

Chanctonbury Health Care Ltd

Oaklands Court Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Oaklands Court Nursing Home is a care home providing nursing and personal care to up to 43 people aged 65 and over. At the time of the inspection, there were 40 people living at the service. Some people were living with dementia. Eight people were cared for in bed.

People's experience of using this service:

People had choice over their care and support and their choice, dignity and privacy was respected by staff. People told us staff were kind and caring and treated them well. Comments included, "The staff are very friendly" and "I love it here, the staff are nice."

People had access to a wide range of different activities throughout the week both inside and outside of the service. People told us that they took part in these and that they were enjoyable. Activities included people who received their care and treatment in bed. The service had a dedicated group of volunteers who regularly visited people living in the home who did not have family or other visitors.

People received exceptional care, support and treatment when they reached the end of their lives. People had been involved in planning and discussions about their wishes and preferences in relation to their end of life care. Staff had a good understanding of providing good quality care to people who were at the end of their lives.

People felt safe living at Oaklands Court. Staff had the knowledge and training to protect people from abuse and avoidable harm. The provider's safeguarding policy required updating to ensure it gave staff clear information in line with the local authorities' policies and procedures. This is an area for improvement.

Fire safety had not always been effectively managed. We found hoists charging in corridors within the service which restricted the width of the corridors. Corridors are considered protected areas and should not be used for storage or charging electrical items. Staff had not undertaken training to use evacuation equipment. We made a recommendation about this.

Risks to people were identified, and when incidents and accidents occurred they were investigated appropriately and learnt from. However, improvements recommended by health and social care professionals following a safeguarding investigation had not been fully implemented. This is an area for improvement.

When people needed medical attention, this was quickly identified, and appropriate action was taken. For example, if people were losing weight referrals were made to dieticians, or if people fell regularly they were referred to a fall's clinic. Nursing staff worked closely with the GP who visited the service regularly.

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

Rating at last inspection:

The service was rated Good at the last inspection on 16 and 17 June 2016 (the report was published on 07 September 2016).

Why we inspected:

This inspection was a scheduled inspection based on previous rating.

Follow up:

We will visit the service again in the future to check if there are changes to the 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?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement 

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good 

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good 

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding 

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good 

Oaklands Court Nursing Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using similar services or caring for older family members. □

Service and service type:

Oaklands Court Nursing Home is a care home with nursing. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection:

The first day of the inspection was unannounced. The management team were informed we would be returning for a second day.

What we did:

Before the inspection the provider completed a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and

made the judgements in this report. We reviewed the information we held about the service including previous inspection reports. We also looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our inspection.

We spoke with 15 people who lived at the service. We also spoke with six people's relatives. We observed staff interactions with people and observed care and support in communal areas.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners and Healthwatch. There is a local Healthwatch in every area of England. They are independent organisations who listen to people's views and share them with those with the power to make local services better. Healthwatch told us they had not visited the service or received any comments or concerns since the last inspection. None of the local authority commissioners provided any feedback.

We spoke with 16 staff including; care workers, night care workers, activities staff, nurses, a member of the maintenance team, the administrator, a cook, the registered manager, the training manager and the operational director who was the nominated individual for the provider.

We looked at seven people's personal records, support plans and people's medicines charts, risk assessments, staff rotas, staff schedules, three staff recruitment records, meeting minutes, policies and procedures.

We asked the registered manager to send us additional information after the inspection. We asked for copies of the staff training matrix, policies and activity information. These were received in a timely manner.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to protect people from abuse. They had received training to make sure they had the information they needed to keep people safe. Staff we spoke with could describe what abuse meant and tell us how they would respond and report if they witnessed anything untoward.
- Staff told us the registered manager was very approachable and always listened and took action where necessary, so they would have no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away. Staff knew how to raise and report concerns outside of their organisation if necessary.
- The provider had a safeguarding policy in place which was available to staff. This policy conflicted with what the local authority safeguarding policy tells all care providers to do. We raised this with the registered manager, they agreed that this needed reviewing and updating to ensure staff had all the information they needed to keep people safe. They assured us that staff also had access to the local authority's policy and guidance and this had been followed when safeguarding matters had been reported. This is an area for improvement.

