

Heathview Management Company Limited

Whiteoaks Rest Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced inspection of this care home on 16 and 17 May 2017. The home is registered to provide accommodation and personal care for up to 38 older people. The home had recently been extensively refurbished and extended to provide accommodation over two floors with lift and stair access to each floor. At the time of our inspection 27 people lived at the home.

A registered manager was in post. 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 were supported by staff who had a good understanding of how to keep them safe, identify signs of abuse and report these appropriately. Robust processes to check the suitability of staff to work with people were in place. There were sufficient staff deployed to meet the needs of people and they received appropriate training and support to ensure people were cared for in line with their needs and preferences.

Medicines were administered, stored and ordered in a safe and effective way.

Most risks associated with people's care were identified and clear plans of care were in place to ensure staff knew how to mitigate these risks. Staff had a very good understanding of the risks associated with people's care and how to ensure their safety and welfare of people. Incidents and accidents were clearly documented and investigated and work was in progress to review patterns and trends in these events. Actions and learning were identified from these and shared with all staff.

People were able to consent to and make decisions about their care and welfare. Staff had a good understanding of how to be guided by the Mental Capacity Act 2005 when people were not able to make informed decisions about their care.

People received nutritious meals in line with their needs and preferences. Those who required specific dietary requirements for a health need were supported to manage these.

A caring, family environment was promoted throughout the home and people were cared for in a friendly, calm and supportive way in line with their needs and preferences. People's privacy and dignity was maintained and staff were caring and compassionate. People were encouraged to share their views of the home at meetings and through questionnaires. Staff knew people in the home very well and had a very good understanding of how to meet their individual needs.

Health and social care professionals were involved in the care of people when required and care plans reflected this.

Care plans in place reflected people's identified needs and most of the associated risks. However for people who lived with some health conditions further information was required in plans of care to ensure staff had access to all the information they may require to monitor a person's health and wellbeing. A new format of care plans had been introduced to provide clear and concise plans of care in line with people's needs and preferences.

Effective systems were in place to monitor and evaluate any concerns or complaints received and to ensure learning outcomes or improvements were identified from these; although the home had received no formal complaints in the year previous to our inspection. Staff encouraged people and their relatives to share their concerns and experiences with them.

The registered manager was very visible in the service and provided strong and effective leadership. They promoted an ethos of family life and open and honest communication within the home. Staff felt respected and valued in the home and this was reflected in the way they supported each other and promoted person centred care for people.

A system of audits was in place to ensure the safety and welfare of people. Any actions required from these audits were completed promptly.

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 knew how to keep people safe and had a good understanding of safeguarding policies and procedures.

Risk assessments were in place to support staff in identifying and mitigating most of the risks associated with people's care.

Staff had been assessed during recruitment as to their suitability to work with people and there were sufficient staff available to meet people's needs.

Medicines were managed in a safe and effective manner.

Is the service effective?

Good ●

The service was effective.

People were supported effectively to make decisions about the care and support they received. Staff were aware of the need to be guided by the Mental Capacity Act 2005 should people be unable to consent to their care.

Staff had received training to enable them to meet the needs of people. They knew people well and could demonstrate how to meet people's individual needs.

People were provided with nutritious meals in line with their needs and preferences.

Is the service caring?

Good ●

The service was very caring.

Staff at the home promoted the ethos of "Caring like only a family can".

Family life was highly promoted in the home and staff were caring and considerate as they supported people. People were valued and respected as individuals and were happy and content in the home where their privacy and dignity was maintained.

Is the service responsive?

Good ●

The service was responsive.

Care plans reflected most of the needs of people and the risks associated with these needs.

A range of activities were in place to provide stimulation for people. People were encouraged to remain independent.

Systems were in place to allow people to express any concerns they might have and complaints were recorded and responded to in a timely way.

Is the service well-led?

Good ●

The service was well led.

The registered manager was very visible in the service and promoted an ethos of family life and of open and honest communication within the home. Staff felt respected and valued in the home.

Audits and systems were in place to ensure the safety and welfare of people in the home.

