

Oakhaven Residential Care Home Limited

Oakhaven Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Good 

Summary of findings

Overall summary

About the service

Oakhaven Residential Care Home is a care home, providing accommodation and personal care to 18 older people at the time of the inspection. Some people using the service had been diagnosed as living with dementia. The service is registered to support up to 27 people.

Oakhaven provides accommodation over two floors. 18 rooms have en-suite facilities and people had access to three fully-adapted bathrooms. Stairs or a passenger lift were used to access the first floor. The home and gardens were well presented. The ground floor and garden were wheelchair accessible. People had access to two lounges and a dining room.

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

People continued to receive an outstandingly responsive service. Since our previous inspection, the provider had been proactive in further improving the service available to people. New systems were in place to manage people's care records, including their support plans and medicines records. These systems had improved the timeliness and effectiveness of care provided by ensuring medicines errors were reduced, improving communication within the staff team and with health care professionals and ensuring planned care was given on time.

People, their relatives and staff benefitted from an inclusive and empowering 'people first' culture where all felt safe, valued and listened to. People's care was designed around their individual needs and preferences and people were enabled to continue living their lives as they wished. This included continuing to do things they had always enjoyed, like meeting friends in town.

Assessments were completed to manage risks to people and people's communication needs were considered when providing information to them. Staff worked creatively and flexibly to maintain people's freedom and independence when risks to them changed and more support was needed. Staff involved health care professionals to increase people's well-being and independence and in response to their changing health needs.

People had access to a fulfilling and active social life. This included regular opportunities to go out and to enjoy a wide range of activities and events that were meaningful and relevant to them. People's relatives were welcomed and invited to join any events or outings as they wished to. People's feedback was sought regularly to ensure the service continued to be person-centred and responsive to their needs. Staff focused on people's goals, happiness and contentment.

People and their relatives spoke highly of the staff and the support provided. Without exception, people and relatives praised the staff for their caring attitude and commitment. The staff valued and respected people's decisions about how they wanted to lead their lives and the support they required. Staff understood the different and diverse needs of people and delivered care which was non-judgemental and promoted

equality.

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.

The registered manager/owner was committed to ensuring people received a high-quality service and demonstrated their values and vision in guiding and supporting the staff team. Staff understood what was expected of them, enjoyed their jobs and were happy to work creatively and flexibly in caring for the people they supported.

The governance and audit systems were effective in ensuring required standards were maintained. There was a strong ethos of continuous learning, development and improvement of the service within the management team. A variety of local and national resources were accessed to drive improvement and development.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was 'Outstanding' (published 13 May 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 exceptionally caring.

Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Oakhaven Residential Care 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

Our inspection was completed by one 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

Oakhaven Residential Care 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 manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the 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 (PIR) 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 used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with 11 staff members including the registered manager, (who is also the nominated individual and owner) the two deputy managers, the activity manager, one matron, three care workers, the cook and two administrative managers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and audits were reviewed.

After the inspection

We looked at training data and feedback the service had received from health and social care professionals. We received feedback from two professionals who regularly visit the service. The provider was asked to complete a PIR. We took this into account when we made the judgements in this report.

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 were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Every person we spoke with said they felt safe. People's comments included, "I've never been afraid" and "I feel very safe especially when they're helping me". A relative said, "I'm going on holiday. I can go knowing she is safe and being looked after".
- Systems were in place to protect people from the risk of abuse. Outside agencies were informed of any safeguarding concerns and managers worked with them to keep people safe.
- Staff had a good understanding of their role in safeguarding people and the roles of outside agencies. Staff knew how to identify possible signs of abuse and understood how to protect people from harassment and discrimination.

Assessing risk, safety monitoring and management

- Risk assessments had been completed and were reviewed regularly. Support plans were in place to manage known risks to people, while taking their needs and preferences into account.
- Referrals to health care professionals were made promptly and their advice was acted upon. Support plans included detailed advice from health professionals such as modifications to people's diet and support to manage risk of choking.
- Changes in people's support needs were communicated effectively within the staff team and shared with people's close relatives to keep people safe. Staff accessed and updated care records, using pocket-sized tablet devices, as care was given.
- Health and safety checks and cleaning schedules were completed regularly. Required environmental and equipment safety checks were up to date and appropriate risk assessments were in place. Repairs or replacements had been carried out promptly when issues were identified.
- A record of incidents and accidents was kept and these were reviewed for trends.
- Staff were trained in fire safety and first aid. Emergency medical help was sought appropriately.
- People's needs in the event of an emergency/unplanned event had been assessed. Business contingency plans and personal evacuation plans were in place to assist staff as needed.

