Godswell Park Care Home Limited

Godswell Park

Inspection report

Church Street
Bloxham
Banbury
Oxfordshire
OX15 4ES

Tel: 01295724000
Website: www.godswellpark.co.uk

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Outstanding** ☆
Is the service effective?	**Outstanding** ☆
Is the service caring?	**Outstanding** ☆
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

Godswell Park provides nursing care and support for up to 45 people. At the time of our inspection there were 36 people being cared for at the home. Accommodation was provided over three floors. There were many areas where people could meet and socialise. This included a cinema where various events took place. Each bedroom was clean and people were encouraged to have the decoration and furnishings they preferred. Each room had en-suite bathroom facilities.

This inspection visit to Godswell Park took place on 20 July 2017 and was unannounced. During the inspection, we found the provider had thoughtfully designed the building, developed an ethos of strong values to enhance person centred care and deployed cohesive staff teams in an exceptional manner. We corroborated this when we toured the building and talked with people and relatives.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Godswell Park had high quality premises with a hotel-type atmosphere. The environment was clean, beautifully decorated and had stunning, well-kept and accessible gardens. There was a tranquil, warm and welcoming atmosphere throughout. We saw that people were relaxed and staff demonstrated an exceptionally caring attitude.

Food was of an outstanding standard. This included sourcing local fresh ingredients through to producing and presenting high quality food of a restaurant standard. When we discussed the quality of meals with people and their relatives, they said food was of a very high quality and we observed this during the inspection.

We found people, relatives and staff were at the heart of Godswell Park's quality assurance programme. The management team had a wide range of systems to gain their feedback. This included multiple meetings and a variety of satisfaction questionnaires. People, relatives and staff, told us the home was highly organised and exceptionally well-led.

The provider and registered manager regularly completed multiple auditing systems and acted swiftly to address any identified issues. They had remarkable oversight of care provision, service quality and everyone's safety.

Staff worked within a highly trained team and had ample time to support individuals in a meaningful way. This was because very high staff numbers and skills mixes were deployed to provide a holistic approach to care and people's safety.

We found care records contained detailed and personalised care plans. We observed staff followed these in their extremely safe and caring approach to people's related support.

Staff followed the Code of Practice in relation to the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). We observed staff treated people as equals and individuals, offering them options whenever they engaged with them. Staff always endeavoured to enable people to maintain their independence and to make their own decisions.

Relatives told us they felt extremely well supported and encouraged to maintain their important relationships with their loved ones that lived at Godswell Park. They said the management team were excellent at keeping them informed about people's care. People and their representatives said staff worked collaboratively with them to ensure they received high standards of care.

We saw staff were responsive to each person's changing needs and adopted a revised care planning method to improve upon the support people required. We found care planning enabled staff to work in a highly personalised and holistic approach. A professional said they had found Godswell Park a wonderful home and would rate it as outstanding in all areas.

People benefited from a large range of activities and interests provided, to ensure they were kept occupied if they chose. There were many excellent opportunities to optimise people's social and stimulation requirements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Outstanding ☆

The service was exceptionally safe.

The design of the home had innovative systems, which maximised the safety of people who lived there.

Care files had thorough risk assessments to mitigate each hazard to people's safety and welfare. Staff had an excellent awareness and approach of safeguarding principles.

The home had very high staffing levels and skill mixes to enhance people's safety and welfare.

The service had a rigorous recruitment procedure to safeguard vulnerable people from the employment of unsuitable staff.

We found staff followed clear procedures to meet high standards in the management of people's medicines.

Is the service effective?

Outstanding ☆

The service was highly effective.

The provider and management prioritised employing staff with strong values.

The provider and management had recognised that supporting and valuing staff led to people receiving support from motivated staff.

People enjoyed food of an exceptional standard.

Staff received MCA and DoLS training and when we discussed this with them, we found they had a good awareness of how to apply this in practice

People were protected from health risks and were supported to access appropriate external professional help in a timely manner.

Is the service caring?

Outstanding ☆

The service was exceedingly caring.

We observed multiple examples of the exceptionally caring and highly efficient staff approaches when supporting people

End of life care had been given in-depth consideration with ongoing evaluation of how to learn from each death and improve practice.

Staff showed the same respect, care, empathy and kindness to relatives that they showed to people who lived at the home.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

We saw evidence of staff working collaboratively with people and their relatives to inform people's care planning.

We found multiple examples of the highly efficient responsiveness of staff and management to people who lived at Godswell Park. Care plans were personalised to guide staff to provide highly responsive, person centred and holistic support.

The provider went to great lengths to ensure people were supported to engage in activities and any known interests and hobbies that they enjoyed. .

The provider had arrangements to manage complaints and concerns so these could be addressed in a timely manner.

Is the service well-led?

Outstanding ☆

The service was extremely well-led.

The management team had a comprehensive system in place to monitor and maintain the high levels of quality in the service.

Staff were treated exceptionally well and were therefore highly motivated to deliver high quality care.

We found the provider had high standards and a great desire to involve people, relatives and staff in service development and improvement of their working experiences.

The provider and management showed passion and drive to continually look for areas to improve the already excellent service that people received.	

Godswell Park

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of one adult social care inspector; a nurse specialist advisor, with clinical experience of supporting people who had nursing needs and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This inspection took place on 20 July 2017 and was unannounced. Godswell Park was inspected in July 2014 and rated as Good. There was a change to legal ownership in February 2016. However, there had been no change to the operation of the home, directors, registered manager or staff since that time. Prior to our inspection, we checked the information we held about Godswell Park. This included notifications we had been sent by the provider, about incidents that affect the health, safety and welfare of people who accessed the service. We also reviewed the Provider Information Record (PIR) we received before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of Godswell Park.

