywhere."

#### Learning lessons when things go wrong

- The team reflected on practices and ensured lesson learnt was implemented where possible. For example, the newly introduced electronic system used to record any untoward accidents enabled the monitoring of any trends such as the location and the time of the incident.



## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed before they came to live at the service. Where applicable the copy of the assessment was obtained from commissioners. Information gathered during pre-admission assessment was then used to formulate people's care plans.
- We saw good practice guidance, for example in relation to maintaining good oral care was referred to. One person's care plan said, "[Person] had own natural teeth, brush twice a day, two to three minutes, small head toothbrush." Staff appreciated the importance of oral hygiene. One staff member said, "We take care of (people's) teeth and dentures and record it when cannot be done."

Staff support: induction, training, skills and experience

- Staff received ongoing training that was relevant to their roles and the modules met the Care Certificate standards. Care Certificate is a nationally recognised set of standards social care staff need to adhere to. A staff member said, "I completed my Care Certificate, NVQ (Diploma). Training such as moving and handling and safeguarding. This was in house training. Supervisions every four to six weeks."
- Staff had supervision sessions and praised support they had from their seniors. One staff said, "I feel supported. They would support me with further training." Nursing staff received regular assessments of their clinical competencies which they were able to use towards the revalidation process of their professional registration.

Supporting people to eat and drink enough to maintain a balanced diet

- People's care records reflected people's dietary needs and likes or dislikes. Copies of people's dietary preferences forms were available to kitchen staff. The menus were varied, offering traditional style meals on a rotational basis. The chef regularly consulted people about the menus and if required, changes were made to reflect the suggestions received from people.
- People were positive about the quality of food. Comments included, "I eat what I like, bit of a fussy eater, usually find something I like" and "Food very well prepared and cooked, good breakfasts."
- We observed the lunch time meal service and it was a calm social occasion. There were sufficient staff to support people appropriately, this included people who chose to remain in their bedrooms.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- The team worked well with external health professionals such as GPs, Speech and Language Therapists and Care Home Support Service (CHSS).
- People told us what support they had with accessing health services. One person said, "Chiropodist comes

in to see to my feet." A relative praised the responsiveness of the staff. They said, "I came in and [person] was having a dizzy spell. A nurse said that they were just waiting for the GP to come in. It's a relief to know they are looking out for [person]."

Adapting service, design, decoration to meet people's needs

- The service was divided into three floors. There was a choice of lounges for people to use on each floor and a garden people could safely access. There was further dementia friendly signage to be introduced on the middle floor which was primarily occupied by people living with the condition.
- People were able to personalise their bedrooms as they wished. We saw some people had personalised their bedrooms with memorabilia including family photographs and ornaments of their choice.

Ensuring consent to care and treatment in line with law and guidance

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us staff respected their choices. One person told us how staff asked them to make a meal choice. We observed staff giving people's choices and respecting their wishes.
- Staff knew the principles of the MCA. One member of staff said, "MCA (says) to support someone if they have any ability to make choices. To support their best choices to help them to live their life to the best and being as independent as they can. We give choices, like choices of food. Some people are given menu options in writing, but some are unable to read so we just show them two options on plates to choose from."
- People care records contained assessments of people's capacity for specific decisions. For example, in relation to living at the service or taking their medicines. If required, the best interest decision principles were followed. Where DoLS applications had been made to the local authority there was a system that allowed monitoring the applications, so the renewal would be requested when required.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were caring. One person said, "Staff caring, good fun. Laughter and banter, definitely." Another person commented, "On the whole the girls, and boys are unbelievably good, on the whole brilliant".
- The staff demonstrated a caring nature and they told us they enjoyed working with people. One member of staff said, "I really enjoy my work, this why I am still here. It's been a lovely experience".
- There was a warm and calm atmosphere at the home and staff communicated well to ensure people's needs were met.
- There were policies in place that showed the provider's commitment to respecting people's diversity. The provider had introduced a "Fairness for all" approach that highlighted treating everyone the same. Staff told us the team was very inclusive and staff gave us examples how they were empowered to speak up and celebrate their protected characteristics. An external professional who visited the home regularly said, "During the time (I have worked) with the home I have not witnessed anything that has raised alarm bells in regard to equality and diversity".

Supporting people to express their views and be involved in making decisions about their care

- People's care plans gave details on how to support people's emotional well-being, including when staff needed to be aware people might prefer to spend time alone. For example, one person's care plan referred to the person's period of low moods they experienced. It said, "[Person] feels strongly that she does not want to feel that she is burdening anyone and may not always wish for staff to comfort her."
- People said they had care and support as they wanted it to be. One person said, highlighting the fact the staff knew people's needs well: "They (staff) know about people. They feel confident in dealing with people they understand."
- Throughout the day we observed staff involved people in the decisions making process by asking rather than telling what they were going to do. For example, a staff member asked a person if they would like to come to the lounge. The person thought for a while then agreed.

Respecting and promoting people's privacy, dignity and independence

- People told us their dignity was maintained. Comments included, "I have my hair done makes you feel better" and "They know I like my own company, prefer to be in my room." We observed staff knocked at people's bedroom door before entering.
- People's independence was promoted and highlighted in people's care plans. Staff appreciated the importance of promoting people's independence. One staff member said, "I try as much as possible to

support and encourage their (people's) independence. I just step in when needed, (and give) lot of encouragement". One person said, "So far not stopped from doing anything, I go out in to the garden by myself."

