

The Wilverley Association Forest Oaks

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

This unannounced comprehensive inspection took place on 5 and 7 September 2018.

Forest Oaks is registered to provide accommodation, care and support for up to 46 older people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Forest Oaks is a purpose built residential and nursing home which is located in Brockenhurst and is managed by the Wilverley Association, a charitable organisation. At the time of our inspection there were 34 people living at the home.

The home had a variety of bright, comfortable communal areas where people could spend time with their family, friends or enjoy some quiet time on their own. The communal gardens were well maintained and allowed people easy access to get outside to enjoy the environment in warmer weather.

There had recently been a change in the management team employed at the home. Although the home did not have a registered manager in post, there was a manager in the process of becoming registered who had been employed at the service since July 2018. 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.

Our previous inspection of the home, carried out in August 2017, identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These included people not always receiving appropriate person-centred care, inconsistent completion of people's care and support records, a lack of governance, a lack of training for staff and staff not receiving adequate supervision and support. At this inspection we found the provider had made many improvements to ensure all of the regulations were met. These improvements included a total revision of how people's care and support records were compiled, an extensive staff training, support and supervision programme and introduction of a programme of robust quality assurance and monitoring systems to ensure the management team had clear oversight of all areas within the home.

People told us they were well cared for and said they felt safe living at the home. Staff were aware of what constituted abuse and the actions they should take if they suspected abuse. Relevant checks were undertaken before new staff started working at the service which ensured they were safe to work with vulnerable adults.

Staff had the right skills and training to support people appropriately. The provider had implemented a structured programme of training that covered all core training requirements as well as additional training courses that staff may require for further development. Staff had completed or were in the process of

completing The Care Certificate, which is a nationally recognised set of standards for health and social care workers.

There were enough staff available on each shift to care for people safely and well. Staff felt well supported by the management team and received regular supervision sessions. Staff told us they worked well as a team; they said, "There is always someone I can ask for advice...there are enough staff around so we can care for people well. People get excellent care here."

Pre-admission assessments were completed prior to people moving into the home. People's risks were assessed, and plans developed to ensure care was provided safely. Accidents and incidents were monitored to ensure any trends were identified so action could be taken to safeguard people.

Medicines were handled appropriately and stored securely. Medicine administration records (MAR) were signed to indicate people's prescribed medicines had been given.

People were referred to health care professionals as required. If people needed additional equipment to help them mobilise and keep them safe and comfortable this was readily available.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely. Staff had an understanding of the Mental Capacity Act 2005 (2005) and how it applied to their work.

Staff spoke knowledgeably about the practices they used to ensure people's dignity and privacy was protected. People received personalised care from staff who were responsive to their needs and knew them well. Staff created a calm, friendly, professional atmosphere which resulted in an open and honest culture in the home.

People knew how to make a complaint and felt confident they would be listened to if they needed to raise concerns or queries. The provider sought regular feedback from people and changes were made if required.

People told us that although the service had gone through a lot of staff changes, they felt it was well led, with a clear management structure in place. Relatives told us they were made to feel welcome at any time and felt fully involved and consulted in the care of their relative.

The provider had put robust systems in place to drive the improvement of the safety and quality of the service.

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. People were supported by sufficient, suitably experienced and qualified staff.

Medicines were managed safely and stored securely. People received their medicines as prescribed.

Staff demonstrated an understanding of the signs of abuse and neglect. They were aware of what action to take if they suspected abuse was taking place.

Is the service effective?

Good ●

The service was effective. Staff received on-going support from senior staff who had the appropriate knowledge and skills.

Induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and how this applied to their daily work.

People had access to a range of healthcare professionals as appropriate.

Is the service caring?

Good ●

The service was caring. Care was provided with warmth and compassion by staff who treated people with respect and dignity.

Staff were aware of people's preferences and took an interest in people and their families to provide person centred care.

People and relatives told us that staff were kind, caring and compassionate.

Is the service responsive?

Good ●

The service was responsive. People had personalised plans which took account of their likes, dislikes and preferences.

Staff were responsive to people's changing needs.

People's views were sought. They felt they could raise a concern if required and were confident that these would be addressed promptly.

Is the service well-led?

Good ●

The service was well led. Staff felt well supported by the management team and felt comfortable to raise concerns if needed and felt confident they would be listened to.

Observations and feedback from people and staff showed us the service had a supportive, honest, open culture.