Staffing and recruitment

- People were protected from those who may not be suitable to work with them. Required pre-employment checks were completed before new staff started work.
- The provider's induction and six-month probationary period ensured new staff understood the systems and processes to be followed to keep people safe. During probation, the suitability of new staff was monitored through feedback from the people they supported, other staff members and regular one to one meetings.

- People were supported by a stable and experienced staff team. One staff member said, "All the residents know you. It's not new faces all the time. It's better for the residents. They feel happier in themselves. It is definitely family orientated".
- There were enough staff to meet people's needs. Feedback about staffing levels from visiting professionals, relatives and staff was positive. People's needs were attended to promptly and staff could support people at a pace that suited the person. Staffing levels were reviewed when people's needs changed and in preparation for a planned event or trip out.

Using medicines safely

- People received appropriate support to take their medicines safely. When people wished to be independent with their medicines, checks were carried out to ensure their safety. Staff worked with the service's pharmacy supplier to ensure people had any equipment they needed to support this.
- Medicine administration records (MAR) showed people had received their medicines as prescribed. Guidelines were in place for staff giving 'as required' medicines and 'homely remedies' in use had been agreed with the GP. Homely remedies are medicines used to manage minor ailments which can be bought 'over the counter' without prescription.
- Staff who administered medicines received appropriate training and their competency was checked regularly. Medicines were delivered in time for people's use as prescribed. They were stored safely and securely and returned to the pharmacy if unused. The provider told us the new electronic medicines recording system in place had reduced medicines errors at the service.

Preventing and controlling infection

- The service was clean and well maintained throughout.
- Staff understood how to manage potential infection control risks and followed the policies in place when managing laundry and body fluids. This included use of the national colour coding scheme for care home cleaning materials and following a cleaning schedule.
- Personal protective equipment was available for use throughout the home and an infection control audit was carried out regularly. Any improvements needed had been completed.
- Staff completed food hygiene and infection control training and there had been no infection outbreaks at the service in recent years. The service was rated 'very good' (five stars) for food hygiene in July 2019.

Learning lessons when things go wrong

- Accidents and incidents were analysed for any lessons learned. Advice and support had been sought from health care professionals when indicated.

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's support needs were reviewed regularly in line with national standards, guidance and the law. Staff worked with people to ensure they had the information needed to make decisions for themselves and could remain in control. One person was having health checks and physiotherapy after collapsing while out walking but wished to continue their walks. Staff explained their concerns about ongoing risks and the person agreed staff could accompany them until things improved.
- People were involved in reviews of their care and support and took ownership for their health needs in some cases. One person told us, "If I wanted to see the GP, I would phone myself".
- The provider ensured policies included up to date national guidelines and legislation for staff to refer to. People's individual characteristics, under the Equality Act (2010), were recorded and consideration was given to their age, religion and any disability when planning their care.
- Technology was used to ensure people's needs were met in timely way and risks to them were reduced. Sensor alarms were used for people at risk of falls, who may be unable to use a call bell and for people who would be unsafe to leave unaccompanied but may forget to ask for support.

Staff support: induction, training, skills and experience

- Staff were supported through regular one to one meetings [supervision] and received an annual appraisal. Staff felt supported and able to ask for help when needed. Staff comments included, "[Manager's name's] are there for support. I've only got to ask. They always say, 'it's not stupid if you don't know the answer'" and "It's not stressful. There is always help here if you need it".
- Staff completed the provider's basic training requirements, which included safeguarding, first aid and training in health-related risks, such as sepsis. Training specific to the needs of people who used the service included dementia and falls awareness. Staff were positive about their training and said, "All the staff are trained to a good standard" and "Training has been good".
- The provider monitored compliance with training requirements. Staff competency checks in medicines administration and moving and assisting techniques were carried out regularly. Care was taken to ensure staff with the right skills and experience were allocated appropriately on each shift. One relative said, "They [staff] understand what's going on, they know."