We spoke with a range of individuals about this service. This included 15 people in the service, four relatives, and feedback from three health and social care professionals.

We discussed care with the two directors, the registered manager, and 19 members of staff, including nurses, senior care staff, care assistants, activity co-ordinators, chefs, housekeeping staff and maintenance person. We looked around the building to check environmental safety and cleanliness. We checked documents in relation to six people who lived at the home and four staff. We reviewed records about staff training and support, as well as those related to the management and safety of the service.

Outstanding ☆

Is the service safe?

Our findings

The service was exceptionally safe due to the measures the provider had put in place. All the people we spoke with said they felt extremely safe in the service. Comments included, "Wonderful, totally wonderful, safe, looked after well, know the staff", "Worries gone away. I feel much safer than when I was by myself" and "Always feel really safe, staff around and about if anything happens." Relatives we spoke with also felt people were extremely safe and we received comments such as, "Safe here because meticulous attention to detail", "Safe, know that management carry out spot checks during the night – reassuring" and "Lots of the same staff have been here since it opened so she sees the same staff. That adds to a feeling of security." We saw the management team had completed an in-depth risk assessment matrix which ensured people were kept safe.

The owner and the management team had put in place innovative ways of ensuring the environment was both clean and safe. For example, people were very well protected from the risk of infection. The home had a state of the art air purifier machine which delivered pressurised and filtered air to each floor. This meant that the air flowed out the building and not in, taking with it any odours and reducing the risk of allergens such as dust and pollen. It also eliminated airborne viruses and surface bacteria. Management told us they installed the air handling system rather than air conditioning because it uses fresh air directly coming from outside. It clears the air of potential foul odours through provision of a positive air pressure throughout the corridors, and assists in maintaining a feeling of freshness and wellbeing. Even with bedroom windows shut in winter fresh air is constantly available. One of the positive impacts is that the home had never had a viral outbreak or cross contamination of any sort.

The laundry was well organised with soiled linen and worn clothing separated from items that had been washed and ironed, reducing the risk of cross-contamination. The laundry had an ozone delivery system that killed germs at low temperatures and ensured that washing was completely infection free.

The service had an infection control lead who conducted departmental audits to ensure robust practices were carried out throughout the home. There was also an infection control focus group who reviewed all aspects of infection control throughout home in line with Department of Health procedures. This group had made a suggestion that the style of the detailed housekeeping workbooks could be used to advantage in other areas of the home. Following the success of the infection control focus group, it was planned to have more cross-departmental, following the example of infection control. The plan was to form these with champions from within existing staff to lead research into best practice on safeguarding, health and safety (in conjunction with health and safety consultancy), dignity, wellbeing and communication.

People were well protected from fire risks. There was a robust fire safety infrastructure including an extensive addressable fire alarm system tested weekly, linked swing-free fire doors, smoke shutters, fine-mist sprinkler system, regular fire and evacuation training and unannounced fire drills. The service also had back-up systems for both the water supply which ensured there was at least four days' supply in the event of interruption and a power generator to ensure electricity was never interrupted. A security guard was on call at night and readily available.

The provider had an excellent overview of risk and safety to inform action and business plans. This was due to daily environmental checks undertaken by the estate manager. There were daily inter-departmental and weekly management meetings to discuss any safety aspects of importance. Monthly, quarterly and annual quality audits incorporated safety reviews overseen by management. Equipment had been serviced and well maintained in line with guidance and all possible action taken to reduce risk of injury caused by the environment were carried out. This meant people lived in an environment which was both safe and effective.

The service had sought the services of an independent health and safety consultancy and competent person to ensure they were compliant with all current health and safety law. This service included 24 hour, seven day a week health and safety advice by telephone from a dedicated local consultant.

The service had robust plans in place to respond to any emergencies or untoward events. National and local guidance was followed in respect of hot weather, flooding and norovirus. Each person had a Personal Emergency Evacuation Plan (PEEP) to use in case of emergencies.

Staffing levels were excellent. There was a high ratio of staff with a low turnover that kept people safe and met their needs. There was a monthly review of staffing levels to consider dependency levels and to ensure staff were deployed to utilise their skills, knowledge and experience. The management knew of staff retirement dates well in advance and a continuous recruitment process was underway via local adverts and internet to recruit staff well ahead of identified staff vacancies. In addition, the home was often approached by care and nursing staff looking for a position to work at the home.

People told us they felt safe because there were high levels of staff and that if they called for help staff arrived very quickly. We noted a very fast response from staff on the day of the inspection. The directors monitored and analysed both the call bell response times, and volume of calls on a continuous basis. Staff from all departments had training to attend call bells and offer assistance where appropriate to ensure minimal delay to response times. The management had ensured that all staff from all departments followed a policy of responding to a call if they were passing a person's room, and enquire about how they could assist. It was noted that many of the calls were non-care related and could be dealt with effectively by non-care staff. This had resulted in response times improving despite having more people and more calls. There was a good balance of care staff, housekeeping staff and the staff mix was used innovatively. This meant that staff had time to spend with people to develop positive and meaningful relationships.

Staff had a comprehensive awareness and understanding of what they needed to do to make sure people were safe from harm and potential abuse. Staff had all received safeguarding training to ensure they had the skills and ability to recognise when people may be unsafe. Each member of staff had guidelines and contact details of the local authority safeguarding team and information was displayed around the home.

