Oakhaven Residential Care Home Limited

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Inspection report

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Ratings

Overall rating for this service

Is the service safe?

Is the service effective?

Is the service caring?

Is the service responsive?

Is the service well-led?

Overall summary

This was an unannounced inspection which took place over two days on the 9 and 10 April 2015. Oakhaven Residential Care Home provides care for 27. Accommodation can be provided for people who wish to live together. People have access to two lounge areas, a dining room, 16 of the bedrooms have en-suites, and three bathrooms. The grounds around the home are well presented and accessible to all people. At the time of our inspection 23 people were living there. There were seven people living in the home who had been diagnosed as living with dementia.

The home has two registered managers one of whom is also the owner. 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.

The vision and values of Oakhaven were embedded in the way it was managed and how staff worked. Striving to be "the best that it can in all respects" Oakhaven

Summary of findings

provided individualised care and support which reflected people's preferences, wishes and future needs. A commitment to enhance people's quality of life and to value people's experiences to make improvements were paramount. Visiting professionals and external organisations commended them on their good practice and their goal to provide high quality care. People, relatives and visitors commented on their positive experiences of care and support and were confident even the smallest concerns would be listened to and acted upon.

People were fully involved in the planning of their care from their initial visits through to planning for the end of their lives. Care and support focussed on each person's individual needs, their likes, dislikes and routines important to them. Where people were unable to consent to their care or support best interests meetings were held with people important to them. When people's needs changed staff reacted promptly involving other social and health care professionals if needed. Wherever possible people's independence was encouraged from directing staff with their eyes to choose their clothes for the day to joining a local gym.

People's health, well-being and safety were paramount. They were supported by staff with an excellent understanding of their needs and access to robust training and personal development. Staff were equipped with the skills and knowledge to support people when unwell or to reduce risks to their safety. People were supported with compassion, concern and care. Visitors commented, "Staff work well as a team, they work in the same direction with the resident at the centre" and "They take my breath away, nothing is too much trouble".

Where people had specific care needs or conditions guidance was provided for staff about the care and support they needed. If equipment was needed this was put in place or advice was sought from social or health care professionals. People who wished to manage their medicines were supported to do so, otherwise robust systems were in place to help people to take their medicines safely.

A range of activities were organised based on people's choices such as trips out to the countryside, music and movement, gardening or pamper sessions. Visitors joined relatives or friends for activities, meals or social events. People chose the meals they wished to eat and decided where to eat them. Special diets were available for people at risk of losing weight or who were at risk of choking. Staff supported people with their meals.

People's feedback was a vital part of the quality assurance system either through annual surveys, residents' meetings, complaints or reviews. They were listened to and action was taken to make improvements to their quality of life. The registered managers monitored and audited the quality of care provided striving to meet the ever changing needs of people living in the home. Contact with local and national organisations kept them in touch with best practice so they could keep "abreast of the changing face of social care".

Summary of findings

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 kept safe from potential harm and abuse. Staff understood how to protect people and promote their health and well-being.

People were supported to take risks and maintain their independence whilst any hazards were minimised. Action was taken in response to accidents and incidents to prevent further harm.

People were supported by sufficient staff who understood their needs.

People's medicines were managed safely and they were supported to take care of their own medicines if they wished. Procedures were in place to protect people from the risk of infections.

Is the service effective?

Good

The service was effective. People received high standards of care based on best practice from staff who had an excellent understanding of their needs and preferences. Staff were engaged and thrived on learning how they could deliver the best care possible.

People made decisions and choices about their care. Staff were confident when supporting people unable to make choices to make decisions in their best interests in line with the Mental Capacity Act 2005.

People had access to a healthy diet which promoted their health and well-being, taking into account their nutritional requirements. People were helped to stay well through prompt access to social and health care professionals.

Is the service caring?

Outstanding

The service was caring. People were supported with compassion, concern and kindness. Staff had an excellent knowledge of people's needs and wishes.

People were encouraged to express their views, they knew they would be listened to and their voice would be heard. Positive changes to the service they received were made as a result.

Dignity and respect was at the heart of people's experience of care. Staff helped people retain their independence and recognised their individuality.

People coming to the end of their life were cared for by dedicated staff, who made sure they were comfortable, free from pain and in the company of people important to them.

Is the service responsive?