The provider had audits in place to monitor the quality of the service provided and kept up to date with changes in practice.

Forest Oaks

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. The aim was to also look at the overall quality of the service, review the improvements as had been agreed following the last inspection and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 5 and 7 September 2018 and was unannounced. On the first day the inspection team comprised of an inspector and a specialist nurse advisor. The second day of the inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included information about incidents the provider had notified us of and 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 also asked the local authority who commissions the service for their views on the care and service given by the home. We requested written feedback from a selection of health professionals and GPs who visited the home on a regular basis.

During the inspection we met most of the people living at Forest Oaks and spoke with those who wished to speak with us. We spoke with the manager, the interim chief executive officer, the facility manager and a member of their maintenance staff, eight members of care staff which included the clinical lead, the activities co-ordinator and two nurses, the newly appointed chef and two relatives.

We observed how people were supported and looked at five people's care, treatment and support records in depth. We reviewed the medication administration records and medicine systems. We also looked at records relating to the management of the service including staffing rotas, staff recruitment and training records, premises maintenance records, accident and incident information, policies and audits, quality assurance systems and staff and resident meeting minutes.

We used the Short Observational Framework for Inspection (SOFI). This is a way of observing care to help us understand the experience of people who could not talk with us. We also made general observations,

including watching the delivery of care in communal areas.

Is the service safe?

Our findings

People and their relatives told us they had no concerns regarding living at Forest Oaks. People told us they felt well cared for and safe. One relative said, "It's very safe, I don't have to worry. The staff care for everyone very well." When we asked people if they felt safe living at Forest Oaks they all replied they did. One person told us, "The staff get me anything I need, it's all sorted. I'm very comfortable and safe."

At the last inspection, completed in August 2017 we found improvements were needed to ensure that all the risks to people were appropriately managed. These included risks relating to people's food and fluid intake, diabetes management and the risk of developing skin damage. At this inspection we found the provider had made the necessary improvements to ensure risks to people were managed properly. People had their needs assessed for areas of risk such as mobility, malnutrition, moving and handling and pressure area care. The provider used a range of independent tools to assess people's risks in these areas. Systems had been implemented to ensure people were cared for safely.

Where people were at risk of malnutrition or dehydration, staff completed clear records for them, which showed how much the person had eaten and drunk at each meal and during the day. People's care records included a target for their fluid intake which allowed staff to monitor easily the amount people were drinking. This system would alert staff to when people were at risk of becoming dehydrated and ensure preventative action could be taken to maintain their health.

Two people had consistently been losing small amounts of weight. These people had been referred to the appropriate health specialist for advice and guidance, which staff had followed. Staff spoke knowledgeably about how these people preferred to be cared for and how they encouraged them to eat and what foods they particularly liked. Staff were giving pro active care and support to ensure their nutrition and hydration was maintained at a safe level.

For people who were at risk of skin damage, air and pressure mattresses were in use with the settings at the correct level for their weight. Staff checked mattress settings each day to ensure the mattresses remained effective and safe for people. People were re-positioned at regular intervals in accordance with their care plan, to maintain their skin integrity. People were sat on pressure cushions and breathable slings if they required them; this helped to ensure their health and safety and reduce the risk of skin damage.

Some people had diabetes. There were clear care plans and risk assessments in place for management of their blood sugars. These included the frequency of blood tests and what blood sugar levels were considered normal for them. Care plans guided staff on how to provide care if a person was at risk of a hyper or hypoglycaemic attack and included guidance regarding offering the person a fast acting carbohydrate such as a fizzy drink, however national guidance recommends fast acting carbohydrates are followed with slow acting carbohydrates. We discussed our findings with the nurse who told us they would ensure they would follow the national recommendations regarding managing diabetes.

For people living with epilepsy there were clear epileptic care plans in place for staff to follow to ensure they

received safe care in the event of a seizure.

Staff spoke knowledgeably about the procedure for reporting allegations of abuse. They were aware of the provider's policy for safeguarding people, which included relevant contact details for the local authority. Staff had completed their safeguarding adults training courses and received refresher training when required. Up to date safeguarding information was clearly displayed for staff and people around the home.

There were enough staff available to ensure people received safe, individualised care that promoted and maintained their well being. All the staff we spoke with confirmed there were enough staff available on each shift to allow them to care for people and meet their needs safely. We checked staff rotas, which confirmed the levels of staff employed on each shift were at a safe level. The provider reacted flexibly to the needs of people. When one person's health needs had deteriorated, and they needed specific care at certain times of the day, the provider reacted positively and employed a member of care staff to specifically care for that person at the times they needed.