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

- People's dietary needs were reviewed regularly and they were supported to eat a balanced diet. People at risk of malnutrition or dehydration were assisted to eat and drink when needed and their intake and weight was monitored. When needed, people's food was fortified with butter and cream to ensure they received enough calories.

- Staff knew how to support people at risk of choking and followed recommendations by speech and language therapists (SLTs). This included knowledge of the IDDSI framework. IDDSI is an international tool to define food textures and drink consistencies (thickness), used to reduce risks to people with swallowing difficulties.
- People benefitted from a healthy balanced diet, prepared from fresh, good quality ingredients. Their dietary needs, allergies and choices were catered to, with all special diets being prepared by the cook. Two people said the food and the cook were, "very good", Another person said, "The food is nourishing and I can always have an alternative. There is more than adequate choice."

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

- People were registered with a GP and were supported to access preventative health care including health checks and flu vaccinations, dental and optical care. Dates when people's health checks were due and advice from those consultations were noted in people's care records. People confirmed they were happy with their access to health care.
- People received timely support in response to them becoming unwell. Staff involved health care professionals promptly, when needed to support people's specialist needs. This included physiotherapists, mental health teams and tissue viability nurses. A health care professional said, "I can confirm that the staff at Oakhaven always offer the highest standard of care and support for patients and communicate well with the surgery".
- People were encouraged to maintain their health and well-being through regular exercise-based activities, healthy eating and an active social life.

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

- The building design and facilities were suitable for the needs of the people living there. All communal areas, including the garden, could be accessed via wheelchair. A passenger lift and stairs were available to access first-floor bedrooms.
- The service was well presented and comfortable, providing spaces to for people to socialise or pursue quieter activities. The garden had raised beds, used by people in 'gardening club' and sunshades and cushioned seating were used to promote people's enjoyment of the summer months. 18 bedrooms had en-suite facilities, those without an en-suite had a personal sink. People had access to three adapted communal bathrooms, situated on the ground and first floors.
- People could be involved in choosing the décor for their rooms and were encouraged to personalise their bedroom with items from home. Some bedrooms were large and suitable for two people to share. One person told us, "It's all very comfortable, just like home".

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's consent was routinely sought by staff, who used a variety of ways to communicate options with them. Support plans described decisions people could make for themselves, including managing their medicines and everyday choices such as where and how they spent their time.
- Staff understood the principles of the MCA and the MCA Code of Practice was followed. Mental capacity assessments and best interest decisions informed risk assessments and support plans, to ensure people were supported in the least restrictive way. For example, the front door was unlocked, allowing people to come and go as they wished. People who needed support to do this safely, but may forget this, wore an electronic wristband to alert staff to them needing support.
- DoLS applications had been submitted as required, renewal dates were tracked to ensure applications were submitted in a timely manner. The DoLS authorisation in place had no conditions attached.

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 Outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Following our last inspection the provider had further developed their highly effective system of ongoing review, reassessment and referral that empowered people to express their views and regain control of their lives. Staff worked with empathy and flexibility in supporting people to identify and achieve their goals. One person had recently returned to live at their own home, to the surprise of local authority, who had commissioned ongoing residential care for them. This move was initiated by the service, in response to the person's expressed wish. At each review, the service contacted various health care professionals, to see how the person might be helped to regain different aspects of their independence. Through this, staff supported this person to walk and climb stairs safely and to manage their own medicines, using an aid. A staff member said, "We rehabilitated her. She was a different person. It was so nice to see. She really came out of herself." Staff told us how proud this person had been when inviting them in during a home visit.
- The service's ethos of 'providing exceptional care as standard' continued to be evident throughout our inspection. The provider ensured the strong person-centred culture, that put people in the heart of care delivery, remained embedded in the service. One relative said, "My brother just sent an email to say how amazing staff have been. They are absolutely fantastic with my mother who has anxiety and dementia". They told us about a staff member playing music to relax their relative during their bath and said, "She felt really comfortable with her". In feedback to the service, relatives said, "He said he wanted the best and you certainly gave him that. You are all very special people" and "Mum has formed a close bond with the team and nothing is too much trouble for them or gets overlooked."
- Staff were highly respectful of people's rights to make decisions for themselves and worked creatively to help people stay in control. One person, living with anxiety and memory loss, could not recall how they had felt about everyday events and activities, which increased their anxiety when invited to join in. To increase their sense of control, staff created a 'feelings book' with them. The person chose everything about the book, including which stickers represented different emotions for them. Their ownership of the solution was demonstrated by their comment, "That looks great, I can't wait to use it", when it was handed to them. The person used the stickers to record how they felt at various points in their day. Each week the person reviewed this with staff, to see how they had felt the majority of the time. This enabled staff to support the person more positively, as the person was less anxious, as they had regained control.
- Staff paid attention to detail when getting to know people and what was important to them. This information was used by staff to develop their relationships with the person, to introduce them to others with common interests and experiences and to provide comfort to bereaved relatives. People's 'life stories' were compiled, based on recommendations from the Alzheimer's Society website. A volunteer chatted with the person, noting their memories, which were put together with information from their friends and family.