Whiteoaks Rest Home

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 was planned to check 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.

One inspector and an expert by experience in the care of older people carried out the inspection on 16 and 17 May 2017. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the home including notifications of incidents the registered provider had sent to us since it was registered. A notification is information about important events which the service is required to send us by law. In March 2017, the registered provider completed a Provider Information Return (PIR). 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. We reviewed the PIR for this home.

We spoke with nine people and observed aspects of their care and support being delivered by staff. We spoke with five relatives or visitors and seven members of staff including; the registered manager who was also a director of the registered provider company, the finance director for the registered provider, the deputy manager, the head of care, a senior carer, a member of care staff and the cook. We spoke with two healthcare professionals during our inspection. Following our inspection we received feedback from a family member and a group of health and social care professionals who supported people who lived at the home.

We looked at care plans and associated records for five people and the medicines administration records for 20 people. We looked at a range of records relating to the management of the service including records of complaints, accidents and incidents, quality assurance documents, six staff recruitment files and policies and procedures.

Whiteoaks Rest home has been run by the same family for 17 years. Due to a change in the registration of the home it had not been inspected since October 2013.

Is the service safe?

Our findings

People felt safe in the home. They told us staff knew them very well and had a good understanding of their needs. One person told us, "I am very safe here. The staff know how to help me and I have never fallen as the place has been made safe for me". Another said, "I feel quite safe here. The staff come and check on me at regular intervals during the night so I feel safe living here." Relatives spoke of their comfort in knowing their loved ones were being cared for by staff who knew them very well and always ensured they were safe. One relative told us, "The peace of mind knowing that [relative] is here and being so well cared for is fantastic. I know [person] is safe, I never doubt it." Health and social care professionals felt people who lived at Whiteoaks Rest Home were safe and staff knew people well.

Staff had a good understanding of the safeguarding policies and procedures which were in place to protect people from abuse and avoidable harm. They were confident to report any concerns to the registered manager who, they said, would take any necessary action immediately. Staff had received training on safeguarding and knew the types of abuse they might witness and how to report this both in the service and externally to the local authority and CQC. Staff were aware of the provider's whistleblowing policy but told us they were confident any concerns they had would be dealt with by the registered manager efficiently and effectively.

Risks associated with people's care needs had been assessed and informed their plans of care. People had risk assessments in place for skin integrity, nutrition, mobility and mental and physical health needs. For people who were at risk of falls, risk assessments had been completed and used to inform care plans about their mobility and how to avoid the risks of falling around the home. The registered manager told us they had spoken with a local health care professional to support the implementation of a more robust falls pathway in the home.

For people who lived with long term health conditions such as diabetes and Parkinson's disease, the information available to staff about the risks associated with these conditions was variable. For example, where people lived with Parkinson's disease the risks associated with this condition had been identified. However for people who lived with diabetes information relating to the risks associated with this condition, such as the need to maintain good foot hygiene and skin integrity and regular eye checks had not always been identified. Staff's knowledge of people and the support they required to reduce the risks associated with their health conditions was good. Staff were able to describe potential risks and what support they gave as a result.

Closed circuit television cameras had been installed in the home to provide both audio and visual monitoring of the communal areas of the home. This had been installed to ensure the safety and welfare of people, staff and visitors to the home and appropriate consultations, risk assessments and actions had been completed to ensure people were aware of its presence and how this might contribute to monitoring their safety and welfare.

Medicines were stored and administered safely by staff who had received training to do so. There were no

gaps on the medicines administration records (MAR) which indicated people were receiving their medicines as prescribed. For medicines which were prescribed as required (PRN) we saw staff recorded when these were given although records did not always provide information on the effectiveness of the medicines. There were clear protocols in place for staff to follow in the administration of these medicines. Homely remedies were available in the home. These are medicines which can be bought over the counter in a pharmacy and were available to support people with a variety of common ailments such as pain, constipation and sore throats. A system of audit was in place to monitor the safe administration, storage and disposal of all medicines.