At the previous inspection in August 2017 we found some shortfalls in staff recruitment processes. At this inspection we found the provider had implemented clear recruitment systems to ensure staff were recruited safely. Before staff were employed at the home the required employment checks had been carried out to make sure staff were suitable for their role. These checks included; a photograph of the member of staff, proof of their identity, employment references, a health declaration, full employment history and a check with the Disclosure and Barring Service to make sure staff were suitable to work with people in a care setting.

There were plans in place to ensure the safety of the premises, including regular servicing of equipment. There were up to date service certificates for electric portable appliance testing, gas safety, emergency lighting, fire alarms, fire extinguishers, call bell alarms and safety certificates for the lift and lifting equipment such as hoists. A full water system check including legionella testing had been completed and the premises were free from legionella. Legionella are water borne bacteria that can be harmful to health.

The provider had made arrangements to deal with emergencies. People had Personal Emergency Evacuation Plans (PEEPs) which were available at reception to ensure quick retrieval if needed. Staff knew people very well and explained how they would safely evacuate each person in the event of an emergency.

Medicine management systems were in place and people received their medicines as prescribed. The stock of medicines had been correctly recorded in the medicine book and temperatures of the medicine room were checked and recorded each day. People had their allergies recorded and guidance on the use of 'PRN' as required medicines was recorded. Most people were able to tell staff if they needed pain relief. If people were unable to verbalise their pain levels, staff used an independent pain management tool to advise them if they needed additional pain relief. Some people were prescribed creams that were administered by staff. There was a system of body maps in use to ensure people's prescribed creams would be applied correctly. Creams were marked with the date they had been opened which helped staff ensure they remained safe and effective to use.

Staff who administered medicines to people had received training in medication administration and had regular medicine competency checks. There was a photograph at the front of each person's medicines administration records (MAR) to assist staff in correctly identifying people. MAR contained no unexplained gaps and staff had initialled each dose of medicine that was due. Regular medicine audits had been completed.

Staff had access to personal protective equipment (PPE) such as gloves and aprons. We saw anti-bacterial hand gels were readily available for all people to use throughout the premises. Staff told us they received infection control training and explained what infection control and prevention meant to them. Staff were able to explain how and when they wore their PPE, when they washed their hands and their appropriate use of clinical and waste bins for the different types of waste and laundry bags.

Housekeeping staff told us they were well supported in their role and received appropriate training to ensure the home was kept hygienically clean. There was an infection control audit system that ensured all areas of infection control would be checked and reviewed on a regular basis. We visited the laundry and saw all laundry was placed on an appropriate heat setting to ensure bacteria would be killed and the risk of cross contamination reduced. The laundry was orderly and well maintained with a clear flow of dirty to clean items to ensure risks of cross contamination were reduced.

The manager was able to tell us how the management and staff team learnt and made improvements when things had gone wrong. Accidents and incidents were documented and reviewed each month by the manager. Summaries of analysis, outcome and risks identified were completed so that any trends would be highlighted, and preventative action could be taken.

Is the service effective?

Our findings

People told us they were very happy with the care and support they received at Forest Oaks. One person told us, "I have a lovely bedroom, I'm very happy with it all, the staff look after us all very well. I also have my phone with me at all times so I can call at any time for a chat." One relative told us, "All the staff are very friendly and helpful. If [person] ever needs help the staff come to help straight away and there are always plenty of staff around."

The previous inspection had found shortfalls in the availability and completion of specific training courses for staff, such as safeguarding for adults and training in caring for people who lived with dementia. In addition, not all staff had been provided with regular supervision sessions.

At this inspection we found the provider had implemented a programme of training for all staff that covered the required core subjects such as safeguarding for adults, food hygiene and infection control. In addition, staff had been supported to attend specific training courses such as specialised tissue viability, epilepsy, end of life care and dysphagia training. Dysphagia is the medical term for difficulty in swallowing. One member of staff told us, "The dysphagia training was simply excellent. The trainer was so knowledgeable and made the training very interesting and constantly tested our understanding. I thoroughly enjoyed it." Another member of staff told us, "We are going to be introducing champions for certain areas of training, for example one member of staff may be the champion regarding all aspects of dementia awareness. I think that will be really good and will help us all learn so much."