Good

The service was responsive. People received care which reflected their individual preferences, wishes and routines important to them. When people's needs changed their care was adjusted to reflect this and their care records updated.

People and those important to them were confident any concerns would be listened to and action taken to address them to improve the service provided.

Summary of findings

Is the service well-led? The service was well-led. The vision and values of the home were embedded in the way care and support was provided to people. Feedback was encouraged and improvements made to the service when needed. People benefitted from staff who felt supported and were motivated to learn and develop, embracing the culture of the home to "be the best" they could. The registered managers strove to maintain, sustain and further improve the experiences of people living in the home through quality assurance processes and links with local and national organisations.	**Good**

Care Quality Commission

Oakhaven Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 9 and 10 April 2015 and was unannounced. Two inspectors and an expert by experience carried out this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert's area of expertise was caring for older people. Prior to the inspection we looked at information we had about the service including the local authority contract monitoring report and notifications. Services tell us about important events relating to the service they provide using a notification.

As part of this inspection we spoke with 11 people who use the service, three visitors, the managers, eight care staff, a kitchen assistant and the cook. We also reviewed records relating to the management of the home which included, four care plans, daily care records, records for five staff, training records and quality assurance systems. We also looked at electronic data for the call bell system.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spent time with four people in their rooms. After our visit we had feedback from three health care professionals and other professionals who worked with staff.

Good

Is the service safe?

Our findings

People told us they felt safe living at Oakhaven. A visitor commented, “I feel [name] is perfectly safe here.” People, their relatives and visitors were encouraged to raise concerns and said they would feel confident to discuss these with staff or the registered managers. One person described how staff looked out for them when they went out for a walk, “They say it’s a bit slippy today, you be careful or it’s a bit nippy, wrap up warm”. A member of staff told us, “We look out for people to keep them safe.”

People were protected from possible abuse or harm by staff who had a sound knowledge of how to keep people safe and well. They had completed training in the safeguarding of adults. They discussed safeguarding at team meetings and at handovers. They knew what to look for and what they should do in response. They were confident any concerns they may have would be listened to and the appropriate action would be taken by senior staff. Senior staff were clear about their response to keep people safe and which organisations they would inform about allegations of abuse or harm. The Care Quality Commission had been notified about safeguarding allegations which had been dealt with appropriately. No further action had been taken by the local safeguarding team who were satisfied no abuse or harm had taken place. The registered manager sought advice from the safeguarding team to discuss potential safeguarding concerns no matter how small the issue or incident.

People’s changing needs and any accidents or incidents were responded to quickly to keep them as safe as possible. A relative described how after a fall staff were very quick to prevent a reoccurrence suggesting equipment which could help. Staff discussed at a morning handover an incident which had occurred during the night. They planned to keep the person safe from further falls by monitoring them closely for 24 hours and calling their GP to reassess their health needs. People were provided with a range of equipment to keep them safe. For instance, pressure pads alerted staff if people moved out of bed or personal alarms could be activated by people if they needed help. The least intrusive form of equipment was used to keep people safe from harm but also independent.

People had comprehensive care plans and risk assessments to protect them from harm. These advised staff about what they should do to minimise risks to people and what equipment had been provided for this purpose. They highlighted how people were to be encouraged to remain independent and make informed choices about the risks they took. For example, one person used a walking frame but was not confident doing this alone. Staff accompanied them whilst they moved from one room to another. Where people were at risk of falling they were supported by two staff and/or hoists. For people with fragile skin special mattresses and cushions were provided, whilst staff made sure they were repositioned in their chair or bed at frequent intervals.

Changes in peoples’ needs were analysed after every accident or incident by staff who were encouraged to raise issues with senior staff. Accidents and incidents were monitored and analysed by the registered managers to make sure the appropriate action had been taken to keep people safe. Staff said the registered managers and senior staff reacted promptly making referrals when needed and ensuring any equipment was provided and installed.

People had individual personal evacuation plans in place which described how they would leave the building in an emergency. Staff said the registered managers and senior staff were on call out of normal working hours to provide advice, support or cover if needed. During our inspection a registered manager had attended hospital with a person living in the home in the early hours of the morning. Staff had responded appropriately during our inspection calling emergency services to assess the health of people who had falls.

