

## Response Organisation

# Iris Hayter House

### Inspection report

43 Sandford Road  
Littlemore  
Oxford  
Oxfordshire  
OX4 4XL

Tel: 01865749560

Website: [www.response.org.uk](http://www.response.org.uk)

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Iris Hayter House accommodates up to 13 people with mental health needs in one purpose-built building. On the day of our inspection 12 were living in the home.

### Why we inspected

At the last inspection the rating for this service was requires improvement (published 17 October 2019). We found medicines were not safely managed (Regulation 12 Health and Social Care Act 2008 [Regulated activities] Regulations 2014) and monitoring systems had not identified our concerns (Regulation 17 Health and Social Care Act 2008 [Regulated activities] Regulations 2014).

We undertook this focused inspection to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We also looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

At this inspection we found improvements had been made and the provider now met the legal requirements.

### People's experience of using this service

Medicines were managed safely and people received their medicine as required. Records were accurate and safe recording procedures for bottled medicines were followed.

The provider had quality assurance systems in place to monitor the quality and safety of the service. Regular audits were conducted which helped to improve the quality of the service.

People received safe care from skilled and knowledgeable staff. People told us they felt safe receiving care from the service. Staff fully understood their responsibilities to identify and report any concerns. The provider had safe recruitment and selection processes in place. There were sufficient staff deployed to meet people's needs.

Risks to people's safety and well-being were managed through a risk management process. The service promoted positive risk taking, enabling people to remain independent.

Staff culture was positive, and the team was caring. This had resulted in the provision of compassionate and personalised care. The service had a clear management and staffing structure in place. Staff worked well as a team and had a sense of pride working at the service. Staff had been well trained and followed robust PPE (personal protective equipment) protocols.

Due to the layout and size of the building, social distancing was in place and followed. Staff had taken steps that supported people with social distancing where-ever possible. The management were aware of zoning guidelines but did not need to implement it as no people were COVID-19 confirmed or suspected in this location.

The provider ensured there was a sufficient stock of personal protective equipment (PPE) and the vetted supplier ensured it complied with the quality standards. Staff had infection control training and understood the correct donning and doffing procedure.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

Good ●

The service was safe

Details are in our Safe findings below

### Is the service well-led?

Good ●

The service was Well-Led

Details are in our Well-Led findings below

# Iris Hayter House

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of one inspector

#### Service and service type

Iris Hayter House 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 manager registered with the Care Quality Commission. Registered managers and providers are legally responsible for how services are run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period notice of the inspection to ascertain to Covid status of the service and make sure the manager was available to support the inspection.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We 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. In addition we asked the registered manager to send us documents relating to people's safety and staff procedures, including risk assessments, staff rotas, the recruitment policy, staff supervision files and minutes of staff meetings. We used this information to plan our inspection.

During the inspection

We spoke with three people, three members of staff, the registered manager, the deputy manager and the nominated individual. We looked at medicine records and procedures and medicine monitoring systems.

# 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 Requires Improvement.. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe. One person said, "Yes I feel very safe here"
- People were cared for by staff that knew how to raise and report safeguarding concerns. One staff member said, "I'd report to my manager and I can call CQC (Care Quality Commission) or the local authorities."
- The provider had safeguarding policies in place and the registered manager worked with the local authorities' safeguarding teams and reported any concerns promptly.

Assessing risk, safety monitoring and management

- Risks to people's well-being were assessed, recorded and staff were aware of these. The risk assessments covered areas such as falls, nutrition, medication, environment and emotional wellbeing. The service also promoted positive risk taking. For example, now COVID-19 restrictions are being lifted, some people were supported to go into the local area.
- Risk assessments were regularly reviewed, and necessary changes were made. There were systems in place to ensure that staff were kept up-to-date with changes to care plans so they continued to meet people's needs.
- The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary.

Staffing and recruitment

- The provider had enough staff on duty with the right skill mix to keep people safe. Staff told us there were enough staff. One member of staff said, "Yes we have enough staff, it has been difficult during the pandemic but I think we have done well."
- Records confirmed there were sufficient staff to support people. Staff rotas evidenced planned staffing levels were consistently maintained.
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Using medicines safely

- People received their medicine as required.
- Medicine records were accurate and up to date. Safe protocols for bottled medicines were in place and followed.
- Staff were trained to administer medicines safely and their competency was regularly checked.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff.
- The registered manager used investigation results of incidents to identify patterns and trends to reduce reoccurrence.



# 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 Requires Improvement.. At this inspection this key question has now improved to Good. 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 registered manager promoted strong values and was committed to ensuring people received a good standard of care. There was a stable and committed staff team who were fully involved in the running of the home.
- Staff supported people to be confident in taking control of their lives. One staff member said the staff team provided "Positive risk taking so our residents can live their own lives."
- People told us they were involved. One person said, "We have meetings and we talk about things. I know what's going on."

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 CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. 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 understood their obligations and responsibilities.

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

- The manager was supported by the provider. There was a clear management and staffing structure and staff were aware of their roles and responsibilities.
- The provider had quality assurance systems in place. These included, safeguarding, medicine records and accidents and incidents. These provided an oversight of these areas of care to ensure improvements were made where necessary.
- The registered manager promoted continuous learning, they held meetings with staff to discuss work practices, training and development needs.

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

- Staff morale was good, and they told us that they were involved in the development of the service, through discussions at staff meetings and individual meetings with the registered manager.
- People and their relatives had opportunities to provide feedback through surveys and raise any comments via an open door policy at any time.

- From observations of staff and speaking with registered manager we noted that the registered manager and staff demonstrated a commitment to providing consideration to people's protected characteristics.

#### Working in partnership with others

- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- The registered manager was a member of the Oxfordshire Association of Care Providers. They said, "This provides me with peer support, information and learning."