Medicines were managed consistently and safely in line with national guidance. People told us they had confidence in the nurses who supported them with their medication. People told us, "Bring my tablets in and wait to make sure that I have taken them" and "Take my medication on time, been taking it for a long time so I know when it should arrive and it does" [This person required time specific medication].

People received their medicines as prescribed with dedicated trained staff to manage stock control, ordering and safe storage of medicines. A computerised medication system was used and linked to the pharmacy to maintain a transparent overview of stock, improved audit trail, accountability, reduced risk of mismanagement and better oversight. Medicines recording were accurate. A daily medication audit was conducted by a nurse and a random full audit conducted regularly by the registered manager with support

from the pharmacy. In addition, an independent pharmacy audit was conducted annually. Air conditioned medication storage was available for use when necessary. There were robust reviews and safe protocols in place for people who wished to self-medicate and this was reviewed at least quarterly. The medication policy included homely remedies and each resident had a homely remedy list signed off by the GP. We had feedback from an external professional who said, "The home has taken great care to initiate original pack dispensing and electronic input into MAR charts, thus enhancing safety and monitoring of medication for all the service users."

People were actively encouraged to be as independent as they wished to be, with appropriate risk assessments in place. People told us that staff kept them safe but in a way that did not restrict their individual freedom. For example, to ensure people could have freedom to enjoy the grounds of the home, personal alarms were issued for people to take with them in case they needed help. Risks were anticipated, identified and managed by informal reviews completed daily to share information about risks to individuals. We saw that there were assessments with information about whether the person was at risk of falls, pressure damage, or low weight. If so, advice was given to reduce these risks and all plans were reviewed monthly. We saw one person who had arrived at the home nine months ago, had gained 8 kilograms due to the enjoyment of the food.

Learning from incidents and accidents was seen as a priority. For example, a falls analysis was conducted in March 2017 by the provider and reviewed by a director which highlighted the annual, monthly and hourly trends along with the measures that were put in place to target all risk factors to reduce the level of falls and fall related injuries. The service had installed an innovative lighting system in each bedroom and bathroom with automatic lighting when entering which helped ensure people could see clearly and helped reduce potential falls. We also saw that following the falls analysis, each bathroom and toilet in the service had a 'Please Call Don't Fall' signs placed in each bathroom and toilet. We saw that falls had reduced from 123 falls in 2013; 83 in 2014 and 68 in following 2 years 2015 and 2016. This demonstrated that the analysis and action taken had consistently reduced the amount of falls per year. The service had reduced risks by being following guidance in the Equality Act 2010 around environmental adaptions, for example, plenty of handrails, wide corridors and carpets designed to cushion falls. Alongside the daily environmental checks a dynamic falls risk assessment was completed for each individual, for example, looking at footwear, walking aids, glasses and lighting. There were policies and procedures for managing risk and staff understood and followed them.

Records relating to recruitment of new staff contained relevant checks to ensure they were of good character. These included employment references and disclosure and barring checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Outstanding ☆

Is the service effective?

Our findings

The home was located in large landscaped grounds with extensive wheelchair friendly gardens. People enthused about their rooms which contained items of their own furniture, treasured ornaments and personal photographs which contributed to the homely feel. People were keen to show us their rooms. One person said, "Lovely big room, suits me well. See out across the garden, couldn't be nicer" and "Brought some of my own furniture with me and my books." Bedrooms were decorated and furnished to people's choice. For example, a person had requested a particular wall colour to display their paintings to best effect. We saw this had been done and the person was very happy with it.

Following a request from people and their relatives, the landscaping had been improved with additional paths, pergolas, seating, garden ornaments and a summer house which was equipped with tea and coffee making facilities. The home also had a flock of sheep which people enjoyed watching. People enjoyed telling us about the sheep and about one that had escaped into the village, causing much amusement. The home had a variety of day rooms, a restaurant, cinema and a sun therapy room, imported from Europe, to help people to relax and promote their health and well-being. We heard that the cinema was used by people for films but also where shows were put on, and popcorn and ice-cream were provided. We spoke with one person who talked about the Christmas show that people in the service and staff had performed and how much she enjoyed it. Live programmes could be screened such Ascot and Wimbledon and provided a social area that people enjoyed. Electronic photo frames were displayed around the home with images of people's activities. Wi-Fi was available throughout the home and an induction loop available in reception and cinema. The service was purpose-designed to cope with most disabilities including lifts, chairlift, specialist baths, appropriate grab rails and handles, different height chairs and chair raisers. In order to maximise independence, personal alarms were available for residents who walked outside. A waterproof call bell was also supplied for use in the spa baths to allow some privacy and time alone.

The quality of food at Godswell Park was of an outstanding standard and was seen as one of the best elements of the home. People received food of an outstanding fine dining quality. People we spoke with were overwhelmingly positive about the quality and presentation of the food. We had comments such as, "Wonderful food, tasty, hot good choice every day, love it", "Food brilliant, just the right amount for me and an excellent choice", "Excellent food, chef marvellous" and "The meat is always so nice and tender, beautifully cooked." We also had comments from relatives, "Food very good. On occasions has been offered alternatives but very good choice. Have had family parties. She has eaten things here she would not have eaten at home, not over faced with large portions, really enjoys the food" and "Lovely restaurant style food." The service had a full restaurant and room service with extended timings and snacks and fruit were available around the clock. People were served their meals by waiting staff. We observed people who required a degree of support from staff were supported in a discrete, dignified way by staff. Following feedback from a number of people who required extra assistance, a separate assisted dining room had been set up to enable those that needed more support could experience table dining without embarrassment. For example, one person with poor vision had requested to have lunch in this dining room to maintain their dignity and reduce anxiety. We saw their food had been cut up into small pieces and the position of their cutlery pointed out to them.