People were protected against the risks of an unsafe environment and faulty equipment because they were maintained and serviced. Risk assessments were in place to assess their safety and were reviewed annually. Compliance with fire regulations was evidenced through robust records and checks completed at appropriate intervals. Certificates confirmed gas safety, legionella and electrical installation testing had been carried out.

People’s needs had been assessed and the numbers of staff employed reflected their individual needs. People and staff said there were “sufficient” and “adequate” staff to meet needs. People told us, “They come quickly, fairly quickly – it all depends on what they’re doing” and “They always look in”. A visitor told us, “Everybody is at hand when you need them.” Staff responded quickly to call bells. Each member of staff had a pager and they told us people often used the call bell for staff to pick up lunch or tea trays. The electronic

Good

Is the service safe?

call monitoring system was set to highlight calls over two and a half minutes. The registered managers could identify any calls longer than this – which were very few – and then look at the reasons for any delays. Staff said they responded to call bells as a priority over other tasks.

A person commented, "Staff are excellent, I marvel at them." Staff said they worked really well as a team. New staff shadowed existing staff and had the opportunity to acquire the skills and knowledge they needed during induction. Thorough recruitment and selection procedures were in place to check the employment history of new staff, why they left former employment and their character and suitability for the work. Where they started work without a Disclosure and Barring Service check (DBS) a risk assessment described how they would be supported and monitored until it was received. A DBS Adult First check had been completed. A DBS check lists spent and unspent convictions, cautions, reprimands, final warnings plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for.

People's medicines were administered and managed in line with the Royal Pharmaceutical Society's professional standards for homecare. Staff had completed training and were observed to make sure they were competent. Safe procedures were followed during the administration of medicines. Comprehensive records were maintained for medicines which needed additional security and robust checks were carried out to check on the levels of stock. If people wished to manage their own medicines they were supported to do this. They had secure facilities in their rooms and staff monitored stock levels to make sure medicines were being taken as prescribed. Any homely remedies people chose to take were provided after consultation with their GP.

People were protected against the risk of infections. The Department of Health's code of practice in the prevention and control of infections was followed. An annual report had been completed in 2014 summarising staff training, policies and procedures and any outbreaks. The home was clean, fresh and odour free. The kitchen, laundry and bathrooms were clean. Cleaning schedules were maintained for all areas of the home and confirmed deep cleaning took place when needed.

Good

Is the service effective?

Our findings

People told us staff "do everything I have asked and are very helpful" and "couldn't do any better". A visitor commented, "Staff work well as a team, they work in the same direction with the resident at the centre." Staff spoke with confidence and demonstrated an excellent understanding of people's needs and the support they required. Staff described how they made sure people's preferences and wishes were respected putting this down to the way in which they were supported to develop and grow in their roles. For example, one person living with dementia did not like to wash or shower but staff knew they enjoyed singing. By singing along with them the person became calmer, more engaged and allowed staff to help them with their personal care.

People were looked after by staff who had the opportunity to develop the skills, knowledge and understanding to deliver high standards of individualised care. Staff said they were supported through their induction period by shadowing experienced staff, learning through observation as well as completing courses and training. Staff had access to the new Care Certificate and a registered manager had devised observation tools to be used alongside this. Some staff were attending a national conference about the Care Certificate to keep up with best practice guidance and all staff had the opportunity to learn more through distance learning from national providers. Staff told us, "If we want any more training we just ask" and "We are given time to learn". One member of staff described how they were being supported to become a trainer to deliver moving and handling training and another, who had been promoted, was receiving coaching in their new duties. Staff attended one to one meetings to discuss their roles and responsibilities and annual appraisals to reflect on their performance.

Although a wide range of training and courses were provided staff also learnt through discussion with each other at team meetings and handover. For example, they talked about safeguarding and end of life support, sharing their knowledge and views. The provider information return stated additional learning resources were provided through the Social Care Institute of Excellence's academy and research programme as well as professional magazines.

One member of staff had wanted to know more about a person's particular condition and how best to support them. They did research at home and shared this with the team.

Promoting the best quality of life for people was staff said "at the heart of everything we do". To support this ethos staff told us they had been appointed champions to share best practice with the staff team in areas such as dignity, dementia and end of life. Champions were part of local networks which shared good practice and new ways of working. Health professionals commented on the aptitude of staff to learn and enhance their practice as well as to identify any gaps in their knowledge. An independent training organisation said staff were supported by management who were not only keen for staff to learn but attended training with them.

