

Leonard Cheshire Disability

Oaklands - Care Home with Nursing Physical Disabilities

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

This inspection visit took place on 01 August 2017 and was unannounced.

Oaklands is a Leonard Cheshire Foundation home providing care and support for adults with physical disabilities. The home is an adapted property situated in extensive grounds on the outskirts of Garstang. It is registered to accommodate a maximum of 30 persons needing nursing or personal care. The home provides short to long term care. At the last comprehensive inspection on 22 April 2015 the service was rated overall as good.

At this inspection we found the service had improved and was outstanding overall.

At this inspection visit there 30 people lived at Oaklands.

There was a registered manager registered with CQC. However the registered manager had been promoted with the company and was cancelling their registration. The deputy manager had become the new manager of Oaklands and was applying to become registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People we spoke with said staff were kind and caring and they felt safe and well supported. One person said, "The staff are marvellous." Another person told us, "The care is very good in fact just fantastic. The staff are all extremely kind."

Staff were exceptional in the way they respected people's family and personal relationships and encouraged and supported contact with families and friends. We saw people were supported to attend important events in their lives.

The manager told us, "The staff care not because they are paid to care but because they really do care." They told us staff visited people in hospital, particularly those with limited family contact. They made sure the person was clean and comfortable made sure they had drinks, snacks and toiletries and things to do and knew they were not forgotten.

Staffing was sufficient to meet people's care needs and provide activities. Staff were recruited safely and had the skills, knowledge and experience to provide safe and effective support. We saw staff interacted with people in ways that showed their well-being and happiness mattered to them. They helped them to live meaningful lives and be as independent and active as was possible for them.

There were frequent and varied social and leisure activities and opportunities for socialising. Staff made huge efforts to meet people's wishes and aspirations. Staff supported people's individual interests and were

innovative in how they helped them meet these. They supported people on more unusual activities such as a sky diving experience, co-piloting a small plane and going to the Northern Lights. These improved the well-being of the individuals and gave other people ideas of what they could do. One person said, "I like fishing and I go out fishing with staff who also like fishing. We sit and chat while we fish or just relax." Another person said, "I play wheelchair tennis, I go to the gym, trampolining and bowling. I enjoy sport and it keeps me fit and active."

We found examples of exceptional end of life care. Staff were exceptionally compassionate and proactive in meeting people's wishes. People's end of life wishes were recorded so staff were aware of and went out of their way to meet and exceed these. Staff supported people to spend time with loved ones and spend special moments with them.

There were procedures in place to protect people from abuse and unsafe care. Staff were familiar with these and had received training in safeguarding adults. We saw risk assessments were in place which provided guidance for staff. These measures minimised risks to people. Care plans were personalised detailing how people wished to be supported. They were fully involved in planning their care and their consent and agreement were sought before providing care.

People who received support or where appropriate their representatives were involved in planning and making decisions about their care. Their consent and agreement to provide care were sought. Where people were unable to make their own decisions independent advocates were available. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff managed medicines safely. Medicines were stored securely, administered as prescribed and disposed of appropriately.

Oaklands was clean and hygienic and met the needs of people who lived there. Staff used protective clothing such as disposable aprons and gloves. They also washed their hands before caring for each person to reduce the risk of passing germs from one person to another. Equipment was maintained and the environment regularly checked for safety.

People told us they were pleased with the variety and choice of meals available to them. Staff knew people's food likes, dislikes and any allergies people had. The food was well presented and people said they enjoyed it. One person told us, "Most of the time the food is very good but occasionally it is just good." Staff assisted people chatting with them as they helped them with their meal, making meals a pleasant and social experience.

The training staff received assisted them in providing effective, caring support to people. They received regular support and supervision from senior staff to help them develop additional skills. Staff were pleased to work for the service and felt they worked well as a team. They felt listened to and well supported through supervision and training.

People knew how to raise a concern or to make a complaint and were encouraged to raise any concerns they had. They said any concerns were listened to and acted on. People told us they were encouraged to voice their views and opinions about the service provided. They told us the manager and staff team were approachable and supportive and listened to their views.

Systems were in place to effectively govern, assess and monitor the quality of the service and the staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Staff were aware of safeguarding procedures and the action to take to protect people from the risk of abuse.