Training courses were delivered in a variety of ways, using either independent external training providers or individuals from the provider's own staff. Some courses that required a practical approach were delivered to small groups of staff face to face to ensure maximum learning. Other courses were better suited to an 'on line' training delivery which staff could complete individually at a time to suit them best. All staff told us they had enjoyed the training provided and had found it to be very informative, useful and well delivered.

Since the last inspection, improvements had been made to the induction process and supervision sessions that staff received. Newly recruited staff told us they felt welcomed and supported when they joined the staff team. They explained they worked alongside an experienced care worker until they felt confident to work on their own. One member of staff told us, "I have been so well supported. I am shadowing experienced staff until I feel comfortable to support people by myself. Everyone has been so supportive to make sure I am comfortable with what I am doing. I love it, it's what I've always wanted to do." Staff told us they were supported with all their duties until they felt completely confident to act independently.

There was a system of regular supervision and review in place for staff. Staff were encouraged to develop within their role and many staff had been supported to complete their vocational qualifications in health and social care. Regular staff supervision meetings took place either on a one to one basis or in small groups with their peers. Supervisions enabled staff to reflect on their role and encouraged open and honest communication. Staff told us they had found the supervision process to be extremely helpful and supportive and was an effective way to discuss their role, put forward further development opportunities and raise any

concerns or worries they may have. One member of staff said, "Our supervisions are very good, we can have them as often as we need them but they are normally completed every three months, they are really positive." Staff said they found the management team very supportive and approachable at any time. They said they could discuss any training needs and felt they were listened to and supported at all times.

Before people moved into Forest Oaks they received a visit from a member of staff who completed a detailed pre-assessment of the person's health and care needs. These pre-assessments covered all areas of the care and support people would require and included, mobility, nutrition, skin integrity, daily activities and things that were important to the person such as previous hobbies, favourite foods and what they enjoyed doing in the day.

Each pre-assessment led to an individualised care plan for each person. Care plans identified risks to people such as weight management, mobility and falls and pressure care and gave clear guidance for staff to follow. People's care plans were updated as their needs changed and were reviewed each month. The manager told us all care plans had recently been reviewed and updated to ensure staff were given clear, accurate information on how to care and support people. One member of staff told us, "The care plans are good, much clearer and easy to use."

The service used technology to support people and maintain their health and wellbeing. For example, some people had alarm mats placed near their beds so that staff would be aware if people were getting out of beds and could be near them to support them and prevent falls. People had access to call bells and knew how to use them.

We spent time talking with the new chef who was due to start their employment at Forest Oaks in a few weeks. They spoke with passion and enthusiasm regarding ensuring people's meal times experiences and the food that was prepared for them would be as enjoyable and nutritionally balanced as possible. They discussed their innovative ideas for the menu plans, for example the use of spices and herbs to evoke good memories for people to ensure they would receive good nutrition and hydration in ways that would be enjoyable for them. They had existing links with local produce suppliers and explained the meals would be all sourced from local suppliers wherever possible using fresh produce. They told us they wanted to encourage people to take an interest in their food and would like to introduce raised vegetable beds in the garden area so that people could help to grow vegetables and take pride in seeing their own produce on the menu.

We spent time observing a lunchtime during the inspection. The dining area was attractively laid out with white and blue tablecloths, place settings, condiments and napkins. People were offered a glass of sherry in the conservatory area just before dinner, which along with providing an enjoyable social occasion acted as an appetite stimulant. The majority of people made their way independently into the dining room and choose where they would like to sit and who with. People were not rushed to finish their meal, staff checked they had eaten all they wanted before asking them if they wanted any more or a pudding.

Staff were aware of people's dietary needs and preferences and their food was prepared for them in a manner which was safe for them to eat. For example, if people needed their food to be cut into smaller pieces staff supported them with this or if they needed a 'soft' diet their food was mashed to ensure it was soft and safe for them to swallow. Cakes, biscuits, fruit and smoothies were available throughout the day and we observed staff offering people hot or cold drinks and a variety of fruit juices.