People's consent for their care and support was recorded in their care records. On a day to day basis staff sought people's consent before offering to help them with their personal care. People were encouraged to make choices about the way they were supported. Staff spoke with confidence about the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff discussed each day during handover the MCA and the impact this had on people living in the home. They reflected on any best interests decisions and people's fluctuating ability to make decisions when they were living with dementia or unwell. These decisions were made based on their knowledge of people's life history and the choices they would have made. An important part of this was involving family and friends.

Some people had appointed a lasting power of attorney (LPA) to make decisions on their behalf for their health and welfare and/or their finances. A LPA is a legal agreement which allows a person to give authority to someone to make decisions on their behalf. The registered manager had checked these authorisations. A visitor who had been appointed as a LPA said "they keep in touch with me."

People's legal rights were respected and restrictions were kept to a minimum using the least restrictive option where-ever possible. Applications had been authorised to restrict two people of their liberty under the Deprivation of

Good

Is the service effective?

Liberty Safeguards (DoLS) to keep them safe from possible harm. DoLS provides legal protection for those people who are, or may become, deprived of their liberty. People had discreet personal alarms which alerted staff if they wished to leave the home. These were also provided for people at risk of falling as well as bed rails to keep people safe when in bed. Some people had Do Not Attempt Resuscitation (DNAR) in place which had been authorised by their GP and discussed with either them and/or their relatives.

People who became upset or anxious were supported by staff to become calmer by offering alternative activities or a cup of tea and a chat. One person who was tired and confused was offered reassurance and a drink by a member of staff who anticipated their mood. For another person, staff engaged them with their favourite object and they soon became calm. The provider information return stated staff worked with social and health care professionals "in a preventative mode as any concerns are referred immediately ensuring the best outcome for our residents."

People said, "The food is very good, excellent – I go out for a walk to keep my weight down" and "The food is good." Visitors said they were invited to join people for meals and a private dining facility could be provided if needed. People were supported if needed to eat their meals. This was done at their pace and food was prepared reflecting their individual needs such as pureed or cut up. People were monitored to make sure they ate their meals. For example, one person had left the dining room shortly after their main meal but staff checked with them to encourage them to eat a desert. Staff offered people choices about their meal such as offering sauces and being directed by people about where they should be poured. People were provided with specialist cutlery or crockery if needed. For instance, people living with dementia had brightly coloured utensils. Support was provided from health professionals such as a dietician or speech and language therapist as needed.

Menus had been discussed with people and reflected their preferences offering a main meal and vegetarian option. Residents meetings were used to discuss meals with people collectively and action was taken to adjust the menu as a result. Menus were illustrated with photographs and identified any allergens in the food in line with new legislation requirements. They were displayed near the dining room and a copy was provided in the lounge. If people did not want anything on the menu an alternative would be provided. One person liked to have a curry occasionally and ordered a takeaway meal. Others like to have fish from a local fish and chip shop. One person enjoyed shopping for items at a local supermarket and was reimbursed by the provider for their purchases.

People who were at risk of weight loss had their food fortified with full cream milk, butter and cream and had been prescribed nutritional drinks. Their care records clearly identified the risks to them of malnutrition or dehydration and the strategies to minimise this. Monitoring forms were in place and their weights were taken each week. People had access to cold drinks and fresh fruit in shared areas around the home. Hot drinks and snacks were provided. Some people had drink making facilities in their rooms.

People's health needs were responded to promptly when there were changes in their needs or as a result of accidents. A GP visited a person who had a fall overnight to reassess their needs. The registered managers and staff spoke positively about fortnightly visits to the home by local GP's. These helped to monitor people's health and made sure people received a personalised service from their GP. A visitor told us, "Their changing needs are monitored and concerns raised appropriately." Health professionals confirmed staff worked closely with them. The PIR stated, "Advice given is followed and monitored closely."

People had access to routine health care such as an optician, dentist and chiropodist. Specialist advice from district nurses and tissue viability nurses was sought when needed. People were given information about their health care needs and the options open to them. For example where people decided not to follow the advice of health professionals their decisions were supported. Staff revisited their decisions with them to make sure they had not changed their mind.

Is the service caring?