Medicines were administered safely and securely.

Staffing levels were sufficient to support people safely.
Recruitment procedures were safe.

Is the service effective?

Good 

The service was effective.

Procedures were in place to assess peoples' mental capacity and to assist with decision making where needed.

People were offered a choice of meals. Staff were familiar with each person's dietary needs and knew their likes and dislikes.

People were supported by staff who were skilled and knowledgeable. This helped them to provide support in the way the person wanted.

Is the service caring?

Outstanding 

The service was exceptionally caring.

We saw examples of and people we spoke with talked of exceptionally caring staff that went the extra mile for the people they supported.

The service delivered outstanding end of life care in collaboration with those people that used the service, their families, staff and other healthcare professionals.

Is the service responsive?

Outstanding 

The service was exceptionally responsive.

Staff provided exceptional care and support that was responsive

and enhanced people's wellbeing and quality of life.

The service supported people's individual interests, strived to meet out of the ordinary requests and were innovative in how they helped people meet these.

Is the service well-led?

Good ●

The service was well led.

The registered manager was cancelling their registration. The deputy manager was the new manager and applying to become registered with CQC.

People who lived in the home and their relatives told us staff were approachable and easy to talk with. We saw their views were sought in a variety of ways.

There were a range of quality assurance audits to monitor the health, safety and welfare of people who lived at the home. Any issues found on audits were quickly acted upon.

The manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

Oaklands - Care Home with Nursing Physical Disabilities

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.

This inspection visit took place on 01 August 2017 and was unannounced.

The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for Oaklands had experience of services for people with physical disabilities.

Before our inspection on 01 August 2017 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We checked to see if any information concerning the care and welfare of people who were supported had been received. We did this to gain an overview of what people experienced in the home. We saw where there had been any issues the manager had informed CQC and the local authority safeguarding team promptly and had taken appropriate action.

We reviewed the Provider Information Record (PIR) we received prior to 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 the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

Some people at Oakland's had limited verbal communication and were unable to converse with us.

However we spoke with nine people who lived there. We also observed staff interactions with people who lived at the home. We spoke with, the manager and six staff members. Prior to our inspection visit we contacted the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service. They had no concerns about care at Oaklands.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked around the building to ensure it was clean, hygienic and a safe place for people to live. We looked at care and medicine records of three people and arrangements for meals. We looked at staff rotas to check staffing levels, looked at staff recruitment, and training records and records related to the management of the home. This helped us to gain a balanced overview of what people experienced whilst living at the home.

Is the service safe?

Our findings

People who spoke with us said they felt safe at Oaklands and liked the staff who supported them. They said the care they received was good. One person said, "It is a great place, safe and beautiful grounds and surroundings and with excellent staff. What more could I ask for?" Another person told us, "I am so happy here. The staff are brilliant and they look after us so well."

The service had procedures to minimise the risk of unsafe care or abuse. Records showed and staff told us that they received training about how to keep people safe. Staff were knowledgeable about the actions they needed to take to safeguarding vulnerable people. We asked them how they would deal with unsafe care or a suspicion of abuse. They told us they would report this straight away and also make sure the person was safe. From this we could see they had the necessary knowledge to reduce the risk for people from abuse and discrimination.

Risk assessments including for falls, moving and handling and behaviour that challenged were informative and provided guidance for staff. Where people had behaviour that challenged, there was guidance to help staff provide consistent responses.

Staff recruitment was carried out safely and involved people who lived at Oaklands. People able to speak with us said there were enough staff to provide them with the care and support they needed. They told us they did not have to wait long for assistance when they asked for it. We looked at current and recent rotas. Staffing levels were sufficient to meet people's care and support needs. The manager altered staffing where needed so they met people's needs. We talked with staff who said they had enough time to support people without rushing.

We looked at records of accidents and incidents. Emergencies, accidents or incidents were managed appropriately. Staff had recorded information about these and checked for triggers to, or patterns in these. These were then reviewed by the head of health and safety, evaluated for any lessons learnt and shared with the team to see where risks could be reduced.