We observed people moving around the home. Those that needed support and assistance told us they were always supported whenever they needed support by staff who were kind and patient. For people with

restricted mobility there was a lift that took them to each floor. Bathrooms and toilets had grab rails in place to assist people in maintaining their independence. People told us they could choose where they liked to spend their time and had the choice of sitting in a variety of communal areas or quiet rooms, their bedroom or in nice weather, outside in the garden. Bedrooms were personalised with people's own furniture and bed linen and pictures and photographs. The provider had a home improvement plan, in place which showed a schedule of ongoing improvements to all areas of the home.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely. The responsibility for applying to authorise a deprivation of liberty rested with the deputy manager. Two people who were living at Forest Oaks had a DoLS in place but none of these included any specific conditions. There was a clear system in place to ensure DoLS were managed correctly.

The service followed the principles of The Mental Capacity Act 2005. The service made appropriate decisions about whether different aspects of people's care were carried out in their best interest where people lacked the ability to make specific decisions. People had completed power of attorney and consent forms in place to record their wishes and ensure their care and support was given in their best interest. Staff undertook regular training and competency assessments in the Mental Capacity Act 2005. They had a good understanding of the Mental Capacity Act 2005 and issues concerning consent.

People had access to a range of healthcare professionals based on their health and social care needs. Records showed people received care from community nurses, speech and language therapists, occupational therapists, opticians, GPs and chiropodists. If people needed to move between services, for example if they had to spend some time in hospital, staff ensured information such as their MARs and an up to date summary of their specific care and health needs was available to go with them.

Is the service caring?

Our findings

People and relatives, spoke positively regarding the care and service they and their relative received at Forest Oaks. They said staff treated them with kindness, warmth and compassion. One relative told us, "The staff are all very, very caring. They give every-one a lot of attention and keep on top of everything so well." Another relative said, "The care is fantastic here, the staff are very friendly and very good. It's now even better than it was. It has a lovely homely feel." One person told us, "I get all the help I need, when I need it, everyone is very kind."

We observed staff were thoughtful, professional, kind and treated people with patience and understanding. Staff interacted with people in a friendly, unhurried way and used their preferred names when addressing them. Staff told us they all worked well together as a team; one member of staff said, "We work as a team. Everyone loves it here, we are like a family." People appeared happy, looked well cared for and spent time talking with staff and each other.

Staff talked with people appropriately, speaking with them at their eye level and checking they understood them before offering any support or care. Staff assisted people with patience and understanding in a way that was comfortable to them. People were relaxed and happy with staff who were attentive to their needs. Staff knew people very well and were able to explain how people preferred their care to be given.

People or their relatives were involved in planning their care and lifestyle in the home. Records showed people's views and preferences for care had been sought and were respected. People's records included information that was important to the person, such as their life history, interests and their likes and dislikes. This information was useful for staff to get to know the person well and provide activities they enjoyed.

The provider had an equality and diversity policy and provided staff with equality and diversity training. People had their privacy and dignity respected. We observed staff knocked on bedroom doors before entering people's bedrooms and ensured bedroom doors were closed when personal care was being delivered. People and their relatives told us staff respected their wishes and they were treated with respect and dignity by all the staff.

There were smaller communal rooms available for people to use if they wished to sit in a quieter area. Throughout our inspection we observed the conservatory area was a popular place for people to sit, chat and enjoy each other's company. One person said, "Oh I love it here, it's always nice to sit in a bit of sunshine."

Is the service responsive?

Our findings

People and their relatives commented positively on the level of care they and their relatives received. One person said, "They are very particular about my care, it's all been very good. I've no complaints at all." Another person told us, "They look after me well, they are spot on with my tablets." One relative told us, "The care is fantastic here. I would say it's now the best it's ever been."

At the previous inspection shortfalls had been found regarding people not always receiving care and treatment that was appropriate and met their needs. At this inspection we found people were given appropriate care in a timely manner that met their health care needs. The manager and staff told us they had made significant changes to the way people's care plans and records were completed. One member of staff told us, "The care plans are so much better... the epileptic care plans give us all the guidance we need, they are now clear and very detailed." Care plans were clearly written and contained relevant information regarding important aspects of people's care in a format that was easy for staff to follow.

Diabetic care plans included all the relevant information that staff would need to ensure people were kept safe. For example, clear guidance was given on what to do if people were at risk of having a hyper or hypoglycaemic incident. Detailed information was included regarding people's blood sugar levels and what was considered within a safe range for them and what support would be required if their blood sugars went outside of these ranges.

For people who were at a risk of choking, clear and up to date guidance for staff was included in their care plans and records. Care plans detailed how people's food should be served to ensure their health and maintain their safety. Care plans and records gave consistent guidance on how people required their food and drinks to be prepared for them.