One person had recently passed away before their life story could be typed up. Their close relative asked staff if they still had it, and if so, could they have it? Once finished, this would be sent to them with a selection of photographs from their relatives' time at Oakhaven. During the inspection, two people shared funny tales of their world travels with others during a quiz on the subject, (designed with them in mind). One staff member told us another person was, "laughing his head off" in enjoyment at their stories. They added, "We try to encourage friendships between the residents".

- Staff consistently treated people with a very kind and compassionate approach. One staff member said, "I try to create an atmosphere where people can trust me and tell me what is important to them". They told us one person had opened up to them about feeling suicidal, shortly after moving to Oakhaven. Further to this, the person was treated for depression and was now, "coming down a lot and taking part in things", (rather than isolating themselves in their room). They had a "great" bond with this person, recognising when they had a, "mental wobble" after a fall and said, "We sometimes go out on our own into town for coffee. The offer is always there". One staff member said, "I can tell when [Name] is having a bright day. I can recognise even the smallest change in her facial expression".

- Staff worked inclusively with external professionals to the benefit of people they supported. In feedback to the service, a health care professional said, "Both Matrons have been nothing but helpful. It was clear to me from the start that both care very deeply for the residents within the home and go the extra mile to ensure their needs are met. When visiting the care home, I am met with positivity and am always welcomed and supported to meet the nursing needs of your residents." One staff member, who had first worked at the service through an agency, said, "The staff are lovely. They can't do enough for you. They make you feel really welcome".

- Everyone we spoke with told us they were listened to and their decisions were supported, wherever possible. In the event staff could not meet people's requests, people said this would be discussed and a compromise would be found. Everyone told us they could speak with staff if they were stressed or worried about something.

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

- Staff regularly went above and beyond people's expectations, to provide a service which treated people with true kindness and promoted well-being and happiness. One relative told us, "It's just been absolutely brilliant since the day she came here. She is just so happy here. Everybody [staff] spoils her. They couldn't do more". A staff member told us how staff rallied together, some while 'off-duty', to ensure one person's move back home went smoothly. One staff member did a food shop, one met the person at home to settle them in and another transported the person's mobility aids to their home, when they saw these did not fit in the person's taxi.

- We saw lots of interaction, laughter and joking between people and staff, it was evident people felt very comfortable and interacted with staff on an equal basis. Staff were open to being vulnerable and laughed at by people, to bring fun and enjoyment to their day. At Halloween staff had dressed up and done 'apple bobbing'. One staff member said, "They [people] thought that [staff apple bobbing] was hilarious. It brought back a lot of memories." They told us about a lovely picture of one person, who had been feeling down from a recent setback, smiling in response to this event. One staff member said, "You've got to meet people where they are at. I treat them how I would treat my own parents or grandparents. It's a really loving relationship, they are all really dear to my heart".

- People received compassionate support which helped them to overcome the challenges they lived with. One person often showed distress related to missing their family, as they sometimes forgot their calls and visits. Staff supported them to call their family and friends and created a tracking calendar to remind them of what had been happening. This included pictures from family visits. A staff member said, "That has proved very effective. She has been comforted by this". Another staff member wrote a whiteboard to help a person remember what was planned, when the person rubbed everything off, they did it again. They sent a picture

of it to staff and relatives, so they could also use it to support this person's memory.