People said staff supported them with their medicines safely. We observed staff giving people medicines and these were given as prescribed. We saw medicines were checked on receipt into the home, administered, stored and disposed of correctly. Medicines audits had been regularly carried out and action taken, if needed, to ensure safe management of medicines. Records showed and staff told us they received medicines training and competency checks to ensure they administered medicines safely.

There was good infection control practice and staff had received training in this. We looked around the home and found it was clean and hygienic and met the needs of people who lived there. Staff used personal protective clothing such as disposable gloves and aprons. They also washed their hands before caring for each person to reduce the risk of passing germs when they carried out personal care. This reduced the risk of cross infection.

We saw records confirming gas appliances and electrical facilities and equipment complied with statutory requirements and were safe to use. Equipment had been serviced and maintained. There was a rolling programme of refurbishment. We saw maintenance and repairs were carried out promptly. There was a fire safety policy and procedure, fire safety risk assessment and frequent checks of equipment so the risk of fire was reduced as far as possible.

Is the service effective?

Our findings

People told us they enjoyed the food. One person said, "The food is wonderful." Another person told us, "Most of the time the food is very good but occasionally it is just good." People told us they had choices of meals at each mealtime. One person commented, "The food is all very good. There is plenty of choice." Another person said, "There are always a couple of choices. I can have my own tea bags. I like Yorkshire tea."

The menu showing the day's options was displayed on the wall of the dining room. This helped people decide what meals they wanted each day. We saw care plans described people's food preferences and dislikes and any allergies. Staff were aware of people's cultural and health needs in relation to their diet and knew each person's likes and dislikes. This knowledge helped them to provide meals that each person enjoyed.

We saw breakfast was flexible, when people chose to get up and mealtimes were relaxed and unhurried. The food was well presented and people said they enjoyed it. Staff assisted people chatting with them as they helped them with their meal. They were given plenty of time to finish their meal. People who were able, could help themselves to juice, water, tea, coffee and fresh juices whenever they wanted.

Where people had a Percutaneous Endoscopic Gastrostomy (PEG) feed, we saw they had the option of sitting in the dining room to socialise while they had the feed or being in their own room. A PEG is used for people who are unable to swallow or eat enough and need long term artificial feeding.

We checked the kitchen and found it was clean and tidy, well organised and stocked with a variety of provisions. Staff had maintained records of food and appliance checks to ensure the effective management of food safety. They had been awarded a rating of five, the top rating following their last inspection by the 'Food Standards Agency'. Staff involved in making meals said they had received training in food safety and were aware of safe food handling practices. Training records seen confirmed this.

We saw staff monitored people's health. People told us they had regular access to health professionals including GP, dentist, optician, dietician, speech and language therapy, physiotherapy, occupational therapy, and chiropody. Care records reflected this. Staff supported people to attend healthcare appointments and to remain in the best possible health. People told us staff made prompt referrals for health problems and provided support to attend appointments.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff demonstrated an understanding of the legislation as laid down by the MCA. Records were in place to indicate that people consented to their care. Care plans included information in relation to the level of the person's capacity and staff had followed the correct processes to ensure people's legal rights were protected. We saw where additional assistance was needed the manager arranged for

advocacy involvement or specialist independent support.

We spoke with six staff who told us they had frequent and informative training and were encouraged to complete any training relevant to their role. They told us they were working towards or had achieved national qualifications in care. We looked at training records and certificates and saw this was the case for around 80% of staff. One member of staff told us, "The training here is fantastic interesting and relevant." Records seen confirmed staff received frequent and varied training. This assisted them to provide care that met people's needs.

Staff told us they received regular supervision and appraisal to discuss their performance and development. This gave them the opportunity to discuss care practice, ideas, concerns or development needs. The manager showed us records to confirm they carried these out frequently and were constructive and helpful.

Is the service caring?

Our findings

We found examples of exceptional end of life care. Staff were exceptionally compassionate and proactive in meeting people's wishes. People's end of life wishes were recorded so staff were aware of and went out of their way to meet and exceed these. We saw people were able to remain in the home supported by familiar staff when heading towards the end of life. Staff often provided extra support to give people as much time as possible with family and friends.

One person with a life limiting condition severely reducing intentional movement and unassisted breathing was admitted to Oaklands as a crisis admission. The person had a young child. Staff assisted the person to maintain their important relationships. They supported the person to visit their family home several times a week. The person was supported on visits by care staff who were specifically trained to meet the person's specialist health needs. There was additional back up to the care staff available during home visits.