There were safe and efficient methods of recruitment of staff in place. Recruitment records included proof of identity, an application form and employment history for people. Two references were sought before people commenced work at the home. Disclosure and Barring Service (DBS) checks were in place for all staff. These help employers make safer recruitment decisions to minimise the risk of unsuitable people working with people who use care and support services. Staff did not start work until all recruitment checks had been completed.

There were sufficient staff deployed to meet the needs of people. The registered manager had a very good understanding of the skill mix of staff employed and the needs of people who lived at Whiteoaks Rest Home. The registered manager did not use external agency staff and we saw staff supported each other to cover any staff leave or absences. Staff rotas showed there were consistent numbers of staff available each day to meet the needs of people.

People and their relatives told us there were sufficient staff to meet their needs and staff responded to their needs in a prompt and unhurried manner. One person told us, "I feel much safer here than I was at home. The staff are always around if I need them." A system of call bells was in place and alerted staff when people requested assistance. This was monitored to ensure people received a prompt and efficient response to their calls. We saw staff responded promptly to people's request for help. When an emergency call was made staff responded very quickly and efficiently to support a person who had fallen.

Staff worked effectively as a team to provide support for people across the home. A new system of walkie-talkies had been introduced, since the home had recently been extended, to ensure staff were able to locate each other and ensure efficient use of staff resources to meet people's needs. For example, when a visitor came to the front door, staff were able to ensure the door was answered in an efficient way by identifying staff who were free to respond and answer the door. When a staff member required additional support to meet a person's needs they were able to request this help without leaving the person.

There was a very high standard of cleanliness in the home which was fresh, well maintained and odourless. Staff had access to personal protective equipment such as gloves and aprons to use when supporting people and hand hygiene was visibly encouraged in all areas of the home with signs prompting this and cleansing gel readily available for people. There was an efficient system in place for the disposal of waste and management of laundry and linens. The registered manager was the nominated person to monitor infection control in the home and this was audited regularly with an annual statement for April 2017 showing the home had not had any outbreaks of infection in the previous year.

Is the service effective?

Our findings

People said they were offered choice, were supported to make their own decisions and these were respected. One person told us, "The staff are very kind and always let me take my time when they ask me questions about what I would like to wear, what I want to eat or whether I want to do something. I think they [staff] are very patient and I never feel rushed." Another told us, "The meals are just lovely and there is such a choice. I can always have something different when [staff member] asks me what I want for my dinner."

People who lived at Whiteoaks Rest Home were able to consent to their care and treatment. The home did not support people who lived with dementia as their primary health need. Staff sought consent from people before supporting them and encouraged them to remain independent. The registered manager acknowledged that whilst they wanted to ensure people were safe at all times in the home they recognised the need for people to make informed decisions, take risks and make choices about the way they received care in line with their wishes and preferences.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Whilst people did not lack the capacity to make decisions about their care and support, the registered manager and staff understood they must be guided by the principles of the MCA 2005 when people's capacity to make decisions might fluctuate.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards. There were none of these safeguards required in the home however the registered manager had an understanding of when this may be required.

A programme of supervision and appraisals was in place for all staff. Staff said they had supervisions and felt these were a useful time to raise concerns and have discussions with the registered manager about their role and responsibilities. Staff felt supported and knew they could talk to the registered manager at any time if they needed to. A clear program of induction and training was in place for staff. This ensured people received care and support from staff with the appropriate training and skills to meet their needs.

An annual plan for all staff to attend training was in place. The registered manager said all training was currently completed in the home by external trainers who provided certificated training for all staff. The registered manager was considering the use of some on line training for staff and had engaged with local health care professionals to provide further training for staff on falls prevention in the near future. Training records showed all staff had completed training in a wide range of areas which included: moving and handling, fire training, infection control, safeguarding, and mental capacity and deprivation of liberty.

All staff had been encouraged to develop their skills through the use of external qualifications such as

National Vocational Qualifications (NVQ) and Care Diplomas. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. An external trainer had provided training on the Care Certificate for staff newly employed to the home. This certificate is an identified set of standards that care staff adhere to in their daily working life and gives people confidence that staff have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The registered manager was considering whether modules of this certificate would be beneficial for other staff to increase their learning.