Assessing risk, safety monitoring and management

- Fire safety had not always been effectively managed. We found hoists charging in corridors within the service which restricted the width of the corridors. Corridors are considered protected areas and should not be used for storage or charging electrical items. We spoke with the registered manager about this and they moved the batteries and charging items to office areas and put signs together to advise staff that hoists could not be charged in these areas, hoists continued to be stored in the corridors.
- Each person had a Personal Emergency Evacuation Plan (PEEP) this detailed the level of assistance and the type of equipment required they would need to reach a place of safety in the event of an emergency. Although PEEPs were detailed, they did not identify that some people used paraffin-based emollients on their skin, which could increase risk of burns and injury in the event of a fire. We spoke with the registered manager about this who agreed that this information will be added, on the second day of the inspection the information was added.
- Suitable equipment was in place to assist staff to evacuate people safely in the event of a fire. Records showed that staff had undertaken regular fire drills. However, staff reported that they had not undertaken training to use the evacuation sledges. We reported this to the management team, they explained there was planned fire training coming up. They planned to talk with the trainer to ensure the training included the evacuation equipment.
- Some areas of the service had holes and tears in carpets which could cause people to trip and injure themselves, which had not been risk assessed. The management team explained that there was a plan to revamp communal areas, which included carpets in the coming months. They agreed to carry out checks to

ensure repairs to carpets in people's own bedrooms were also carried out as they recognised this could be a trip hazard.

We recommend that registered persons seek guidance from a reputable source on how to assess fire risks and environmental risks and do all that is reasonably practicable to mitigate those risks.

- Risks associated with people's care and support had been identified. Plans were in place to ensure these risks were reduced. Positive risk management was evident as this was focused on people's needs, choices, wishes and abilities and approached in the least restrictive way possible.
- People told us they felt safe living at the service. Comments included, "I feel safe here; I sleep like a log though I used to have to take medication to help me sleep. That's how safe I feel"; "The staff are very kind, and I feel safe" and "I'm safe, secure and well looked after."
- The safety of the environment had been risk assessed and hazards managed by the management team. For example, checks had been carried out by contractors on the electrics, gas, the lift, fire systems, emergency lights, hoists, beds, equipment and legionella.
- The provider's maintenance team had carried out regular fire alarm tests, window restrictor checks and checks on the temperature of the water. The maintenance team carried out redecorating when it was required and when bedrooms became vacant.

Staffing and recruitment

- There were suitable numbers of staff to provide the care and support people were assessed as needing. The registered manager told us that they carried out a daily assessment of staffing levels and increased staffing levels when required to meet people's changing needs.
- Most people said there were enough staff. Comments included, "If I use my call bell they come quickly" and "I didn't have to wait long for the call when I used it his morning." A relative told us, "Staff are all very nice and helpful and there seem to be plenty of them." Another relative told us they found it reassuring to see that the staff team was stable and there were consistent staff caring for their loved one.
- Agency staff were used if regular staff were not able to cover absences. Domestic staff, laundry staff and cooks were employed so care staff could concentrate on providing people's care and support.
- The registered manager made sure they followed a robust process when recruiting staff to make sure only staff who were suitable to work with people living in the service were employed. Application forms were completed, any gaps in employment were investigated, references and proof of identity were checked. Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who use care services.
- Nurses were registered with the Nursing and Midwifery Council; the registered manager had made checks on their PIN numbers to confirm their registration status.

Using medicines safely

- Medicines were securely stored and kept at the correct temperature to ensure their efficiency. The registered manager and director of operations were considering cooling systems for the medicines rooms to ensure that temperatures remained under 25 degrees Celsius when the weather became warmer. This would ensure that the medicines quality and integrity would be maintained and stored in line with manufacturers guidelines.
- Medicine administration records (MARS) were complete and accurate and people received their medicines as prescribed.
- We observed nurses administering medicines to people during the inspection, they explained to people what the medicines were and checked if people were in pain.
- People who were able to administer and look after their own medicines had been appropriately assessed

to do so.