As well as arranging assistance for the person to 'put their affairs in order', staff supported the person on trips to the park with their child. The person was able to spend very valuable and precious time with them. This included support to attend the child's birthday party, which the person knew to be the last one they would see.

Another long term resident at the end of life had no living family. The staff team arranged the funeral and the wake afterwards with a buffet for friends of the person. They made it very personal and a celebration of the person's life. They displayed pictures of the person taken over the years and included memories and comments from friends. Another person without family asked staff to arrange their funeral when they die, as they were so touched by the way staff carried out this.

The manager told us, it was not only the big things that staff did when providing excellent care to people. When people had been in hospital, particularly those with limited family contact, staff went to visit regularly. They provided personal care, looked after their clothes and bought toiletries and 'goodies'. Where possible they took people off the wards to the local coffee shop, just to give people a change of scene. The manager told us, "The staff care not because they are paid to care but because they really do care."

People we spoke with told us staff were good to them, kind and fun. One person said, "The care is 'good absolutely marvellous. The staff are alright, well more than alright, they do their best for everyone and couldn't get any better.'" Another person told us, "The care is first class. I don't have any problems regarding the care. The staff are very good, very friendly." We observed how staff supported people. We saw they shared warm and affectionate relationships with people. They were proactive interacting with people frequently. We saw people laughing and joking with staff. A member of staff said, "The care here is good. I would have one of my own family here."

Staff knew and responded to people's diverse personal, cultural and spiritual needs and made sure people's human rights were considered when they provided care and met them in a caring and considerate way. They respected people's right to make choices about their daily life. People said they were involved in

choosing the things they wanted to do and this was in their care plans. One person said, "The staff help everyone make their own decisions. They are supporting me to go into independent living soon and have pushed for this because I want it." Another person told us, "The staff are really good. I like my own space and they are ok with this and make sure it happens." We looked at three people's care records. These were personalised, up to date and easily accessible to people. Information in the care plans showed people have been involved in planning and updating them. We saw staff were matched with people with similar likes where possible so people could enjoy their time with staff.

Staff had a good understanding of protecting and respecting people's human rights. We saw staff treated people in a respectful way and were aware of people's individual needs around privacy and dignity. People told us staff were sensitive and discreet when individuals needed personal care.

Staff had been nominated for a company award for their commitment to people at Oaklands during local flooding and their efforts in providing a safe haven for people who lived at a sister service. People told us staff were fantastic during the flood, not just helping them but other people in the community.

People told us staff were welcoming and hospitable to visitors. One person told us, "Friends and family can come any time." Another person said, "Friends and family visit me and are made welcome." Staff were exceptional in the way they respected people's family and personal relationships and encouraged and supported contact with families and friends. We saw people were supported to attend important events in their lives. On two occasions people were supported by staff to make preparations purchase clothes and attend their children's weddings. People were also supported in this way to attend Christenings, parties and other family gatherings, including the Queens garden party. This enabled family to be with their family member but not responsible for providing all their care during these occasions.

People looked cared for. They dressed appropriately to their age, personality and individual choice and were well groomed. People who wanted, were supported with their spiritual needs. Ministers and religious leaders visited the home regularly and staff supported people to access places of worship.

Call bells were placed close to people in their bedrooms so they could ask for assistance. People told us they were answered promptly. Staff were sensitive to people when providing personal care and protected their dignity and privacy. We saw staff knocked and waited before entering people's bedrooms and closed doors when they provided personal care. One member of staff said, "I was surprised and pleased when I started here to see personal care is done in such a dignified way."

Before our inspection visit we contacted external agencies about the service. They included the health and social care professionals. They had no concerns about the service and told us the quality of care was good and staff were organised and able to answer any questions.

Is the service responsive?

Our findings

People said they received excellent care that more than met their needs and wishes, provided meaningful activities and helped them to be as independent as possible. People said they were able to choose when to get up and go to bed, what to do and daily living, social and leisure activities they wanted to be involved in. We saw people were involved in tasks and activities in the home as well as in the local community. One person commented, "I pick the activities I want to do." People told us there were lots of activities including, walks, meals out, swimming, shopping and college courses.