- People and their relatives were welcomed to Oakhaven and staff supported them to manage the challenges they faced. One person's relative told us about staff's insight and empathy when their relative with memory loss kept asking them questions about the relative's recently deceased sibling. They told us, "They [staff] understand what's going on and they know [how I feel]", they were comforted by this and said, "I can't say enough [about the support], I really cannot". In feedback to the service about their relative's hospital stay, one relative said, "The high level of caring has continued and I still feel the support of Oakhaven behind us. This is something I wasn't expecting and the daily visits from [manager's names] both on a personal and professional level and the detailed updates I get each day have been incredibly reassuring and quite frankly I been blown away by the support".
- Staff were inclusive in their approach with people, whose support was delivered in a non-discriminatory way. The rights of people with a protected characteristic were respected. Protected characteristics are set out in law to prevent discrimination, for example, based on age, disability, race, religion and sexuality. In feedback to the service, one healthcare professional said, "I feel it is perfect. I visit quite often. The home is immaculately clean, patients are always dressed nicely, loved and cared for."
- Staff described an exceptionally caring working environment where they, as well as people using the service, were treated with equality, respect and kindness. One staff member told us they had been employed with the knowledge they would need time off periodically, due to ongoing illness. They added, "Recently I had two-to-three weeks when I was not able to work. I know my job is here for me. It has made me get up and get dressed and gives me something to focus on [other than illness]. I think that's important." The staff member then turned to their line-manager saying, "I don't think you [provider's senior team] realised what it meant to me."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted by staff. People told us, "Staff understand that I want to be as independent as possible", "I wash and shave myself but I do get help with a bath once a week" and "The staff understand how I want to be looked after. Staff are very careful with me during my personal care".
- People had access to facilities which allowed them to communicate with others in privacy and to make their own arrangements. Each room had a private landline (telephone) and people used their own mobile electronic devices to access the internet. This enabled them, for example, to make video calls to distant family members, call their GP or order a taxi.
- Personal care was provided in privacy and staff understood paid attention to detail to ensure people's dignity was maintained. One staff member said, "A lot of care is taken with personal care for the residents, from making sure they are wearing their perfume, to the domestic staff making sure all is clean and smells nice". One relative told us how impressed they were with staff's patience. They said, "They never rise to the bait. It's unbelievable it really is."

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 Outstanding. The service was highly responsive to people's changing needs and provided a wide variety of meaningful activities based on people's interests and hobbies. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care. The service had built upon the variety and quality of activities available to people and become increasingly flexible in their approach in supporting people to live as full a life as they wished.

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

- Staff were highly sensitive to people's emotional and spiritual needs which had a positive impact on people's well-being and quality of life. Before moving to Oakhaven, one person was assessed in hospital as being in a low mood, they were refusing help and had lost interest in eating and caring for themselves. During their 10 months at Oakhaven they had developed 'great relationships' with staff, including sharing important memories, their sharp intellect and keen sense of humour. Despite this person's refusals and fierce independence, staff maintained an open approach and ensured the person retained control, telling staff when and what help they would accept. As their relationship with this person developed, staff showed them they enjoyed their company, were highly thought of and well respected. A staff member told us, "It has taken time to build up trust, she was adamant she had come here to die. She is a completely different woman". This person was in control and sometimes sent staff away if they did not arrive to support them on time. This was written into their support plan. They were now eating and drinking well, talking an interest in their appearance and doing activities they enjoyed. While they declined to get out of bed, they had recently agreed to having their hair washed and cut. This person told us, "They put all waterproof sheets all over the bed and pillows. It was marvellous. I'm very pleased with it".
- People were valued as individuals and benefitted from a highly personalised service where sense of purpose and inclusion were promoted. People were enabled to take on roles that benefitted others and increased their self-worth. One person received a camera (from Oakhaven) for their birthday, as a keen photographer they were encouraged to take pictures of events and activities at the service. These were used in the newsletter, shared with family in emails and used to support people's memories. When this person became disinterested, disengaged and frustrated following a significant health decline, staff asked if they would like to help fold napkins to help them. This had a positive impact, the registered manager said, "He enjoys sitting there knowing he's helping. His mobility is poor at the moment, he didn't want to try, but he's starting to be more positive with mobility. He's spending more time with others and wanting to get back to where they are at [mobility level]". Staff used a manual carpet sweeper and 'residents cleaning box', (where cleaning products were replaced with water and food colouring), to significantly reduce one person's anxiety, when other re-direction techniques had failed. In feedback to the service in 2019, a mental health care professional praised staff's, "Good records and insightful personal observations" for people under their care.
- People were empowered to make decisions and care was tailored to their needs and wishes. People were

listened to and adaptations were made in consultation with them. One person said, "I asked if I could have bed-rails, which they don't usually have on this bed. I didn't feel safe. I was frightened I'd fall out of bed. So, I've got them now. It makes it easier for me to grab hold of and sit up." One person who wished to remain independent with eating, was trying out different utensils, to see which worked best for them. Another person's relative said, "They were completely open to what was needed. She was listened to".