- People's confidentiality was respected. We saw staff used individual logins when accessing electronic records and never left the computers unattended. The management team used secure emails when sending information that included people's details and their confidential data.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a programme of activities offered to people. Activities were overseen by two activity coordinators and there were plans to appoint the third coordinator. There was evidence staff participated in provision of activities, for example in running a Scrabble club and assisting people with going out for walks.
- People were positive about activities provision at the service. Comments included, "I join in, have all that, bingo, exercises, entertainers, good. Trips to other places" and "I enjoy reading, can join in with things." Staff explored people's interests in order to provide them with meaningful interactions. For example, staff identified one person's love of Jazz and they arranged to take them to Jazz concerts.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- People's care plans reflected their needs and people said they were involved in developing their care plans. One person said, "Had a good look at my care plan." A relative said, "(We) meet to update the [person's] care plan."
- People and their relatives told us they felt people had the care that met their needs and that was responsive. One person's relative said, "I feel that I am being listened to, [person] said about a trip. One was organised to Bournemouth and we went along."
- An external professional was complimentary about the care provided at the home. They told us, "I generally feel they deliver person centred care. There are lots of staff who have worked there for a long time, and know the residents very well, particularly important for the clients with dementia."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's records gave instructions how to ensure effective communication. For example, one person's care plan stated, "[Person] has hearing impairment. Requires assistance. Speak directly to her in loud, clear voice in order for her to have the opportunity to hear and communicate effectively".
- Staff knew people's communication needs well. Staff adapted the ways used to communicate with people to meet their changing needs.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and told us any issues raised were acted on promptly. One relative said, "I can raise concerns, generally get sorted out and kept informed."

- Information how to complain was available to people and visitors. The complaints log we viewed showed the complaints received were dealt in line with the policy.
- The team received numerous 'thank you' cards and compliments. This included feedback received via an external website. The team was praised for their compassionate approach.

#### End of life care and support

- There were no people receiving end of life care on the day of our inspection. People's end of life wishes including their resuscitation status had been recorded in people's care plans.
- The staff worked with the local health professionals, including the hospice, when needed to ensure people had dignified and pain free end of life care. There were facilities made for families that wanted to stay with people overnight.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was led by an experienced registered manager. Staff told us the registered manager led her team by example. Staff praised the way the registered manager empowered them to be responsible for their own actions. A staff member said, "[Registered manager] is pretty good, she is the one that gets us off our 'autopilot mode' so we think about what we do."
- The team was committed to demonstrating the provider's aim of "Keeping kindness at the heart of our care" in their day to day work. A member of staff told us, "It is about getting people to live and not just exist".

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

- The registered manager created an open and transparent culture. This was demonstrated by the team who were forthcoming with their views, were open to feedback and demonstrated they aimed to deliver a good service to people.
- The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager fulfilled their responsibilities in relation to this requirement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- The registered manager was on annual leave on the day of our inspection, the staff at the home, supported by the head office team were able to ensure the smooth running of the service. There was an effective staffing structure, in place. People said the service was well-run, "As far as I can see it is pretty well managed." A relative said, "Well managed, very friendly. Would recommend it."
- Staff complimented the culture at the service the registered manager created. Comments included, "It is a lovely home with the lovely management", "[Registered Manager's name] is a very good manager, one of the best I've seen" and "Manager is brilliant".
- There were regular audits that included health and safety, medicines and care planning documents. Monthly compliance visits were carried out by the provider's regional team and there was further support available from the provider's own Quality Assurance team.
- The provider ensured continuous improvement, for example by the way of investing in a new electronic system that recorded and monitored any accidents. Additionally, the provider introduced a brand new, own

and bespoke electronic care planning system. We found that some of the pre-populated pages of the templates were confusing in places. We raised this with the management team who provided further information around additional training and amendments planned to address it.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were involved in running of the service. Staff told us they were listened to and there was good communication. There were designated staff surveys, we saw the last survey's results, and these were positive.
- People were able to provide feedback via reviews, comments box that was available for people and an open-door policy. The provider also used quality surveys, the questionnaires had recently been sent out to people. People's feedback was used to improve the service. For example, one of the lounges was rearranged into designated section that can be used for listening to music, reading or watching TV.
- Staff were listened to and told us team meetings were a two-way process. We saw how staff's feedback was used to amend the template of the new electronic care plan system. Staff were recognised for their commitments, there were opportunities to nominate staff for their kindness. Three of the Iffley House staff had been announced the winners of the provider's regional awards in 'going above and beyond' category.

Working in partnership with others

- The team worked in partnership with local health and social care professionals. This included meetings with the GP's to discuss hospital admissions. An external professional said, "The manager has always been approachable, we are able to discuss anything about residents and their management. She is always open to any suggestion that would enable improvement." There were open days that enabled the members of the public to visit and see what the home was like. Opportunities were also created to offer work experience to local schools and colleges students.
- There was a good support network with other local services owned by the provider. For example, newly recruited staff were able to attend training at the sister homes. There were opportunities for the management to meet and share good practices and ideas.