We saw activities in the home such as arts and crafts, music and movement, bingo, cooking, films, games, and gardening club. Fund raising had made it possible for the purchase of a wheelchair user friendly greenhouse which had proved popular. One person told us, "I play wheelchair tennis, I go to the gym, trampolining and bowling. I enjoy sport and it keeps me fit and active." Another person said, "I have been fishing. The staff will sort any activities you want to do." like fishing and I go out fishing with staff who also like fishing. We sit and chat while we fish or just relax." The manager said matching staff who liked a particular activity with the person who wanted to do this meant it was more interesting and enjoyable for them both.

Staff encouraged the use of assistive technology to help people with communication and independence. We were given a demonstration of the eye gaze system by a person who lived at Oaklands. They showed us how they used the system. They said that when they had first started using the system their right eye was weak and now it had started improving. They could send e-mails via the system and look at and edit pictures. This improved their ability to communicate more independently and send emails and photos to family and friends.

We saw another person had a system that enabled them to change a TV channel, turn the sound up or down, switch the television on or off, or ring friends and relatives unassisted. This made them less reliant on staff. They were able to turn the TV on or off, change the programme to one they wanted without having to wait for someone to help them or ring friends when they wanted. Activities most people take for granted. Another person had very little movement but had managed to produce a newsletter with staff support. Although it took them a long time they were extremely pleased when they had produced it at being able to achieve this. It improved their esteem and well-being and encouraged them to start the next one.

As well as the daily activities there were regular organised activities at the home where the local community were able to attend. These included a panto from staff and people who lived at Oaklands and a professional theatre production performed in the grounds where the home received a share of the profits to help towards other activities.

There had been a recent 1940's day where people had dressed up in 1940's clothes, been involved in 1940's activities and 1940's transport was brought into the grounds. People told us it had been a fantastic day. People told us a member of staff had filmed the event. They put this on screen and showed us the film. People watched the film pointing out themselves and others to us and told us about this and other events.

They were very positive about the events and their involvement in them and said how this kept them a part of the community. People from the surrounding area joined in this and other events and got to know some of the people who lived at Oaklands. As they got to know people at Oaklands, people in the local community had become more involved in the home. Several people had become volunteers at the home as a response to attending events.

Staff went to great lengths to meet people's social and leisure wishes and understood the well-being this created. Staff made huge efforts to meet people's wishes and aspirations. They supported people on more unusual activities and on holidays in a variety of places in the UK and abroad. These included co-piloting a plane (small Cessna). The person said, "This was the best day of my life." Another person wanted to do a sky dive but couldn't due to their health condition. Staff supported the person to go to the air kicks in Manchester as this gave them the experience of what it would be like to sky dive. Another person, a wheelchair user, told us they had a bucket list which included going to the northern lights. Staff tried but could not get the person into the country. However rather than be beaten by this they discovered a flight from Newcastle that 'did' the Northern Lights as a round trip. The person went on this flight and told staff, 'My goodness that was well worth waiting for! Amazing! Another tick on the list!' The person told us that it had been even better than they had imagined. Then added, "I want to go up in a balloon next"

Staff regularly took people to a specialist outward bound site for people with disabilities. Staff and people who lived at Oaklands told us they got to do things they had never done before, got to challenge themselves, got to frighten themselves and knew the excitement of overcoming their fears. They told us they had great memories that would last for a long time to come. A friend of one person told the manager, '[The person] was very ill on admission to Oaklands, but not too long after they were flying down a zip-wire in Cumbria, having a whale of a time.'

We observed an exercise and activity session provided by a national organisation that developed activities to support people's wellbeing. The organisation also trained staff and provided activities and ideas for them to carry out. People were involved and enjoyed the session singing along to the music. One person told us, "The activities room is wonderful. I enjoyed this morning's [exercise] activity. I also like card making."

We looked at three people's care and support records. People had been fully involved in planning their care needs and deciding how they wanted their care provided. People made decisions about any changes to care, regularly reviewing their care. Where appropriate their relatives were involved in planning and updating care. They were personalised and informative and showed staff the way people wanted to be supported. They provided guidance to staff on people's daily routines, personal care and choices.