- People were well-informed about their options and their opinions and feedback were sought and acted upon. A large print, coloured newsletter was produced every two months to inform people about upcoming 'resident's meetings', events and activities at the service. People were encouraged to attend meetings and share their views, to improve the service they received. The registered manager's column informed people on matters likely to be of interest to them and people were invited to submit their own contributions to the newsletter.

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

- Staff went over and above expectations to support people to develop and maintain relationships, including with them. Staff were highly motivated and took their cues from what was meaningful and interesting to each person, identified from their life-stories and relationships with the person. We heard many examples of the service and individual staff members acting to bring happiness and purpose to people's lives. For example, one staff member was helping a person write back to a new friend they had made in Oakhaven's knitting group, who had now returned home. The activities lead said about the service's approach, "You can see the difference. People are alert and interested, with smiles on their faces; they have happy moments. It's about creating special moments, even though they may not remember them the next day, at that moment it sparks something in them." People's lives did not stop when they moved to Oakhaven, one person was supported to attend their own church weekly, to practice their faith and socialise with their like-minded friends. Another person met their friends in town for a weekly lunch.

- People had exceptional opportunities to follow their interests and live a fulfilled and happy life. A wide variety of trips out, entertainment and activities were provided, all were suitable for less able-bodied people. One person said, "I love going out. I always get reminded when they're going on a trip. I like to listen and take part in music and I like the quizzes, especially the one sent to my room for me to do. It's part of the newsletter". A relative said, "[Activities lead] is wonderful. The things she does." They told us about a picture emailed to them of their very elderly mother wearing headphones and sparkly glasses at a silent disco and said, "She looked as if she was thoroughly enjoying herself." The activities lead said, "I see no limitations". They had a wide network of contacts and services to draw upon when planning the activity programme.

- People's relatives were encouraged to spend time with them, this included sharing meals at Oakhaven, going on daytrips and joining in with events and activities. Recent feedback to the service included, "We were awestruck by the delicious meals. Thank you for making Christmas so special to us. It had the potential to be particularly difficult, instead we had the most lovely day."

- Important events were celebrated in style and with attention to detail. One relative said, "If you saw the decorations at Christmas, it was magnificent". The cook knew each person's favourite foods and special requests and took enormous pride and care in sourcing the best quality, fresh ingredients. One relative told us, only four weeks after moving into Oakhaven, their relative received a handmade birthday cake decorated with safari animals. This person had lived in Africa for a significant part of their life, which the cook knew. This level of attention to detail was extended to each person and in celebrating all special events.

- People had regular opportunities to go out and have fun. The activities lead said, "I think the whole home understands the activities approach. Some of the residents don't smile too often, the difference in them is lovely to see."

End of life care and support

- People's wishes regarding care and support at the end of their lives had been explored with them when they were ready to do this. This included where they wanted to be, who they wanted to be involved and any religious or cultural needs. Feedback to the service about end of life care was highly positive. One family said, "You listened to her when her wish was to remain among her friends. You were all friends to [Name] and you care of her during her stay was exceptional."
- The service worked flexibly to accommodate people's end of life wishes. When one person asked for their service to be held at Oakhaven, so friends they had made there could attend easily, this was done. In feedback to the service relatives said, "We were so touched in the care taken in preparing [Name] for her funeral and the incredible service you provided for our guests, who could not have wished to be better looked after." When one person's service was held in their home town, some hours away, representatives from the staff team attended.
- Staff worked with health care professionals to ensure people's needs were met, for example, in managing unwanted symptoms people could experience at this time. When a do not attempt resuscitation decision had been made, these were kept under review and this information was readily available to staff in case of emergency.

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.