The home had four qualified chefs who cooked the food to order for both the restaurant and room service to ensure freshness and temperature. This was produced using fresh ingredients from local suppliers. Menus were based on a four weekly cycle and were designed to reflect the availability of seasonal ingredients. There was a choice of at least five main courses each day, plus an alternative menu. People had a choice of a starter, main meal and a pudding. Wine was available if people requested it.

Chefs were proactive in involving residents with selecting dishes to put on the menu by meeting with them and asking which meals they would like to see included in the menu. People were offered high quality and a variety of diets for people's specific needs, for example, chopped, pureed, diabetic, low fat, low salt. Food moulds were used to improve the presentation of pureed food. A comments book was kept in the restaurant and regularly reviewed. Coloured crockery was provided for 'white' food to improve contrast. For example, one person had very poor sight and this assisted them to be able to eat more independently. We saw the people were offered a choice of plate colour which showed respect and courtesy.

Staff engaged proactively with health and social care agencies and acted on their recommendations to meet people's best interests. We saw people with complex needs in respect of their eating and drinking were protected from risks. For example, we saw one person who was experiencing difficulties with swallowing food. The service had arranged for a GP to visit and the following day a Speech and Language Therapist (SALT) had visited to assess the person. We saw all action had been implemented immediately following this visit including the kitchen being updated of the person's requirements for a soft diet and an urgent referral to a dietician. Food and fluid charts were maintained where required. We heard from a health professional who said, "The only problem I have with Godswell Park is that some residents gain weight because of the fabulous food !"

People had good access to healthcare support. We saw services such as dentists, physiotherapists, podiatrist, alternative therapy and wellbeing and counselling were all available close by. People were provided with verbal and written information about the services available. For example, one person had a magazine subscription arranged to keep her informed on her condition. This meant the management had given thought about what may assist people other than just supporting people to health appointments. Talks had been arranged in the cinema by health professionals on medical topics of interest. These were also open for village residents to attend. A sun therapy room had been installed, following best practice from Sweden in promoting health and wellbeing. We had many examples of the benefit of this. A person who had lived in a hot climate for many years struggled during the winter months and their appetite became poor. After spending time in the sun room, her appetite increased. We heard that people with joint pain found considerable benefit from twice weekly sessions which also assisted their low mood. Management told us that sessions in the sun therapy room greatly assisted palliative care through easing anxieties and generating a feeling of positivity and sense of calm. Staff were also able to use the sun therapy room and found this helpful when feeling low or wanting time to think. We spoke to one person who said she particularly liked using the sun therapy room in the winter months when she couldn't get out as much. She said "It's lovely, I often fall asleep in there it's so relaxing!"

People experienced positive outcomes regarding their health. Appropriate referrals and assessments were sought from Occupational Therapists for specialist equipment such as wheelchairs and mattresses. The local GP surgery was opposite the service and therefore a good working relationship had been established with GP visits arranged promptly. People were provided with understandable information to ensure they could make informed choices about their health.

People's needs were met by staff that had the right competencies, knowledge, qualifications, skills, experience, attitudes and behaviour. The recruitment system was extremely robust consisting of three

stages including a half day 'introductory' practical session working on the floor. This was introduced as the service had tried to engage residents to be part of the interview panel but they were reluctant to do so. Therefore, the manager felt that a way of seeking their views, was to get feedback from the half day introductory session. This enabled the management, alongside their own observations, to ensure that staff recruited had the right attributes and quality to support people safely. A psychometric test was also used to determine individual levels of empathy and caring of potential staff. A basic written and oral English test was carried out to ensure staff could effectively communicate with people. We spoke with a new member of staff who said "I feel like I'm part of a family."

Once recruited, staff had a thorough induction giving them the skills and confidence to carry out their role and responsibilities. All staff had a full day of induction and practical skills training, such as moving and handling and fire awareness. There was then a mentorship programme for the first four weeks of induction. This period was supernumerary to enable staff to get to know people and understand their personal preferences. All necessary training was undertaken by staff including volunteers, who offered one to one visits to people who received few visitors. All new staff where it was their first job in adult social care were required to undertake the Care Certificate after the first four weeks of employment. All new staff, in all departments, were encouraged to study for national qualifications in their area of work. One member of staff said that they wanted some more information about dementia. They said they were provided with immediate one to one training with the nurse manager.

In addition, management had ensured that staff kept their training up to date to make sure it covered the right areas to meet people's nursing needs. For example, specific training was provided in areas such as Parkinson's, diabetes, palliative care, use of equipment, syringe driver (equipment to provide medicines for symptom management in patients who are in pain), pressure relief and verification of death. There were qualified nursing staff on duty at all times with extensive experience of working with the elderly and with key relevant skills and experience, for example, palliative care, gerontology and dementia studies. Empathy training had been arranged and more planned. This included all staff trying an ageing suit which had been purchased so they could experience what people may encounter as they got older and less mobile. A member of staff said "We had weights strapped onto our arms to see how people feel after a stroke or arthritis."

People and their relatives told us that staff were highly trained and knew how to support people. We saw that people who had reduced mobility were cared for by staff that followed good moving and handling guidelines. Comments from people included, "Never a worry about staff. They have been here since I came and I know them well. They know what I need and they do it well" and "Don't need a lot of help but they certainly know what they are doing." A professional told us they felt the staff were well trained stating, "Yes, the staff work collaboratively and the carers are very confident in contributing to team discussions with the Registered Nurses. This gives them access to knowledge and shared experiences on a shift basis."