People received a good variety of foods and were offered choices at every meal. One person told us, "The food here is fabulous. I get a choice every meal time, even breakfast although I always have the same for breakfast." Another told us, "I can't speak highly enough of it, lovely food, lovely people what else can I say?"

People told us they had been involved in planning for new summer menus and had made suggestions on different meals they would like included. One person said, "I would like to have sandwiches at teatime and they have made sure I can have these whenever I want them." A second person told us how they always enjoyed a glass of wine with their evening meal and this made their day, "a bit special." A third person told us, "There is quite a good choice of food here, but it's just not like what you would cook at home. The staff are very good and try to give you what you want. One of the cooks comes around and asks what you would like to eat so you do get a choice."

Relatives told us how meal times were a time for people to socialise and that they did not usually visit at these times. The registered manager told us how they encouraged visitors to allow people to have protected mealtimes where they could interact with others and enjoy a 'family atmosphere' at mealtimes. We saw mealtimes were a calm and relaxed environment with soft music playing in the background and general chatter across the dining area. All residents were encouraged to visit the dining room at mealtimes. One relative told us, "My [relative] loves to see everyone at lunchtime; they have a real old chinwag." Another relative told us, "They [people] are encouraged to go to the dining room and have meals, although [they] have breakfast in their room. [Relative] always has some tale to tell us about lunchtime chatter with other people and [they] really enjoy the mealtime."

People were offered choice and if they did not want what was on the menu they could have something different. This was confirmed by the kitchen staff. Care plans identified specific dietary needs and kitchen staff were knowledgeable of these. Information was available on the type of diet people required, any allergies they might have and their likes and dislikes. All food was freshly prepared and fresh fruit and vegetables were available every day. Staff described how they supported people with nutrition and hydration needs including monitoring their food and fluid intake if there was a concern and monitoring their weight. The kitchen area was clean and well managed and had received a five star rating from the local authority in September 2016.

A recent extensive refurbishment and expansion of the home had provided additional accommodation and recreational areas in the home. All new areas of the home were easily accessible to people including those who required the use of a wheelchair or walking aid. . The registered provider was taking opportunities to upgrade and decorate older areas of the home as they arose. The garden was well maintained and easily accessible for people with level paths and areas to relax and enjoy the environment. People and their relatives spoke highly of the work which had been done to create a homely, welcoming and well- presented setting to live in. One person told us, "What they have done is amazing, the garden is beautiful and I can walk out there with my family anytime and see the lovely plants and sit in the sun."

Records showed health and social care professionals visited the service as and when required. Care records included feedback from GPs and community nurses and showed staff referred to external health and social care professionals such as speech and language therapist and specialist nurses when they were required. Staff identified people's needs and health and social care professionals told us they were involved appropriately in people's care.

Is the service caring?

Our findings

People described staff as kind and caring. They said they felt staff listened to and respected them whilst trying to encourage them to remain independent. One person told us, "We are like a big family, there will always be some arguments and misunderstandings but the home is a very happy place." Relatives spoke very highly of the caring way in which staff supported their family member. One told us, "My [relative] needed support and was very reluctant to come into residential care; but the wonderful care, support and kindness they have been shown has really helped my [relative] to settle and feel safe and happy in this home. I can't praise the staff highly enough for their kindness and professionalism. I would highly recommend this home to anyone." Another relative told us, "This is a wonderful home and the manager and all the staff are so very kind, you couldn't wish for better." Health and social care professionals told us they found staff caring and that they took time to support people with their care needs without rushing them.

The registered manager told us they promoted the home as a family environment and encouraged people to support and care for each other. The home's motto was "Whiteoaks Rest Home; caring like only a family can". This ethos was evident throughout the home with people and their relatives being actively encouraged to be part of a family and share the experiences of people in the home. People felt actively involved in the running of the home. They and their relatives had been actively involved in the development of the home during a period of extension and building works. They told us how they were kept up to date and were asked their opinions on how staff could ensure the new extension of the home remained in keeping with the family ethos of the home. People had been offered opportunities to take residency in newer rooms, view the new facilities and discuss how the increased number of people in the home may impact the running of the home. Relatives told us they were regularly updated on any changes in the home and their views were always welcomed.