- Some people had transdermal patches (medicated pain patches) applied to their skin to manage their pain. There were good systems in place to record the location of the patches, which evidenced that pain patches were not re-sited on the same area of skin too frequently. Applying transdermal patches to the same area of skin too frequently could cause skin irritation.
- Most people were in receipt of as and when required (PRN) medicines. PRN protocols were in place for most people to detail how they communicated pain, why they needed the medicine and what the maximum dosages were. This meant that staff working with people (including those administering these medicines) had all the information they needed to identify why the person took that particular medicine and how they communicated the need for it.
- Medicines records and stock levels were regularly audited. The clinical commissioning group (CCG) had carried out a recent audit of medicines in the service and had made some recommendations. These had been acted on immediately by the registered manager and nursing staff. For example, they had provided guidance about people weighing less than 50kg should only be given one Paracetamol at a time. MAR charts had been amended immediately. Records showed that GP's reviewed people's medicines regularly.

Preventing and controlling infection

- The service was clean and smelt fresh. Staff used protective equipment such as gloves and aprons to protect people and themselves from healthcare related infections. Antibacterial hand gel was available for visitors to use on entry to the service.
- The equipment and the environment had been maintained. Handypersons carried out repairs and maintenance in a timely manner.

Learning lessons when things go wrong

- The management team had systems in place to ensure that accidents and incidents had been recorded and were analysed. The information had been used to inform staff deployment and for referrals for falls, medicines reviews and tests for urinary infections, which can contribute to falls and changes in people's behaviours.
- The registered manager conducted additional analysis to monitor the time of day, place and whether the accident or incident was witnessed. Lessons learnt from accidents and incidents were discussed with staff during staff meetings and handover meetings.
- The management team had not made changes which had been recommended by health and social care professionals following a safeguarding investigation. The management team were advised by health and social care professionals to ensure that handover meetings were documented as well as discussed. We attended a handover meeting at the service and observed that staff were given a verbal handover only. We checked with staff and they confirmed that this was usual practice. This is an area for improvement.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Initial assessments were undertaken with people, and their relatives where appropriate, before a decision was made for them to move into the service. This meant the registered manager was able to assess if they had the numbers of staff who had the skills necessary to provide the support needed.
- A range of care plans and risk assessments were developed in order to provide people's care and support in the way they needed. Care plans included, communication needs, oral health, mental health, emotional needs, activities and end of life support.
- The management team were in the process of reviewing and updating the assessment tools used. They worked with the nursing staff to develop the tool to ensure it met their needs and reviewed the tool to ensure that the protected characteristics of the Equality Act 2010 were included within the assessment process.

Staff support: induction, training, skills and experience

- Nurses and care staff had received appropriate training to carry out their roles. This included training to enable them to meet people's specific health needs. For example, a number of people lived with dementia; records evidenced that 88% of staff had undertaken dementia training. One person's relative told us, "The only thing they could do better on is stroke awareness training for staff. Staff are not always understanding of how it [stroke] affects people and the issues it presents." Records showed that only two staff had attended stroke awareness training. However, the training manager was reviewing and developing further training across the organisation.
- Specialised training courses were available to nursing staff to enable them to learn or refresh nursing tasks. Training records showed that current nurses employed had accessed these.
- Staff told us that induction in to their roles included shadowing experienced staff, meeting people and reading through care files, policies and procedures. The induction process included the Care Certificate for staff who had no previous care experience. The Care Certificate includes assessments of course work and observations to ensure staff meet the necessary standards to work within the care sector. The training manager told us, "We rarely have new staff without experience in care, we have one staff member doing the care certificate."
- Systems and procedures were in place to provide support to nursing staff to maintain their skills and Nursing and Midwifery Council (NMC) registration as part of the revalidation process. The training manager had developed a revalidation package to support nursing staff across the organisation and this was about to be rolled out.
- Staff were supported to undertake vocational qualifications. Staff confirmed that they had received supervision meetings. They all felt well supported by the registered manager.
- The training manager evidenced how staff from across the organisation were included in training to meet

their needs. Catering staff were due to attend a specially designed course, they too were offered opportunities to complete vocational qualifications.

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

- People told us they liked the food at the service and were able to choose what they wanted to eat. People told us, "I like the food" and "Always enjoy my lunch here." One person told us, "The only thing I don't like is the food, though I would say I'm quite fussy. It's a weird menu and not to my taste so I bring in my own food. I also cross out the tea choice on my menu and put down cheese sandwiches and I get them." A relative said, "She enjoys her food. I had Christmas dinner here and that was nice and if she goes for an appointment and is late back, dinner is kept for her."
- Meals and drinks were prepared to meet people's preferences, including dietary needs and cultural preferences.
- Meals were balanced and included fresh fruit and vegetables.