- The provider was proactive in meeting people's communication related needs. A system was in place to identify and highlight people's communication needs in relation to any disability or impairment they lived with. This included any assistance needed with use of glasses and/or hearing aids and how verbal or written information should be presented to them. Important documents including complaints and safeguarding were available in alternative formats.
- Staff helped people communicate their wishes by asking questions in a way they could understand and answer. This included using short closed sentences, that could be answered with yes or no, or physically showing people options available to them. Information about activities and events at the service was displayed in the entrance hallway, using a variety of formats including large print and easy read.
- Portable listening devices with large, easy-to-use controls were used (with or without a hearing aid) to amplify sound, when people had difficulty hearing. This allowed one person to contribute to conversations, answer questions and be involved in activities which they would otherwise be unable to do, without extreme difficulty.
- People were supported by staff or relatives during hospital appointments and health and social care professional's visits to ensure communication was effective. Comments to the service from health care professionals included, "Matron always available or present within all patients visits", "Staff were polite, prompt and thorough in providing information" and "Very informative and detailed when handing over patients information".

Improving care quality in response to complaints or concerns

- Information about the complaints process was accessible to people and available in easy read format in the entrance hall. No complaints had been received in the 12 months before the inspection, many compliments were received during this time.
- Each person we spoke with told us they had never made a complaint. One person said, "If I wanted to complain, I would tell my daughter about it and leave it to her". Relative's told us they would be happy to approach staff and managers with any issues or concerns. When one person's perfume was missing, this was replaced by the provider without question. Their relative said, "She could have put it anywhere. It could have

been in her handbag. They bought her a replacement."

- The PIR stated, "The service works diligently and consistently to avoid matters becoming worthy of complaint by dealing with matters whilst they are minor".

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 Outstanding. At this inspection this key question has now changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- Since our previous inspection, the provider had further developed use of technology systems to enhance people's everyday lives at Oakhaven. This included a new staff call system, which people used to page staff when they needed them. Staff pagers were portable, allowing the staff member to see immediately who was calling for help. This enhanced people's experience as staff were able to respond to them more quickly. It also improved the general living environment, as no call bells could be heard, which contributed to the peaceful and calm atmosphere in the service.
- Technologies were used to support people in a non-invasive or discriminatory way. This included bracelets worn by people who would be unsafe to leave the service unaccompanied, which alerted staff to them leaving the building. This system meant people were able to leave freely without need to unlock the door (from the inside) or enter a code. The system was subtle, so much so that a health care professional suggested the service fit an alarm, in feedback to them.
- The service had adopted new technology which improved communication amongst staff, resulting in timely responses to changes in people's needs, improving effectiveness of care after care and treatment reviews. Staff accessed and updated care records in real time, using pocket sized tablet devices. These allowed staff to check details in people's support plans and log when care had been given. The registered manager received remote alerts, for example if a position change was late. They told us when this happened, they called staff to check if support was needed. Introduction of an electronic medicines system had resulted in improved timings for giving medicines effectively and less medicines errors. Feedback from the service's most recent audit by a pharmacist included, "I was very impressed with all of your processes, especially the controlled drugs systems and the homely medicine system."
- The provider was an active member of Gloucestershire Care Provider's Association (GCPA) which helped them keep up to date with new requirements, best practice recommendations and local initiatives. The service was involved in a local authority pilot scheme for implementation of ReSPECT (Making a Recommended Summary Plan for Emergency Care and Treatment), a new national approach to planning around future emergency care decisions. This had improved outcomes for people by giving them the option of receiving more advanced care and treatment at Oakhaven during acute illness, rather than needing to be admitted to hospital. This increased people's control over their care choices and enabled them to have a more dignified death when emergency medical intervention was not what they wanted.
- The service was highly responsive to feedback to improve the service people received. Managers involved others to ensure the systems they had in place were effective, for example, involving outside contractors and health care professionals in quality checks and reviews. One healthcare professional said, "Staff are always eager to obtain feedback". The service was complemented by a health professional on their work to update

their policies and protocols around use of over the counter medicines (homely remedies), in response to changes in NHS prescribing in August 2018.

- There was a strong focus on continuous learning at all levels of the organisation. The provider supported staff to obtain additional qualifications and experience to the benefit of people using the service.