There were detailed and concise handover forms that effectively summarised each person's health needs on a daily basis. Areas covered included mobility, allergies, diet, repositioning and specific clinical support. Each handover form included important information on each person which ensured staff had accurate, up to date details for all people living in the home. We asked staff for their views on the handover forms. One staff member replied, "Oh they are excellent. They have got everything we need to know, and we can see it all at a glance. They have been so helpful." Another member of staff told us, "I've found them so useful, especially when I first started it was really helpful for me and helped me get to know people really well."

People received personalised care and support based on their individual preferences, likes and dislikes. Care plans covered a range of areas which included previous hobbies and interests, medicines, mobility, nutrition and mental capacity. The assessments showed people and their relatives had been included and involved in the process wherever possible. Care plans provided staff with guidance on how the person liked to receive their care and support whilst retaining as much of their independence as possible.

Care plans were reviewed each month or more frequently if people's care needs changed. Where care plans stated people needed specialist equipment such as pressure relieving cushions and mattresses, we saw

these were in place and set at the correct setting for people's weight. People were weighed regularly depending on their health needs and records showed they were referred to their GP when required. Body maps were in place to record any bruising or injuries sustained by a person. People were referred to specialised healthcare professionals in a timely way. For example, records showed referrals to GPs, dentists and the community mental health team were made when people's health needs required them.

Staff were knowledgeable about people's needs and provided the support they required. They told us they had enough time to read and understand people's care plans during the day which allowed them to give them individualised care.

People's records included life histories and information that was important to them. This ensured staff got to know people well and could engage people in activities that were meaningful to them. Staff ensured people who spent a lot of time in their bedrooms were visited and included in any activities they wanted to join in with such as hand and nail care and massages. We spoke with the activities co-ordinator who showed genuine passion and interest in their role. They told us they had recently ran a making music afternoon and with gentle encouragement one person had agreed to play the piano for everyone, which everyone had really enjoyed and applauded. After the session ended the person playing the piano had been left with a great sense of achievement and improved sense of well-being. They had told staff, "I really enjoyed that."

There was a full schedule of activities throughout each day. People received a printed schedule informing them of what activities were available and where they could take part. Staff engaged with people and supported them in activities of their choice. Activities covered a wide range of subjects and included visits from independent entertainers, musicians and the opportunity to take part in boat trips, bingo, Tai-Chi, seated exercises and trips to garden centres. They also enjoyed visits from the local nursery school who came in to do their own activities which people could support them with. The latest had been a session using play dough to make hungry caterpillar models.

We reviewed how the provider ensured people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place in August 2016 making it a legal requirement for providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. Staff showed us the range of picture cards and large print books and leaflets that were in use to ensure all people could understand information that was important to them. Staff spoke knowledgeably about how people communicated in ways that may be specific to them, for example different use of body language and sounds and gestures that people may make and what it meant for them.

The provider had a clear complaints policy and process that explained how people could complain and what people could do if they were not satisfied with the response. There was guidance on display telling people how they could complain if they had any comments or concerns they wanted to raise. People told us they knew how to complain if they needed to. One relative told us, "I've never had to complain but I know how to if I needed to." The service had received four complaints since the previous inspection. These had been followed up and any action taken in accordance with the providers complaint policy.

The provider had received a number of compliments on their service thanking the staff for their care they had provided.

Is the service well-led?

Our findings

At the last inspection we found shortfalls in assessing, monitoring and the ability to make improvements to the quality of care provided to people. The previous inspection found the provider had not maintained sufficient oversight of the service, which had led to failings in staff induction and supervision, people not always receiving appropriate care and treatment, poor record keeping and inconsistent quality monitoring and governance systems. An action plan had been completed but this had been found to be unrealistic. It had not demonstrated an understanding of the problems within the service which had needed to be addressed before improvements could be made.

At this inspection we found the provider had improved systems and processes to ensure the previous shortfalls were corrected. Since the previous inspection the service had gone through some major staff changes at a management level. There had then followed a period of stability with staff changes which had ensured improvements could be implemented and systems and process given time to embed and become effective. Staff recruitment had stabilised, and the use of agency staff was much reduced which ensured people received continuity of care from care staff they knew.

The service had a manager in place who was in the process of completing the Care Quality Commission registered manager registration process.