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

- The design and layout of the service met most people's needs. People knew where their rooms were and where to find communal areas such as the lounge, toilets and bathrooms because most people were supported to mobilise around the service. We observed one person living with dementia trying to get out of the locked front door. When staff asked the person where they were going, the person explained they were looking for a toilet. The staff member immediately showed the person where the toilet was.
- We observed there were no way marking signs to help people and their visitors find their way around the service or out to garden. Communal rooms such as lounges, dining rooms, bathrooms and toilets did not display accessible signs. The registered manager told us within the Provider Information Return (PIR) that they planned to improve signs around the service within 12 months to support those people living with dementia.

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

- People continued to receive appropriate support to maintain good health.
- People were supported to attend regular health appointments, including appointments with mental health teams, consultants and specialist nurses. The GP visited the service regularly.
- Records showed that staff took timely action when people were ill. People told us, "I see the GP if I need to" and "I see the GP when I need to but I'm quite well most of the time."
- People were supported to see a dentist, optician and chiropodist regularly.
- The registered manager, nurses and staff detailed how they worked closely with healthcare professionals to ensure people's health needs were met. This was evidenced throughout people's care records.
- Referrals had been made to dieticians and speech and language therapist (SaLT) when people's needs had changed. We observed that advice and guidance given by the dieticians and SaLT were followed. For example, all staff knew the texture and thickness of drinks and food for people who required a different texture to meet their needs.
- When people's needs changed, this was discussed at staff handover.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Care records showed that MCA assessments had taken place in relation to specific decisions and appropriate DoLS applications had been made. The registered manager monitored when they were authorised or due for renewal, some people had conditions attached to their authorised DoLS and these were met.
- Staff gave examples of how they supported people to make their own decisions. For example, offering a choice of two items to wear. We observed people choosing where they wanted to go, what they wanted to eat and what they wanted support with. Staff were respectful of people's choices and decisions.
- Where people did not have the capacity to make decisions, meetings were held with relevant people to discuss what would be in people's best interests. For example, there were clear records evidencing decision making processes for people requiring medical investigations.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were kind and caring and treated them well. Comments included, "I feel well cared for, it is nice to have consistent staff"; "The staff are very friendly"; "I love it here, the staff are nice"; "The staff are kind"; "They're very helpful here, nothing is too much trouble"; "Very nice here, the happiness of the place is what I like. I like the staff and I have one or two favourites" and "I'm not happy about being in the home but the staff treat me well." One person told us that staff knew people well. They said at Christmas each person had received a personalised gift. The person showed us their jewellery they had been given which showed that staff knew their style and preferred colour.
- Staff sat with people and gave them the support they needed, including at mealtimes. People were supported at their own pace. People's wishes about where they wished to eat and who with were respected.
- Staff referred to people by their preferred names and supported inspectors to do this when they were chatting with people.
- Relatives and visitors were welcomed at any reasonable time. The relatives and visitors we spoke with said they were made to feel welcome.
- People's religious needs were met. People told us that church services were held at the service once a month and if they wished to attend they could do so. A church service took place in the service during the inspection. This was well attended. The registered manager told us, "We have Holy Communion once a month, also a catholic service once a month. No one living here goes to church on Sundays currently. They have done it the past. The church is across the road, so it will be easy to facilitate."

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

- People were involved in making decisions about their care and support and they were encouraged to express their views on how they preferred to receive their care and support.
- A relative told us, "I am very pleased with the home, booked her in here as we knew people who were happy here. She is very happy in the home and I am involved in her care, communication is very good."
- People and their relatives had been asked about their lifestyle choices and these were respected.
- People had been asked if they preferred a male or female carer and their choices were respected.
- People self advocated (where they could) and relatives advocated on their loved one's behalf if they lacked capacity or wanted assistance to help them make decisions about their lives.

Respecting and promoting people's privacy, dignity and independence

- People were able to spend time with their relatives in private in their own rooms and communal spaces around the service.
- People's personal records were stored securely in the office.