Our findings

People told us they were looked after well and treated kindly and warmly by staff. They told us, "As soon as we opened the door, we found a nice, friendly atmosphere here .....they look after you very well, there's no doubt about that", "You can't fault them – they're a lovely lot" and "They care for me very well, they're all very helpful. I haven't been looked after so well since my wife died". Visitors commented, "They take my breath away, nothing is too much trouble" and "It always has a caring atmosphere". Health professionals confirmed it was a "wonderful home".

People were supported with care, compassion and sensitivity. Staff spent time chatting with people and making sure they were alright. Staff said they had the opportunity to talk with people individually when cleaning their rooms and it was a good way to get to know them better. Staff however, stressed "people come first" and "some days the domestic duties don't get done, we will catch up the next day, people are more important". Senior staff told us, "I like to teach young carers how to look after the elderly, we have to give the very best to our residents. It's not the end of the line, just a new phase of their life .... it comes from the heart, the carers and the management team - all go out of the box to make the resident's life better."

People's preferences and personal histories were recorded in their care records and a summary of their care needs were provided in their rooms. The summary identified "what people like about me" and "what's important to me". Staff described how they supported and cared for people revealing excellent in depth knowledge about people's needs. During staff handover staff spoke confidently, professionally and with respect about people whose needs were changing. They showed compassion and concern for people. They said the registered managers would respond to people's changing needs quickly to alleviate pain or suffering. For example, equipment was provided to maintain people's independence or to prevent harm from skin deterioration.

People's cultural and religious needs had been discussed with them. One person said they were happy with the arrangements that the management had made for their continued involvement in their religious faith. People could attend a religious service held at the home every two weeks and some liked to go to a nearby church. One person with a sensory impairment liked staff to read to them each day from a religious book of their choice.

Rooms could be provided for people who wished to live together. People were supported to maintain relationships important to them. Visitors said they were made to feel really welcome, some visiting daily and sharing meals with those people important to them. One visitor commented that they were able to bring their dog to the home which people really enjoyed.

People said they gave feedback about the service they received either on a day to day basis to staff or management, or as part of the annual quality survey or at resident's meetings. Their voice was heard and listened to and they had made changes to the way the service was delivered. For example, menus had been changed to exclude unpopular meals, fresh fruit had been added to the menu each day and spontaneous trips out had been arranged. Staff also mentioned that at Christmas each year they had a wish tree and each person was encouraged to hang a wish on the tree. In this way people had the opportunity to express their views in an unusual and creative way. One year they had wished for specific activities and staff reminisced how a person had fulfilled a wish of going to a local seaside town before they sadly died. This year they had chosen presents they would like to receive.

People were given information about the service they received. Each person had a copy of the service user guide in their room. Their care records had been explained to them by staff and a summary of their care was given to them. Care records stated where this had been done and that the content was "person- centred and meets my care needs". If people wished their relatives or advocates to be involved in discussions about their care this was arranged. People's personal information was kept securely and confidentially. Staff were observed communicating effectively with people. For people living with dementia or at end of life this was through touch or singing.

People were cared for with respect and dignity. A visitor told us, "Everyone is treated in such a special way, you feel their respect". At the start of each handover staff were prompted to treat people with dignity and respect. Staff had completed training in this subject. Staff were observed discreetly offering to help people with their personal care.

Outstanding

Is the service caring?

People and staff had warm, mutually respectful and friendly interactions which were enjoyed. The atmosphere of the home was one of calm only to be interrupted with laughter and chatter. The provider information return (PIR) stated, "Staff are observed in their daily activities, with effective communication, respect, dignity and privacy always at the forefront of everything that they do". This was confirmed by health care professionals who frequently visited the home. The PIR said staff had signed up for the Dignity Champion Pledge and the Social Care Commitment (national initiatives) in recognition of their desire to promote best practice and a staff team who were "empathetic and caring without exception."

People were supported to be as independent as possible. The dignity champion reflected at handovers how staff could encourage people's independence. One person enjoyed going for walks in the local vicinity and another person liked to go shopping. People could help out around the home if they wished with the housework or cooking. People had set up a gardening club so they could develop raised beds in the garden. The PIR stated, "Staff promote their independence and dignity through support, enabling the resident to lead a meaningful life at Oakhaven." For one person this was directing staff with their eyes to choose the clothes they wished to wear or to tell staff they had enough to eat or drink.