All staff received regular supervision and annual appraisals. Personal Development Plans were in place for all staff to ensure continuous professional development and staff were actively encouraged to achieve qualifications appropriate to their job role. The role of nursing assistant had been developed for senior care staff that had the skills and motivation to develop their career further. A member of staff told us that they wanted a particular role. They said "I wanted to be a [specific role] and within three months of asking I was sent on the training and now I have [staff] that I supervise.

In addition to care staff, the service had a housekeeping team and a resident services manager whose role was to speak to each person daily to see how their daily lives could be improved. The housekeeping service had exceptionally high standards. This included knowing people's preferences, for example, hard or soft

pillows, light or heavy duvets and intolerance to certain washing powders.

Staff understood and had a good working knowledge of the Mental Capacity Act 2005 (MCA) and had received mandatory training and ongoing discussions. The 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. We saw each person had a care plan about decision making. Where people had made advanced decisions in relation to their care and treatment, this was appropriately documented. Staff explained that such decisions may regard, for example, people's treatment or their wishes as they approached the end of their life.

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. The application procedures for these in hospices are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. At the time of our inspection all people using the service had capacity and did not require any DoLS applications to be made.

Outstanding ☆

Is the service caring?

Our findings

We found that Godswell Park's values and philosophy of high quality care was demonstrated by staff and their relationships with people they supported. Staff were highly motivated and people benefited from a strong, visible, person centred culture. Excellent staffing levels with many long service staff meant these values and culture could be passed on to new staff. The service employed enough staff to not have to use agency care staff and had always maintained staffing levels with their own employed staff since opening the home. This meant people were supported by a consistent staff team which allowed greater knowledge to enhance people's lives. The sense of community and belonging underpinned all the care and attention provided and the high ratio of staff to people allowed staff the time to build deep and trusting relationships with people.

Relatives and residents described staff as caring and kind people who were good communicators. People said, "Staff are wonderful, really very good care here", "They [carers] have a very friendly attitude. Makes it homely and "Very nice carers who look after you well." Relatives' comments included, "Care all positive, exemplary team effort", "Has a good quality of life. I have no doubt that he has been able to stay in this environment longer because of the care he has received" and "[Name] is blind. Staff have gone that extra mile to provide him with the support he need." An external professional commented, "[Staff] attitude and conduct is outstanding."

Staff spent time with people showing care and concern for their wellbeing. Staff were not expected to 'Hit the ground running' and were given plenty of time to get to know a person who was new to the service and read through care plans and risk assessments. A named nurse and key worker system enabled close relationships to be formed with people allowing a much greater understanding of their needs and what was important to them. All of this was incorporated into people's care plans. We heard that this meant the staff understood what action was needed. For example, one person was fearful of thunder so could be reassured. Another person had a night light provided as they did not like the dark. Staff accompanied people to family social occasions so they did not miss out on important celebrations, for example, weddings or parties.

All staff we spoke with showed passion for their roles. One member of staff said, "It's a family here us and the residents – I am getting married soon and I am coming here later to celebrate with the residents." We saw staff went above and beyond their paid roles. For example, staff dropped off dry cleaning and collected on their days off. If people needed sewing repairs, staff did this in their own time at home. Staff visited people on their birthdays with flowers and cards. We heard from a staff member that "If you go above and beyond, for example, stay a bit late, it does not go unnoticed. We get rewards such as shopping vouchers."

We saw all staff at the home demonstrated kindness, respect, compassion and dignity. This was reflected from recruitment through to training and ongoing in their employment. Staff knew people well when we enquired about a person's care needs and personal history. During the day we saw many examples of staff being aware of what people needed and didn't need. We observed a member of care staff sitting and chatting through the Godswell Gazette magazine with a person who was unable to communicate verbally. The interaction was respectful and the staff member was watching and interpreting her facial expressions,

smiles, eye movements and general demeanour. We observed this person in a number of different situations during the day with different care staff. Each care staff was aware of how to communicate with her and was able to read her body language. Everyone we spoke to knew and understood the needs of the person.

People were treated with dignity and respect. We saw staff knock and wait before entering rooms. The home had a banner in reception about dignity in care and staff were encouraged to sign up to the pledge. The Dignity in Care campaign is led by the National Dignity Council, who work together to raise the profile of the network and to place greater emphasis on promoting the work the Dignity Champions do to improve standards of care for people who use services. Personal dignity was respected via a light system over bedroom doors and Do Not Disturb signs in each bedroom for people to put on their doors. A person told us, "[Staff] never just do something, always ask politely if I need help."

People were encouraged to have as much choice, control and independence as possible. One person said, "Total choice here, get up when you like, go to bed when you like, stay in room, join in, up to you." The service supported people to express their views and be actively involved in making decisions about their care and support. A survey conducted in February 2017 called 'Am I involved sufficiently with my care?' This had resulted in the management following up responses. For example, one person had relinquished financial control to their family and were concerned about this. We saw action had been taken to have a discussion with all involved to ascertain if this was a concern. We saw this had been followed up and no concerns were noted and a copy of the Power of Attorney authorisation had been obtained for the records. We saw another person who had been concerned about medication being stopped. This was followed up and the person assured that the medication had been changed, not stopped. In respect of activities, a person had requested Bridge sessions and we saw these had been arranged and dates booked in. Evening drinks had been requested to include cocktails, craft beer and ciders.

People had details of key services in their rooms. A Residents' Charter of Rights was incorporated in the information folder in each bedroom and formed part of induction training. People also had details of advocacy services in their room folders and a role of a wellbeing advocate was being established who, through daily contact, would enable those people with few visitors to discuss any concerns or fears they may have. A private and confidential independent counselling service was available free of charge to people and their relatives.