- Staff knew people well and knew their likes and dislikes. Staff took time to sit with people, chat and offered reassurance when this was required.
- Staff told us they ensured people's curtains and doors were closed when they supported people with their personal care. Staff said they protected people's dignity by covering people up with towels when supporting people to wash and dress. One staff member told us they operated on the, "Basis of how you would like to be treated or how your family would want to be treated. I learn about people; some like humour, some are more matter of fact. I give more dignity than they want." They went on to explain that one person likes to use their toilet in their en-suite and leaves the door open, with the curtains and windows open. They explained they discreetly shut curtains to preserve the person's dignity.
- Relatives said their loved ones were treated with dignity and respect.
- People were supported to be as independent as possible. One staff member told us, "I enable them [people] to do things for themselves, check with them what they can do and what they need help with." Another staff member said, "I check whether they need help or whether they can do it by themselves. When talking I always get down to their level if they are in a wheelchair."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their relatives had planned their care with staff, including how they preferred to be supported. People were supported to maintain their individuality and their sexuality. The registered manager had detailed within their provider information return (PIR) how married couples were enabled to share a room. Staff actively supported them to have quality time together. This evidenced that the service was responsive to people's individual needs.

- Staff told us that people's care files gave them good clear information about how to provide care and support. Life history documents were being completed to help staff know and understand how people had lived their lives prior to moving to the service. One staff member said, "Care plans are in place. I like that some have a personal life history; it is really great and helps me to interact and bring things up in conversations, such as one lady likes books, so we discuss these."

- People's care plans included photographs of them to help new staff and visiting professionals recognise them.

- People's relatives were kept up to date with changes in their loved ones needs and care. Wi-Fi was available for people to use so they could use technology to stay in touch with their relatives. One person was happy because they were enabled to video call their relatives who lived in another country, which meant they could stay in touch and share news and information.

- Staff knew people's likes, dislikes and preferences. This included people's favourite drinks, which they supported them to enjoy when they wanted to. This helped staff to provide personalised, responsive care.

- Staff knew people's preferred routines and staff supported them to continue with these.

- Staff recognised when people were not comfortable and needed assistance. For example, one person visited the hairdresser and was not comfortable in the chair provided. A staff member observed this and went off to locate a more suitable chair. They helped the person move and checked that they were now comfortable and happy.

- People were offered a wide range of activities to meet their needs, This promoted movement, exercise and mental stimulation and prevented isolation. People took part in a range of activities. We observed people playing games and chatting to with staff. One person enjoyed jigsaw puzzles and had a puzzle station set up in the lounge area where they enjoyed spending their day. The service had taken on some duck eggs as an activity and had hatched these in the service. People were fully involved in the process of caring for the ducklings, naming them and lots of people enjoyed the daily spectacle of the ducklings swimming in their paddling pool. A cooking activity took place with a small group of people. They had chosen what they were going to make and between them they prepared and made a chicken casserole and dumplings. They cooked this themselves in a slow cooker during the day and invited a small group of friends to eat the meal at supper time. The group chose wine they would like with the meal and a dessert. They enjoyed the experience and were proud of their efforts, inviting staff to try a bit.

- As well as activities staff that the service employed, visiting entertainers came and provided activities and stimulation. On the second day of the inspection a local wildlife organisation visited and brought owls and birds of prey which they showed to a packed room of people. Throughout the talk the activities staff engaged with people to ensure that they had heard what the speaker had told them and repeated pieces of information when required. People were supported to hold some of the birds if they wished.
- People enjoyed spending time with pets and staff and their loved ones brought dogs to visit them. The pets as therapy (PAT) dog visited people around the service on the second day of the inspection.
- People told us, "I have enjoyed having the ducklings here"; "I do the activities sometimes. I like the music events and the quizzes"; "I sit in the garden when I can. There's enough to do here"; "There's a lot going on. I've enjoyed the ducklings" and "I tend to do whatever is going on here."
- Staff spent time on an individual basis with people who preferred not to join in group activities. One person had attended activities in one of the communal lounges on day one of the inspection. They explained that they were too tired to attend activities on day two of the inspection. They did not miss out though as the activities staff brought the visiting owls to see the person in their room. On both days we observed activities staff taking the home ducklings to visit people in their rooms.
- People were supported to go out into the community to trips and events on a regular basis. The service hired a local charities minibus to support these trips. A trip to an alpaca farm had been arranged for the following week. People had attended the Heathfield cuckoo festival, where the service had won a prize for creating the best scarecrows. These community activities had engaged the local community with the service which enhanced the lives of people living at the service.
- The service had supported one person who had not been out for four years to have a community visit and day out to the seaside and have lunch with their spouse, children and grandchildren.
- The service had a committed group of volunteers who regularly visited people who don't have any relatives. The registered manager explained that they visit people at least twice a week.
- Volunteers who were 'Friends of Oaklands' supported the service by coordinating and assisting with fund raising and events to include the whole community. These were well attended. Money raised had purchased items to support people feel at home and more comfortable. For example, specialist chairs had been purchased enabling people who were cared for in bed to participate in activities, a fountain had been purchased for the garden. People were involved in choosing what to spend the money on.