The atmosphere in the home was warm, calm and very friendly. Staff interacted with people and each other in a calm and professional manner and took their time to ensure they had responded to people in a way which was appropriate to their needs. For example, one person told us they were feeling tired and unsociable. Staff sat and chatted with them to understand why they were feeling this way. They encouraged this person to relax and listen to some gentle music. They then supported them to mobilise to the meal table at lunchtime where they interacted with others and enjoyed their meal. After lunch this person told us, "I feel much better now, they [staff] know me so well and help me feel special. They are all just lovely." For another person who found it difficult to mobilise quickly in the home, staff were patient and supported the person to use their walking aid effectively. This person told us, "They [staff] are all wonderful; I would be lost without them."

Relatives told us how the atmosphere in the home was always very welcoming, open and friendly and that staff were always kind and responsive to the needs of their loved ones. One relative told us, "It's like coming to meet [relative] in their own home, that's just what it is, their own home. The staff are so welcoming and we are encouraged to be part of the family by joining in special activities to get us all together. We can't fault the place." Another relative told us, "The place should have ten stars, it's amazing. The staff and the manager are so caring, everything about the place...we can't fault it."

A third relative told us how kind and considerate staff had been when their relative had needed support to settle in the home. They described how the registered manager had supported and encouraged the family to bring items of importance for their relative to the home to help them settle. This had included some plants which were of great sentimental value to the person. These had been planted in the grounds of the home. This had been a great source of comfort for the person and their family. A fourth relative told us, "We visited a number of homes in the area but Whiteoaks stood out straight away," and, "The upgraded facilities are superb but it is the care and professionalism that really stands out. " They went on to tell us how their loved one was supported and cared for in a respectful and courteous way and staff were always helpful and friendly.

Throughout the day people chose where they wanted to spend their time and staff encouraged those who were less mobile to visit other areas of the home to interact with people. People's privacy and dignity was maintained and staff had a good understanding of the need to ensure people were treated with respect at all times. Doors to people's rooms remained closed and a locking facility was available for people if they chose to have this. Staff knocked and waited for a response before entering people's rooms and they demonstrated a good understanding of how to ensure people's dignity was maintained. For example, staff asked people if they wanted them to support them when using the toilet or if they would like to manage independently. One person told us, "The staff are respectful and my dignity is maintained, for example I have help with showering and this morning I was assisted to have a lovely shower, it was so relaxing. " Another person told us how it was important for them that they had their hair done once a week by the hairdresser as it made them feel 'properly clean'. Staff understood this need and ensured this support was available to them every week. A third person told us how staff supported them to bath in a respectful way; "I've never needed help before but there is no embarrassment and I am never rushed either. The staff always ask if I would like to lie in the bath longer and soak. I think the staff treat me with kindness."

The home's ethos of family care was supported in events which took place every month to support families' involvement and engagement in the home and provide social activities for people to enjoy. People and their relatives spoke very highly of these events, saying for example, "People can all get together and have some fun". Events included a summer barbecue, a Valentine Day meal, a Mother's Day meal and on the week of our inspection a Cheese and Wine party.

Staff had a very good understanding of people's needs and embraced the home's ethos of family caring in all that they did. One member of staff told us, "We are just one big family. She [registered manager] has really instilled the family values in the home and that is what makes it a happy place to be for everyone". Another told us, "Family life is at the heart of this home, that's what makes it so special. We respect and support every person here as if they were our own relatives."

Since our last inspection of this service (under the previous registered provider), the home had been shortlisted as one of the top five finalists in the country at the National Care Awards for the Care Home of the Year Award 2015. They had also been presented with a carehome.co.uk award for being in the top 20 homes in the South East of England for the last two years in 2016 and 2017. These awards had been received before the recent expansion of the home and were proudly displayed in the new entrance to Whiteoaks Rest Home and people, their relatives and staff were very proud of these awards and the recognition it brought to their home.