The service had thought of creative ways to ensure people had accessible and practical methods to improve communication. Care plans outlined how to meet a range of individual needs with adjustments made to maximise independence. For example, large call bells (including waterproof for baths), easier toilet flushes, large button telephones, large print menus and activity diaries, access to talking books or braille and other specialist aids. We saw people benefitted from these devices, particularly people with vision impairments, for example use of talking newspapers.

When people were at the end stages of their life, procedures were in place to ensure that people were cared for in a culturally sensitive and dignified way as recorded in care plans. People at end of life were encouraged to remain in the care home via the provision of any specialist equipment needed. People were supported by palliative care specialists such as the local hospice and Macmillan nurses and the GP surgery was opposite the home. Rooms were made available on the second floor which were quieter and had larger skylights designed to provide sky views and enhance the wellbeing of people who are unable to leave their beds. Advance decisions to refuse treatment or elect for an alternative option and provisions of Powers of Attorney were recorded and subject to ongoing review. Relatives of people who were unwell or at end of life were accommodated overnight whenever possible.

Following discussions with residents about their preferred method of being informed of a person's death, a discreet notification was hand-delivered to each resident who wished to be informed on the morning following the death. Scrapbooks were being established for each person if they wished, to maintain a written and photographic record of their life at Godswell Park which could be passed to the family upon their death.

The service actively looked for ways in which they could improve their end of life care. A detailed mortality analysis was conducted independently by a director after each death. This assessed a number of aspects including the cause of death, the summary of the care given prior to death, and whether anything could have been done to improve the person's final days along with any palliative training needs or potential lessons that could be learnt. This analysis had resulted in management implementing free counselling for staff and residents families.

Outstanding ☆

Is the service responsive?

Our findings

We saw staff were responsive to each person's changing needs and adopted a care planning method to improve upon the support people required. We found care planning enabled staff to work in a highly personalised and holistic approach. A professional said they had found Godswell Park a wonderful home and would rate it as outstanding in all areas.

People were provided with high quality care and support which was truly individual and personalised. From the assessment through to the delivery of care, steps had been taken to ensure that each person's preferences and needs were central. People told us, "Staff ask me about my care all the time. I have been to meetings about my care plan. Very independent so don't need a great deal of care and do most things for myself" and "Care plan fine. Had a say when it was written." Reviews of care plans were undertaken regularly and any changes in need were responded to promptly and communicated to all staff. Relatives said, "Been to review meetings but know that if any changes are necessary they will phone me to discuss it" and "Engaged as a family, constantly in touch."

People were visited by the registered manager when they were considering moving into the home. This was to get as much information as possible from the person about what care needs they may require and how their emotional needs could be met. For example, a person had just been visited and the registered manager told us they liked 'people watching' and gardening so they were considering how a ground floor room would be ideal to allow them to access the gardens easily and look out. The registered manager said it was helpful to consider who they may get on with in the home to help them settle in. One person told us, "I didn't want to go into a care home but had a few falls. Eventually I agreed to come here for some respite. I liked it so much I decided not to return home!" We heard this wasn't unusual and other people had expressed a desire to move into the home after a period of respite.

Views about strengths and levels of independence and health and quality of life were considered. Information was recorded in care plans about a person's personal history, individual preferences, interests and aspirations. Relationships were also considered. The service had just included sexual orientation in their assessment to ensure the person had the opportunity to reflect important relationships if they chose to.

People's care plans were on a computerised system which meant they provided clear audit trails of people's care and any changes. The care plans were detailed and included information about people's physical support needs, as well as histories and preferences to assist staff identifying what was important to each person. People and those close to them were encouraged to contribute to the assessment and planning of care and were recorded. For example, information about former careers and people's families. We saw people's likes and dislikes had been noted. One person had expressed a preference for a female care staff to help with her personal hygiene and we saw from daily records that this had happened.

We saw that routines were kept to a minimum, from personal care, administration of medication and meal times. Staff across the service tailored their support roles to meet people's individual preferences and needs as they arose. For example, there were no 'medicines rounds' and nursing staff met people's individual

requests about when they would like to have their medicines, except for medicines which required time specific administration. We saw that people were not given medication in dining areas and that they could choose when to have their medicines. Another person had that they liked having a pre-lunch sherry and enjoyed the company of others at lunchtime. However, they chose to have breakfast and supper served to them in their room. A member of the management said, "Personal care needs personal attention" and "If somebody wants a bath every day, they can have a bath every day." The restaurant had no set time for lunch as food was ordered so people were free to visit when they were ready between 12.45 and 14.30 pm.

Every aspect of people's care had been considered and guidance in place to support staff. For example, we saw there were also care plans to capture information such as controlling body temperature. These were accompanied with notes for staff to check about whether the person was too hot or too cold. If so, to offer fans or an extra blanket and open or close windows and doors to preference. There was a care plan for sleeping with notes about keeping the noise down, what bedding the person preferred and whether the person wanted to be checked during the night or not. Daily records reflected each area of care delivered in line with their care plans.

People were protected from social isolation and loneliness because of social contact and companionship. For example, a member of staff visited a person each day after work in their own time as the person had no family or friends locally. The same member of staff visited a person on a Friday afternoon to have a craft beer tasting and chat session. We heard they chatted about sports and about the war.