Improving care quality in response to complaints or concerns

- People knew how to complain and raise concerns should they need to. People told us, "I know who the manager is; she comes through here (the lounge) and says hello. I would probably go to one of the nurses if I had a problem"; "I have no complaints about the home"; "No complaints here, it is very good" and "I would go to reception if I had a problem, they are very good."
- The complaints policy in place which was also available to people in different formats such as large print. The complaints procedure was displayed in the service. The service was looking to develop easier to read information to help people living with dementia fully understand the complaints process.

End of life care and support

- People had been involved in planning and discussions about their wishes and preferences in relation to their end of life care. For example, people's care records evidenced the type of funeral they wished to have and where they wanted to receive treatment at the end of their life.
- Some people had consented to do not attempt resuscitation (DNAR) with their GP or consultants.
- Crisis medicines were in place for people who were at the end of their life. These had been prescribed by the GP to ensure people did not suffer unnecessary pain.
- Staff had a good understanding of providing good quality care to people who were at the end of their lives. Staff all told us about the support they gave to people and support to people's relatives to ensure people

have a comfortable, pain free death. A staff member said, "When supporting someone at the end of their life; hold hands, do my utmost to be available to be with them, talk with them, support any relatives." Another staff member told us, "I am really proud of our end of life care. We get a lot of compliments and good feedback from people. We try and attend the funerals where possible." A compliment from a relative of someone who had recently passed on read, 'With much appreciation to you all for the kindness, attention and care given to our dear auntie [person] who sadly passed away in January.'

- The training manager told us how they were planning to add more end of life care training. They demonstrated how they had developed training following national research and through purchasing board games to help staff understand and deal with people's end of life experiences.

- The registered manager said, "We are looking to extend our support at the end of life stages, such as introducing people's favourite music and favourite scents to support people's end of life experience." They went on to explain they had an end of life Doula working with people at the service. Doulas are traditionally present at the birth of a child to provide emotional, spiritual comfort and practical assistance to the mother. End of Life Doulas help people who are dying and their relatives to feel safe and supported. We met the Doula working with the service during the inspection. They explained they were a volunteer visitor who could, "Facilitate discussions with people, their families about end of life. Today I will pop round each room, have a chat, sometimes it can be about the weather sometimes about more serious events and end of life. Sometimes staff report that a person has been worried about death or has been talking about dying and I will chat with them."