People told us they knew how to make a complaint if they were unhappy with their care and support. They said they would have no problem making a complaint and felt any concerns would be dealt with promptly. We looked at the complaints information. There had been one complaint since our last inspection which had been dealt with promptly. This had been dealt with to the complainant's satisfaction. The complaint was fed back to the care team. They reflected on the decisions they had made at the time and recognised what they could have done better. Learning from the issue had helped staff improve the care they provided.

People said staff listened to them and responded quickly to any issues. Records showed action had been taken where concerns were raised. One person told said, "Staff will listen if you aren't happy with something and do something about it." Another person said, "I can't complain about anything. I am never left stuck they [staff] always help."

Is the service well-led?

Our findings

There was a manager registered with CQC. However the registered manager had been promoted and was in the process of cancelling their registration. The deputy manager had become the new manager of Oaklands and was applying to become registered with CQC. The home and systems to govern assess and monitor the home had continued to run effectively during the change of managers.

People told us the changes had been managed well and they were comfortable approaching anyone on the management or staff team. They said they were helpful and responsive to any ideas or issues. They had frequent informal 'chats' with people as well as more formal meetings with them to seek their views. We saw people approached the manager in a relaxed way and laughed and joked with them. One person commented, "The manager is 'good, she is here virtually every day." Another person said, "The manager is wonderful we see her a lot."

We found the manager had sought the views of people about their care and the service provided by a variety of methods. We saw from talking with people and from records there were residents meetings. People told us they had regular meetings and they could discuss ideas or changes they wanted. One person said they knew they had residents meetings but didn't always know when they were. They said, "I would like quizzes we could maybe go into two teams and have a quiz. I want activities that stimulate my brain." However other people told us the dates were put on the activities notice board and people reminded of meetings.

The management team sent out surveys for residents, family and friends, the staff team and other professionals. The latest surveys showed high levels of satisfaction with the home. People said they were pleased with their care and support, felt safe, staff were kind and respectful and they enjoyed the activities available. The manager had an open door policy and people could talk to them at any time.

The home had a clear management structure in place. The management team showed good leadership and encouraged staff to develop skills and knowledge. They were 'hands on' and involved in care and activities on a daily basis. They demonstrated they understood their roles and responsibilities and legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations.

Systems were in place to effectively govern, assess and monitor the quality of the service and staff. Audits were frequent and wide ranging. They included in house audits by the manager as well as audits by senior managers, the quality improvement team and the health and safety team. Areas audited included, care plans, activities, health and safety, medication and infection control. The outcome of audits and checks were documented and any issues found on audits were acted upon promptly.

We saw the management team supervised, supported and encouraged staff to develop their skills and knowledge and provide good care. Staff meetings and supervisions were held to involve and consult staff. Staff told us they were pleased to work for the service and felt they worked well as a team. They felt able to contribute towards care practice and development of the service through team meetings, and supervisions. They said they were listened to and well supported through supervision and training. This motivated them

to support people in the best possible way.

Staff said they found the management team approachable and supportive. A member of staff commented, "I love working here. The managers are fantastic and always willing to support the residents and staff." Another member of staff said, "[The management team] are absolutely brilliant, incredibly supportive and willing to act on ideas residents or staff have."

The manager showed us how they had developed a DoLS lead and champion roles within the care team so that individual staff members were responsible for promoting learning and good practice in areas such as, dignity and mental health.

The service worked in partnership with other organisations such as universities and provided placements to student nurses, occupational therapy students, radiotherapy students and student doctors. The manager and staff felt this brought in new ideas and improved their care. The registered nurses had undertaken mentorship training through the universities. We saw the letter a student wrote to the manager after being on placement at Oaklands. Comments included, 'I strongly believe that some care homes could take a leaf from Oaklands book, everything done by the book. I cannot fault the quality of the care and treatment provided. It was one of the highest standards I have seen.' And 'This placement and what I have gained will stay with me throughout my learning and beyond the day I qualify.'

The service worked closely with disciplines such as occupational therapy, physiotherapy, speech therapy and dieticians. They also linked with various specialists such as, The Motor Neurone Disease association, The Huntington's Disease Association, North Lancashire Community Acquired Brain Injury Team and the Care Home Support Team to make sure they were following current practice and providing a high quality service.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.