People were offered person centred activities and encouraged to maintain interests and hobbies. A six day activity programme was available and organised by three coordinators supported by a volunteer. Each day started with the co-ordinators visiting people's rooms, chatting to them and asking if they would like to do any of the activities planned for the day. There was a full range of activities on offer including; talks from visiting speakers, book club, wellbeing exercises, board games, quizzes, walks, bowling, meals at local restaurants, music mornings, poetry group, yoga, flower club, art club, knitting and natter, films in the in-house cinema and reminiscence sessions. Trips include visits to museums, garden centres and country parks. Shopping trips to nearby Banbury were a regular feature. We observed co-ordinators involving people in suggesting activities they would enjoy and like to see included in the programme. Four separate activities are provided on most days, in addition to one-to-one conversations with more private residents. People commented on the activities with comments such as, "Never bored. Like to do things to keep busy - quite a bit going on here", "Activities to do. Things going on all the time", "In a wheelchair but included in activities- choose what you want to join in with" and "Enjoy the trips out. Take me shopping, go out to interesting places, lots to do."

A shop was on site for people to purchase items such as cards, confectionery and favourite toiletries. People's past interests were actively sought out and encouraged. For example, a person's past training in preparing Indian food enabled the chefs to work to his recipes and under his supervision for a forthcoming curry evening. The baking club worked to recipes used by previous residents. There were plans for individual raised flower beds so people could view them from their rooms.

Godswell Park was very much at the heart of the village. Strong community links had been established which benefited people in the home and the wider community. Examples of this were agreeing to be the host for the longstanding Tuesday lunch club. This had been run for many years in the village hall but those running it had got to the stage where they were no longer able to do this. Godswell Park offered to host this meet up and provide a free lunch for people who had attended the group. We saw when this was discussed that it was recorded that 'News was met with positive feedback from residents most of whom had helped run it at some time whilst living in Bloxham.' We spoke with one person who told us and said how generous

if was for the owner to take on the responsibility as it was a valuable resource in the community and helped them keep in touch with people they knew. We heard that an exhibition of work from local artists and a person from Godswell had been held at the home as part of the Oxfordshire arts week. The local community were invited in to view the art works. Godswell Park also hosted a number of other groups including the parish council and Wednesday Holy Communion was open to residents from the community, giving people a chance to meet with local friends. An ice-cream van regularly visited and was a favourite of many people. Links had also been established with local schools, providing opportunities for pupils to gain work experience, complete aspects of their Duke of Edinburgh Award and perform for people. The Boys Brigade had created a sensory garden for people.

People were able to keep relationships that mattered to them such as family, community and other links and visitors were encouraged to visit at any time with no unnecessary restrictions. Relatives confirmed this. We saw on people's daily records they had visitors for morning coffee. Due to the high number of visitors there were six separate environments in which people could meet their guests in private. Following requests for an alternative to people inviting guests for lunch or supper, where a lighter alternative was preferred, the provision of 'Ritz-style' afternoon teas were offered.

Complaints information was available in reception, people's rooms, contracts and reinforced at all meetings. The directors and all senior staff operated an open door policy and regular meetings were held. Due to this, there were no complaints received by the service but we saw there was a policy in place to deal with these if necessary.

People, their relatives and staff were encouraged to give their views and raise concerns to drive improvement. People and relatives we spoke with were aware of the complaints procedure and told us that they knew how to raise a concern. However, no one we spoke with had any complaints at all. People were encouraged to raise any issues directly with the management team to resolve any concerns before they developed into a formal complaint. There were ways people could feedback about their experience of care. For example, a suggestion box was placed in reception and all suggestions were analysed with appropriate feedback given. We saw these suggestions were acted upon. For example, the provision of a nightlight for a person who disliked the dark, provision of summer weight duvets, lemon squeezers and steak knives provided to improve the dining experience and food moulds to enhance presentation of pureed food. This meant the service had used the suggestions as an opportunity to improve the service.

A questionnaire was sent to all people who had stayed at Godswell Park for short term respite care upon their return home with a prepaid envelope for return. These could be completed anonymously if preferred. We saw this feedback had been analysed. A comment had been made about the toilet surrounds not being very stable. We saw that following this all toilet surrounds had been replaced. A person had commented about the 'hard pillows'. Therefore, new softer pillows had been purchased to offer a choice.

Outstanding ☆

Is the service well-led?

Our findings

Godswell Park had high quality premises with a hotel-type atmosphere. The environment was clean, beautifully decorated and had stunning, well-kept and accessible gardens. There was a tranquil, warm and welcoming atmosphere throughout. In addition, Godswell Park was exceptionally well managed. The service was very clear about its vision and the values, to deliver a high quality service to people, and these were demonstrated by all staff. We found the culture of the home was extremely positive. It was evident that the provider had a passion to provide exceptional care and people were at the centre of everything they did or planned to do. This had led to a service that had a truly positive culture that was person centred, open, inclusive and empowering.

The directors and management of Godswell Park said they were driven by quality and not by budgets. Their philosophy was to treat and respect people as if they were one's own parents. This motivation stemmed from one of the director's attempts to find a good quality home for their parent. When this failed, they and another director decided to build a care home to provide high quality care.

All people and visitors we spoke with said the service was well organised and managed to an extremely high standard. A relative stated, "If I happen to put my head round the door to mention something nine times out of 10 they already know" and "Manager has a very easy style. Like a family here. Offer to look into things straight away." We saw a recent message from a relative stating, "I cannot find enough superlatives to express my admiration for the patience, the gentle care and thoughtfulness, the attention to detail.... I won't go on. Everything has been very much appreciated. Thank you all." The home had received a letter following a bereavement. It said, "I have to say that I really don't think that I have ever been in a care home where the staff are so kind and friendly with such a high and professional standard of care. Everything has been of an excellent standard in every department and I would like to pay tribute to the magnificent teamwork. Nothing was every too difficult or too much bother for your lovely staff. As I think back I am so glad to remember that she was so happy and well looked after in every possible way."