- A new crematorium had been built locally and staff had been undertaking visits to the crematorium to help them develop their understanding of what happens after death and how funeral services can cater for people of different faiths. The service had also forged a partnership with a local undertaker who supported staff to know and understand how to preserve people's dignity and treat people with respect after death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager had worked at the service for a long time and knew people and staff well. They were supported by the director of operations, training manager, development manager and marketing manager.
- The provider's mission statement says they strive "to provide consistent and high standards of care all the time. To do this, we try hard to: understand our client's needs, promote the best care values, train and motivate our staff "We Care About Caring." The registered manager had a clear vision of the service which included supporting people to remain independent and treating them with dignity and respect. Staff shared this vision and worked as a team. One staff member told us, "I feel very proud to work for Oaklands. All of the staff work hard as a team to protect each individual resident, especially those residents who are unable to easily communicate their needs, or who don't have family members able to assist them to get the correct support needed. I've seen staff show passion for providing true quality care with kindness, empathy, and by respecting dignity." Another staff member said, "I know I speak for all staff when I say the residents, staff, management are all one 'family' and we help, care and support one another every day. It is a true honour and privilege to work here."
- The registered manager had notified CQC of significant events, such as injuries and safeguarding concerns and the action taken to prevent similar situations occurring again.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their roles and responsibilities and were reminded of these at regular staff and supervision meetings. Staff told us the management team were approachable, supportive and available. One staff member said, "[The director of operations] has been giving us support and has created documents to help make our roles easy. We can contact her by email. We have been involved in the changes to the preadmission assessments." Another staff member said, "I do get to go to staff meetings. I try and go to them if I can't go we get sent the minutes. The communication is good, there is stuff on boards and they tell me information during handover."
- Staff were motivated and felt appreciated by the management team.
- The registered manager told us that staff had access to free weekly counselling sessions which took place each Monday.
- The registered manager had conspicuously displayed the CQC quality rating in the reception area and on the provider's website, so people, visitors and those seeking information about the service were informed of our judgments.

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

- People were invited to regular 'resident's meetings' where they were asked their opinions about the service. These meetings took place on the last Thursday of every month. The registered manager told us they had tried to have relative's meetings, but they were not successful. People said, "They do ask for our input" and "I can't think of anything they could do to make it better."
- People were engaged in the service and asked their opinions. The service operated an open-door policy where people, relatives and staff could give their opinions about the service and share their views at any time.
- People and their relatives were invited to provide feedback through a website. We checked the reviews on the website and saw there had been many positive responses. One read, 'Oaklands Court was recommended to me by a friend and as soon as I contacted them for a place for my mum, I was overwhelmed with the kindness and support they have shown us. From the minute you walk in the door you know it is a lovely place to be; every single member of staff is friendly, warm and welcoming as well as efficient and professional. Each resident is treated as a special individual with their own particular needs and wishes. My mum is very sociable and there are lots of opportunities to chat with other residents as well as to join in with activities if she wants to. The activities scheduled throughout the week are planned to provide enjoyment, variety and stimulation. There have been an amazing selection of visitors since Mum moved in including a miniature pony and lambs as well as musicians and church services. I am so grateful for the care and kindness shown to my mum which has really made her feel relaxed, at home and settled. She is more positive and enjoys her days now.'
- People completed surveys regularly and monthly meal surveys are also completed. The outcome of surveys is fed back to people and their relatives in the residents' meetings. We checked the completed food surveys for April 2019. Seven people had responded. All had provided positive feedback. The only negative comment was sometimes the food was too hot in temperature. Relatives and professionals were invited to complete surveys.
- The service had received compliments and thank you letters. One read, 'We would both like to thank you all for all the care and love you gave to [person], we both felt that she would be in good hands the moment we came to see Oaklands.'

Continuous learning and improving care

- The provider and management team completed regular checks and audits of the service and action had been taken to address any shortfalls found. These included unannounced checks during the night and at weekends to make sure the service continued to run as the registered manager expected when a member of the management team was not present.
- The registered manager was able to purchase equipment people required, such as profiling beds, without delay when people needed them.
- Records of people's care were detailed and up to date.
- The registered manager kept up to date with best practice and developments.
- The service won 'Care Home of the Year (Southern Region)' in 2018 in the Caring UK Awards. The staff helped people celebrate the award by receiving their award at the service rather than at the national event. People enjoyed having their photographs taken and a glass of champagne.

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent care and treatment.
- The management support team produced a monthly staff magazine which was given out with staff pay slips to ensure effective and consistent communication with all staff.

- The director of operations explained that the service had signed up with East Sussex Fire and Rescue. They worked with them to support people who were staying at the service for respite care by carrying out fire safety checks in people's homes.
- The training manager supported the local authority by providing dementia training for local authority staff and other health and social care providers. The training manager also provided volunteer training for Age UK volunteers. The training manager explained how they planned to roll out some information sessions for relatives to help them understand dementia as well as developing mental health first aiders to support better mental health.
- The management team were looking to develop links with the local community further by developing a dementia café and dementia cinema which would support people living with dementia in the community as well as people living at the service.