People were supported at the end of their life and most wished to remain at the home for as long as was possible. Relatives told us, "Families have been appreciative that end of life care has been handled sensitively here." Health professionals had worked closely with staff to support them to learn how best to support people who were approaching the end of their lives. People who had discussed their end of life wishes had identified how they wished to be supported and the service they wished to have arranged. Specialist support from health professionals was provided and systems were put in place in advance such as obtaining the appropriate medicines or equipment to make people as comfortable as possible.

The PIR stated most staff had been enrolled on a Level 2 End of Life Course. The PIR said this was to further "enrich an aspect of care, that is done well". Staff talked to people whilst they supported them, tenderly talking to them and touching them gently and appropriately. People responded by turning to them or squeezing their hand in response. Staff said they dropped by whenever they could, just to be with people so they knew they were not alone. Two staff had asked to be called into the home so they could sit with a person at the end of their life recognising their family lived overseas. Visitors came whenever they wished and staff were also available to support them. If people wished to have a representative of their religious faith present this was arranged. Feedback from relatives to the provider included, "Her final days were calm and dignified" and "I will always be grateful for your attention at the end".

Good

Is the service responsive?

Our findings

People's needs were assessed prior to admission to make sure their needs could be met. Information was provided by relatives and other health care professionals. They were invited to trial the home before deciding whether it was right for them. People acknowledged their involvement in the planning and monitoring of their care. Some people had signed their care records to confirm discussions with them. Visitors confirmed care plans had been written in liaison with the family and their relative. They were reviewed monthly with the family and the person. One visitor told us, "Staff abide by it (Care Plan)." A relative commented to the provider about a care profile, "It is spot on, I could not have provide a better summary myself."

People's individual preferences, wishes and routines important to them were identified in their care records. For people living with dementia this included ways in which they could be encouraged to maintain their independence and engagement in their support. One person responded to staff using gentle strokes on their arm to encourage them to participate in tasks as well as staff using a gentle tone of voice. For another person staff held up items of clothing for them to make a choice about what to wear. People living with dementia had additional care plans which reflected national guidance about how to assess and reflect their wishes about their future care.

Where people had specific conditions or needs these were clearly detailed in their care records providing staff with step by step guidance. People at risk of developing pressure sores had been assessed by health professionals where needed and the appropriate equipment provided to reduce the risks to their skin. Staff made sure people were repositioned and creams were applied to maintain the condition of people's skin. Care records were cross referenced to prompt staff to also monitor people's hydration and nutritional needs and how to help them with moving and handling. People's weight was monitored either weekly or monthly depending on their weight loss.

People's changing needs were responded to quickly and appropriately. Staff recognised when people were unwell and reported any concerns to senior staff who contacted social or health care professionals. Care records were updated with changes to people's care. Senior staff explained how short term care plans were put into people's rooms until care records were updated electronically.

Robust communication with the staff team made sure staff were aware and able to explain any changes in people's needs. For example, staff were closely monitoring a person who had become unwell. Additional equipment had been provided to safeguard the integrity of their skin and fortified food had been provided to help maintain their diet.

People had the opportunity to take part in a range of activities both inside and outside of the home. A seven day activity schedule was displayed in the entrance hall which invited people to join in with reminiscence sessions, musical movement, gardening and games. People discussed what activities they would like to do at the residents'/activities meetings. During the inspection a group of people took part in an exercise game using a large ball which they enjoyed with enthusiasm. They also had a pamper session later in the day including nail care and hand massage. This was offered to people who liked to remain in their rooms. A television in the lounge was watched at times by people but by using a video became a virtual fish tank. One off activities such as a visiting zoo were also enjoyed by people.

People enjoyed a drive out to the countryside arranged at the last minute due to the good weather. A member of staff had volunteered to help with this activity in their own time. They said many staff offered time freely to support people to go out on trips for example to the theatre, garden centres and to the coast. A person told us, "They go out of their way to make sure you've got something to do" and referred to "trips around the Cotswolds and into town". A visitor commented, "They do an awful lot to keep residents entertained."

People were supported to follow their individual interests. Newspapers and magazines were provided in the lounge or personal copies ordered for people if they wished. One person enjoyed going out with friends for coffee or lunch and another person was joining a local gym. Visitors joined people for drinks or meals, or took people out. One person said, "The grandchildren come in - the baby was the star attraction." A visitor said social events were held regularly which relatives and friends were invited to attend. They were also invited to attend residents' meetings.