The registered manager had been in place since before the home had opened. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager felt extremely well supported by the two directors who were in the service daily for consultation. We heard that if anything was needed, all they had to do was mention it to the directors and it would be provided. The registered manager provided continuity of approach and dedication to best practice by attending registered managers' network meetings and Registered Nursing Home Association training courses.

Staff were extremely happy in their work, were motivated and had confidence in the way the service was managed. Staff were well looked after and understood their roles and appreciated what was expected from them. The directors and management understood the importance of caring for and supporting their staff. We heard their saying was, "Happy staff, happy people." We were told that ensuring the happiness and

continued motivation of staff was integral to the policy of treating and respecting people as if they were one's own parents. The PIR stated that happy staff upheld positive workplace values and made for happy residents. There was an open and transparent culture that allowed immediate response to people' needs and listening to staff's ideas and suggestions were critical to this philosophy. Personal notes of thanks were written by a director to all staff who had gone over and above the normal course of duty.

Staff were kept informed and updated at all times. Communication between staff was encouraged via a secure internal messaging system, notice boards and at handover and daily interdepartmental meetings. Regular meetings took place with staff from all the departments in the service. We saw that staff were empowered to contribute to the high quality of the service and therefore had a sense of ownership and desire to deliver high quality care. For example, we saw that one recent staff meeting had concentrated on helping staff understand why values were important and how they were relevant in their day-to-day work. There had been a discussion about what the shared values of Godswell Park were. We saw staff had mentioned, 'Sharing a hug or a touch'; 'A place where my parent would be' 'Respecting individuality' 'A sense of family' and 'Sense of pride and satisfaction.' Staff had also put that they valued senior management were on site at all times and had an open door policy. This demonstrated that staff had a sense of belonging to the service and a motivation to do their best to make a real difference to the lives of people supported at Godswell Park.

Staff sickness and unplanned absences were low, however, were monitored to identify any adverse trends and return to work interviews were always conducted to assist staff upon their return. Assistance was given to staff to return after any difficulties they may have encountered, for example, use of flexible rotas and amended hours of work. Staff turnover was very low and the core team of staff who started prior to the home opening over six years ago enthused others with the 'Godswell community ethos'.

The provider had arranged a free Employee Assistance Programme offered to all staff to help them deal with any personal and professional problems which may affect their workplace performance, productivity, health and wellbeing. This enabled staff to have unlimited free access to telephone helplines 24/7, 365 days a year. Staff also had access to free face-to-face counselling sessions, ensuring they were taking positive actions which could help them personally and professionally. We heard that staff had already made use of this benefit which had assisted them in a personal capacity as well as professionally.

Staff were confident to question practice and report concerns. An effective whistle-blowing policy was in place whereby staff knew that they could raise any concerns confidentially with management.

The provider and registered manager regularly completed multiple auditing systems and acted swiftly to address any identified issues. They had remarkable oversight of care provision, service quality and everyone's safety. This enabled the service to continuously improve and make immediate changes if necessary. Quality assurance systems included daily medication audits, monthly review of care plans and a director reviewed care notes on a daily basis. A full monthly quality assurance audit was conducted by the two directors and registered manager. Directors undertook quarterly audits in respect of specific domains and an independent assessment was conducted annually in line with CQC criteria. We saw that these had helped in areas such as reducing drastically the amount of falls and limited medication errors. This meant people were kept exceptionally safe.

Departmental best practice meetings based on the infection control group was being rolled out to all departments. This was because the use of national guidance around infection control produced good topics for comparison with the home's current practice. The next focus group is the front of house catering team with training provided by the resident services manager. This is starting with emphasising customer

service skills, dietary requirements, use of specialist cutlery and crockery and allergies. This meant that people were supported by staff who were encouraged to think creatively about people's safety and how they were ensuring they met people's needs and enabled them to experience a good quality of life.

Continuous feedback was sought including questionnaires, care review meetings and contact with multi-agency professionals to ensure best practice was followed. Questionnaires and independent quality audits were undertaken at least annually and any recommendations implemented via an agreed action plan.

People were continually asked for any ways the home could improve. This was facilitated by a director holding regular afternoon tea meetings with individuals or small groups of people. This encouraged those who may not feel happy about speaking out in residents' meetings to voice any concerns or suggestions they may have. People told us this gave them a real voice. A person told us "I have tea with the owner so could talk about anything."

The service worked in partnership with key organisations to support care provision, service development and joined up care. For example, the local hospice and the care home support service. The service hosted meetings for groups such as the Oxfordshire Care Providers' Association to ensure that staff were kept up to date with best practice.

The directors and management ensured they remained up to date with good practice. They had subscriptions for Care Home Management, Nursing Times, Nursing Older People, Nursing and Residential Care and Quality Matters. The directors and registered manager attended appropriate conferences via the Registered Nursing Home Association, Oxfordshire Care Homes Association, Oxfordshire Association of Care Home Providers and other external organisations. Local solicitors provided detailed advice on changes to regulations. The service was registered with Skills for Care. This meant that people were cared for by staff that ensured they incorporated current practice and research. Evidence throughout this report reflects examples of this and the impact it has upon people on their well-being.

Information was kept up to date and relevant. For example, policies and procedures were reviewed annually or when changes were needed and available to staff on each floor to consult. The Statement of Purpose, Residents' Charter, induction packs and staff handbook were regularly reviewed to incorporate latest practice.

The registered manager was aware of their responsibilities for reporting any significant events that affected the service to the Care Quality Commission. All notifiable incidents had been reported to us in a timely manner.