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

- The service had been owned and run by the registered manager's family for over 30 years; The registered manager was highly committed, had strong vision and provided consistent and reliable leadership to their staff team. Oakhaven's website referred to, "first-rate care in a first-class environment", "attention to detail", "an experienced, loyal team, dedicated to going that extra mile", "happiness and fun and doing the things that make life pleasurable", "a holistic approach to well-being" and "spiritual comfort". These qualities were consistently demonstrated throughout our inspection and were evident in feedback about the service on the carehome.co.uk website.

- People continued to benefit from a highly positive, inclusive culture where they, their relatives and staff were empowered, valued and supported. Everyone we spoke with was complementary about the management at Oakhaven. One person said, "Well run, the management are efficient and are always willing to talk". A relative said, "This is a home. It is not run like a business." The registered manager said, "I have been emphasising to our staff, we have to love our residents, this comes from there being a family atmosphere. People are really enjoying themselves here". Staff were complementary about the support and encouragement they received from managers to assist them in completing additional qualifications.

- The providers holistic and spiritual ethos was extended to the staff team. Initiatives were in place to show staff they were valued and to promote staff wellbeing and retention. Staff could access a range of complementary therapies each month. One staff member said, "I've had it [therapeutic massage] a couple of times. It's really nice and relaxing". The registered manager said, "They really love it. It encourages more work on your well-being".

- Staff were confident they would be supported by managers, including in response to their own health needs. Two staff told us how understanding and flexible the registered manager was in response to their own health needs. One staff member said, "He was really, really understanding. If I have a problem, I can go to him. The company as a whole are a great company to work for." The registered manager had confidence in their management team which empowered them to work creatively within their job role, for example when completing assessments care managers knew they could offer a bespoke service to people.

- The atmosphere in the service was calm and relaxed. Feedback to the service from external professionals included, "It provides a great service, first class quality care, patients are always happy" and "The home has great feel".

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

- People continued to be very much involved in the running of the service which was continuously adapted and improved in response to feedback. A highly person-centred approach meant people were in control, directed their care and support and lived their lives as they wanted. People were asked for their views in regular meetings and reviews and were involved in staff recruitment, planning events and activities. One person said, "I like to go to the meeting every month as we are asked if we have got any complaints or ideas for improvement. The management runs the home very well. I would complain if I felt the need".

- People were informed about any significant changes and planned events through the service's own accessible newsletter and information board. The newsletter featured a different staff member each issue, so people knew more about the staff supporting them. This included their work background, family life and interests. The registered manager's column was written in an informal, upbeat and welcoming style. They

consistently encouraged people's friends and family to be part of life at Oakhaven. This included joining their relatives at events and trips out, encouragement to volunteer, share their connections or knowledge others may be interested in, no matter how niche. Key guidelines and policies had been reviewed and updated into an easy to read format for people who had visual impairment.

- The service had well established links within the local community, which brought regular visitors to the home. This included children's groups for shared events, such as harvest celebrations and singing. People were supported to practice their religion/religious festivals in the way they chose.
- Feedback from staff and outside professionals was sought regularly and acted upon to improve the service. One staff member said, "In staff meetings it is 50:50, you say your bit as well. Staff told us managers listened to feedback, one said, "How the app [electronic record system access application for staff] was set up was quite awkward, they changed it around and made it a lot easier". This meant staff could use the system effectively and its benefits were realised.

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 management team were open and transparent when incidents and accidents occurred and people and their relatives (where appropriate) were kept fully informed. One person's relative told us they were very satisfied with how managers had responded when a personal item belonging to their relative was found to be missing.
- Few serious injuries had occurred since our last inspection but people were fully involved in reviewing the incident and agreeing changes to the support they needed. For example, one person went out walking most days, without incident, but fell on one occasion resulting in a broken bone. This person, who had capacity to make decisions about their safety, agreed staff could accompany them on their walks until they had fully recovered.

Working in partnership with others; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service and provider worked openly and transparently with external organisations including CQC, local authority commissioners and safeguarding teams. The service's current inspection rating was appropriately displayed and all required notifications had been sent to CQC to support our ongoing monitoring of the service.
- Audit and governance systems had been strengthened to ensure the service continued to meet the providers expectation of providing a 'first-rate' service. There were clear lines of accountability and oversight throughout the staff team and all staff were confident to speak with the registered manager directly should the need arise. Audits, analysis of incidents and events, staff competency checks and tracking of compliance with legal requirements and staff training and supervision needs were carried out regular basis.