Is the service responsive?

Our findings

People said they had been involved in planning care to meet their needs, they said that staff listened to them and supported them to meet their needs in a way which encouraged them to live their lives as independently as possible. Relatives told us they and their loved one had been involved in the planning of their care as soon as they had decided to reside at Whiteoaks Rest Home. Health and social care professionals told us staff were responsive to people's needs and were confident and competent to respond to people's needs appropriately.

An assessment of people's needs was completed before they came to live at the home. The registered manager reviewed this information and told us they would have no hesitation in declining a person's admission to the home if they felt their staff were unable to meet the needs of people. Assessments provided clear information to inform plans of care for the person and records showed people were encouraged with their relatives to inform this process. People's preferences, their personal history and most specific health or care needs they had were clearly documented.

Staff had a very good awareness of people's needs and preferences. Whilst care plans gave clear information for staff on how to meet these needs in a person centred and individualised way, these lacked some information about the specific health conditions people lived with and any care they may require in line with these needs. For example, for people who lived with diabetes staff recognised this condition which may affect people's care needs and understood the current impact this had on people. Further information was required in care records to improve staff awareness of any potential complications of these conditions and how to monitor for these.

There was a system in place to review and update plans of care for people. Since the registered manager had recently employed a deputy manager and head of care, all care records and risk assessments were under review at the time of our inspection and a new format of records was being implemented to ensure all records remained up to date, accurately reflected people's needs and identified how people were involved in the completion of these reviews.

People were aware plans of care were in place to provide staff with information on the care they required, although they were not always aware of when this was reviewed and updated. One person told us, "I talk to them regularly about the care they give me, but I'm not sure if this is recorded. Perhaps my family know?" Another told us "In the very beginning staff spoke with me about my support needs. We don't discuss it anymore." Care records showed staff reviewed plans of care monthly however there was no information to show when people were involved in this. One member of staff told us, "Most of the people who live here tell us when things have changed for them and we would update the care plans; but I can see the value in having this discussion each month with people and recording it."

The relaxed atmosphere in the home allowed activities to be individualised for people each day. Morning activities such as the hairdresser visiting and people enjoying music in areas of the home were less formally planned; however a resident welfare coordinator was employed part time in mornings to spend time sitting

and chatting with people. Staff were able to take people for a walk in the gardens of the home which were easily accessible and they could support people with individualised activities such as painting their nails, or reading a paper with them. Afternoon planned activities such as bingo, music sessions, quizzes and chair exercises were well received. Some people chose not to participate in any activities and remain in their rooms where they had access to television, radio, Wi-Fi and telephones; this choice was always respected. The registered manager told us they had been researching additional activities to encourage people to interact through the day. They were looking to introduce 'Fruity Friday' and coffee mornings to encourage people to increase their fluid intakes particularly in the summer months. A gardener employed in the home had supported people to participate in garden activities such as planting vegetable plants in a raised flower bed and producing their own vegetables.

The complaints policy was displayed in the home. The registered manager told us they worked closely with people to ensure concerns were addressed promptly and effectively. With a visible presence in the service, people and their relatives or visitors could speak directly with the registered manager should they wish to raise any concerns. The home had received no formal written complaints. There were effective systems in place to monitor and evaluate any concerns or complaints and ensure learning outcomes or improvements were identified from these.

Staff were encouraged to have a proactive approach to dealing with concerns before they became complaints. For example, staff were encouraged to interact with people and their relatives, whilst maintaining their privacy, to ensure their needs were being met. Visitors to the home were received in a warm and friendly way and were encouraged to express any views about the service to staff. Relatives told us they were able to express their views or concerns and knew that these would be dealt with effectively.

People and their relatives told us how the registered manager and staff were keen for them to be involved in any new ideas and ways of working in the home and seek their views and ideas. For example, since the home had increased in size some people had become frustrated when they had to wait for staff to be free to help them move away from the dining area at mealtimes. The registered manager had met with people and asked how this could be better managed to ensure everyone received the support they needed in a timely way. They had received a variety of suggestions and were considering the best way to support this need. People told us they had spoken to the registered manager about this and that, "They are working on it."