People and relatives told us they felt the service was well led with a clear management structure and praised the management team and care staff. One relative said, "We are very happy with everything here. Everyone is very friendly, helpful and provide help as soon as it's needed. We've never had to complain. We are very content." Another relative told us, "They always let me know about anything that happens. All the staff have been very good, and they know [person] so well." Relatives told us they felt involved in their relative's care and they could always speak to the manager or a management team member if they needed to. Another person told us, "I think the home is the best it's ever been." One member of staff said, "We all love working here. It's like a family, everyone is so welcoming. I think the care is amazing here, people get individual care with their choices being the most important." Another member of staff told us, "Since I joined a year ago, I have seen a lot of improvements. For example, the care plans are so much better, and we have enough of our own staff and use agency staff much less now. Staff morale is really good, everyone has been made to feel very settled." We received positive written feedback from health professional's that visited the home. Comments from them included, "Forest Oaks were very welcoming and open to my involvement." And "Forest Oaks have been very keen to work with us. The response from the management and team members has been one of openness and excitement that they will have the benefit of our team's input on a daily basis to increase staff understanding and access to our teams knowledge...feedback from both staff and residents is one of a well-managed and happy place to work and live."

People, relatives and staff described the culture of the home as, "Friendly, professional, supportive and caring". People and relatives told us they felt the home was led in an open and honest way and said they felt any concerns or queries they may have would be listened to and dealt with as soon as possible. There were good communication systems within the home. Staff spoke passionately about their roles and gave positive

views about the regular meetings that were held and told us they felt fully supported in all aspects of their role. They told us the meetings were effective and provided useful information and a chance for them to discuss any ideas or suggestions for improvements they may have. All staff told us they felt comfortable to raise any issues or concerns at a meeting and felt they would be respected and listened to by the management team and their colleagues. Minutes of staff meetings were detailed and made available for all staff which ensured staff could keep up to date with the day to day running of the home.

Handovers were detailed and completed at the start and end of each shift and staff were knowledgeable about people's changing health needs. This ensured staff were kept up to date with changes to people's care and support.

There was a system used to obtain the views of people and their relatives. Resident and relative meetings were held and action points and minutes recorded to show what topics had been discussed. Meeting minutes highlighted people's views were listened to and acted upon. Members of the senior management team were regular attendees of the meetings and showed a keen interest in listening to people and improving the home for the people and staff who worked there.

The service had established links with the local community. The manager told us the provider was working to raise the profile of the home as a charitable organisation and were promoting closer working with groups in the area. The service had strong community links with the local church, and both the nursery and primary schools. The local ladies choir visited the home and completed performances which were very popular with people.

Through implementing a clear system of audits, action plans and performance reports the provider had ensured a much improved process of governance had been achieved throughout the service. At this inspection we saw a range of audits and quality monitoring processes were completed to monitor the quality of service provided. This ensured people received care and support appropriate to their health care needs. The service had an annual audit programme that clearly highlighted what audits were due, the frequency of the audits and the person responsible for completing them. These audits included, medicines, dignity, care plans, nutrition, incident and accidents, infection control, complaints and call bells. We spoke to staff regarding the audit processes that had been implemented. Staff told us they had found the system useful and helpful. They said completion of the audit process ensured people received appropriate care for their health needs and gave the staff the opportunity to learn from incidents and make improvements where required.

The deputy manager completed a monthly performance report which highlighted specific areas to the management team. Areas covered in this performance report included safeguarding alerts, serious or untoward incidents, visiting professional and external inspections, internal inspections, reportable notifications, skin integrity, weight loss, complaints and compliments, training and vacant staff posts. This gave senior management a clear summary of the service each month and highlighted areas of any potential risk or concern to enable timely action to be taken.

We reviewed the detailed action plan the service had in place. The action plan covered all areas of running the service and provided an effective tool to ensure a system of continuous improvement was taking place at the service. The plan identified areas of improvement which were colour coded in a traffic light system for ease. The plan identified, actions required, who was responsible, actions completed and the completion date to ensure each key area was reviewed and monitored until it had been signed off and completed. Where errors had been identified, for example in a mock inspection, it had been identified some medicine charts had not been signed correctly. Lessons learned had been implemented and staff had received and

completed additional training to ensure they had a full understanding of the process.

The previous CQC report and rating was displayed in the communal area of the home as required by the regulations. The manager understood their responsibilities to provide notifications to the Care Quality Commission (CQC) regarding significant events such as serious injuries and deaths.