People knew how to raise concerns and make a complaint. An easy read complaints procedure was displayed in the entrance hall and people had a personal copy of the complaints procedure in their rooms. People told us, "I talk

Good

Is the service responsive?

to [name] or any of the staff but I can't think of anyone who has any grouses" and another person said, "There are plenty of people to talk to ….. if we want anyone to talk to, we know who we can go to".

A registered manager said they encouraged everyone "to quickly bring any comment, positive or negative and however minor, to our attention right away so that we can consider it and try to incorporate it into what we do." Two complaints had been received in the last twelve months. These had been looked into and action taken to address the issues raised. The provider information return stated 29 compliments had also been received commenting on the "high standards of care and kindness and thought given to both residents and their families".

Good

Is the service well-led?

Our findings

People said, “It’s better than a hotel, it really is” and “It’s excellent”. In response to the annual survey 71% of people said they rated Oakhaven as outstanding and 29% rated it as good. Visiting professionals also said the home was “excellent”, “nothing could make it better, it’s all great” and “it’s the top of my list”. Staff commented, “We are all the same, we try to give the residents the best experience of life” and “We do everything well and are very supported as a team”.

People, relatives and visiting professionals were asked to respond to an annual survey in October 2014. From this an action plan identified developments to improve the service. A relative told us, “People and their families are asked for feedback on an annual basis and the management does contact us to at least discuss issues we have raised.” The registered managers provided copies of their responses to the annual surveys and the actions they had taken as a result. This included, individual meetings to discuss concerns, making alterations to menus and deep cleaning carpets.

People confirmed they could attend residents’ meetings and minutes of these evidenced feedback to them from the annual surveys and any action taken as a result. A person told us at residents’ meetings they ask, “Is there anything we should do to alter the way things are being run?” A registered manager told us, “We value our resident’s experiences of their life with us to help us to improve.” The provider information return reflected on “a positive and open culture” to promote “the very best care and opportunities” for people.

The registered managers worked jointly together and were supported by senior staff and an administrator. They also worked alongside staff who said “managers are around to take charge or to help out”. The registered managers were aware of their roles and responsibilities and had submitted notifications as required to the Care Quality Commission. One of the registered managers was a qualified assessor and trainer in moving and handling. People and staff told us there were sufficient resources and support available to improve the service. One member of staff said, “There is no set budget for activities - whatever we think works - we buy it.” A health care professional commented that the provider was motivated by quality and not profit, which was “a rare quality”.

The values and vision for Oakhaven were, in the words of a registered manager, “to work hard at being the best that it can in all respects” and “to strive to meet the six key senses that are pivotal for the care of our residents namely, security, continuity, sense of purpose, fulfilment and significance and a sense of belonging so that they feel part of the family of Oakhaven. This was endorsed by people, staff, visitors and professionals.

The day to day culture and behaviour of staff was monitored by the registered managers through observation, working alongside staff and promoting their development and support. Staff confirmed they were “encouraged to develop.” They said “I am lucky, management are really supportive no matter what time of the day or night” and “there is always someone on the other end of the phone if needed”. Staff said they would raise concerns about the conduct of colleagues and managers had previously taken the appropriate action in response to poor practice.

The registered managers maintained their own professional development through membership of a local care home association, affiliating with local and national organisations which promoted best practice in aspects of the care and support they provided. Policies and procedures were kept up to date with changes in legislation and cross referenced with the Health and Social Care Act and National Institute for Health and Care Excellence (NICE) guidance. Information and guidance was shared with staff through individual meetings, staff meetings and at handovers. Staff development was crucial to people’s experience of care and driving through improvements. Five staff had been identified to take the lead by mentoring and observing staff against the 15 standards of the new care certificate.

The registered managers and staff team completed a range of quality assurance audits to monitor the standards of service provided. These included reviewing care records, medicines, the environment and health and safety systems. Accident and incident records were analysed to look for any trends developing and whether preventative action needed to be taken. Systems were in place to respond to safeguarding alerts and complaints. These were analysed to see whether improvements could be made to improve people’s experience of care. The home was inspected by

Good

Is the service well-led?

the local authority in July 2014 with the majority of outcomes being assessed as “good practice”. An inspection by the local environmental health organisation scored the provider with five out of five stars.