The registered manager operated an open door policy to encourage people and their relatives to discuss the care and support they received and raise any concerns they may have to improve their care. They were in the service every weekday and staff were always able to contact them when they were not in the building if they had any concerns or anyone wished to speak with them. They led monthly resident and relative meetings to update people on any changes or concerns at Whiteoaks and inform them of any forthcoming activities and events that had been planned. People and their relatives told us these meetings gave them the opportunity to meet with the registered manager and voice their opinions, ideas and any concerns they may have about the service they received.

One person told us, "We always have information available to us about what is happening here, and I know my family get letters too and know they are very welcome any time to join me. It is my home and I like having them here to join me whenever they can." A regular letter was sent to families to update them on events in the home and the registered manager told us they were planning to improve this and create a monthly newsletter instead. This would include information about recent and previous events, and birthdays, as well as any important information for people and their families such as changes in staff or new initiatives in the home.

Is the service well-led?

Our findings

People and their relatives spoke very highly of the staff and registered manager. One person told us, "The manager is a kind person and I get on well with her, she is very approachable." Another told us, "She [registered manager] is just so lovely, nothing is too much trouble. They all work really well together." A relative told us, "I have nothing but praise for them all [staff]. And the manager is amazing, she really does everything she can to make sure my [relative] is happy, and that's not always easy." A second relative told us, "The home is really well run and the staff know what they are doing." Health and social care professionals said the service was well led as the registered manager was visible and supportive of all staff.

The registered manager was very visible in the service and provided strong and effective leadership. They promoted the home's ethos of "Caring like only a family can," in everything they did and supported open and honest communication within the home. Staff felt respected and valued in the home and this was reflected in the way they supported each other and promoted person centred and efficient care for people.

The registered manager had recently employed a deputy manager and head of care to create a more supportive management structure in the home following the recent expansion of the home. They recognised that this staff structure would take some time to embed in the home as staff had previously been used to them being the main point of contact in the home. They told us the introduction of these new staff members would allow them to delegate some duties and then be more involved in review and monitoring of the service whilst allowing them to continue to interact with people and their relatives. An administrator in the home supported with all clerical duties.

Staff felt supported in their roles through supervision, appraisals, team meetings and handover sessions. They felt able to speak with the registered manager or other senior staff about any concerns they may have and felt these would be addressed promptly and effectively. Team meetings were used to provide information for staff on service developments and also any learning from incidents and accidents in the service. All staff had a good understanding of their roles and responsibilities in the home.

Staff worked cohesively as a team and supported each other to meet the needs of people. They shared common values and understood the vision of the service which was to provide excellent person centred care for each person in a family orientated environment. The registered manager and all staff we spoke with were very proud of the home and the care people received there. One member of staff told us, "I love working here, we are all one big family and everyone is so kind and supportive and this is reflected in the high standards of care people get." Another said, "There is a nice atmosphere in the home, it's a lovely place to work, very caring people." A third told us, "The family atmosphere makes it a great place to work. The manager really does treat us all like family- birthdays and special occasions she does not forget."

A system of audits was in place to ensure the safety and welfare of people. This included audits for: medicines, infection control, staff training and recruitment, environment, equipment checks and fire records. We saw the registered manager completed these efficiently and any actions from these audits were completed promptly. Audits of care records were completed but required some additional work to ensure

they were fully informed of people's health conditions.

A system to record incidents and accidents which occurred in the home was in place and staff were aware of this. The registered manager reviewed, logged and investigated these incidents. They monitored these events closely during their day to day management of the service to observe for patterns in these events. They audited these records once annually. They told us they had identified in April 2017 that there was a need to increase this audit to monthly to review any trends or patterns in these events, particularly due to the increased number of people in the home. We saw that this was being implemented.

In January 2017 people, their relatives, staff and visiting health and social care professionals were asked for their views of the service and the quality of the care delivered at the home. These surveys showed people were very happy with the care provided at the home. One health care professional said, "Whiteoaks has a very homely feeling and all residents are very well cared for."