

Forest Care Limited

Oak Lodge

Inspection report

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Website: www.forestcare.co.uk

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 2 and 3 August 2016 and was unannounced. The Oak Lodge Nursing Home provides accommodation, personal care and nursing care for up to 60 people. At the time of our inspection, 58 people were living at the home. Most were older adults with needs associated with physical disability, dementia or long-term health conditions.

The service had a registered manager, who was referred to as the matron by people and staff. 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 matron was supported by a deputy manager, who was referred to as the head of care.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of harm and abuse. The home had identified risks to people and assessed, reviewed, recorded and managed them appropriately to minimise the risk of harm or abuse. Health professionals told us they had observed staff supporting people safely in accordance with their risk assessments and recognised best practice in relation to dementia awareness, moving and positioning, pressure area management, wound dressing, infection control and management of pain relief. Staff knew and understood the provider's incident and accident reporting process to ensure all risks were identified and managed safely.

The matron completed a daily staffing analysis to ensure that sufficient suitable staff were available to meet people's needs. People benefited from excellent continuity of care from 'familiar friendly faces', which particularly provided reassurance for older people who were confused or anxious. The home followed robust recruitment procedures to ensure that people were protected from the employment of staff unsuitable to support vulnerable older people.

The provider operated health and safety systems effectively to protect all people from harm in the home. The home had contingency plans to ensure the safe delivery of people's care in the event of emergencies such as fire, flood or utilities failure. People were kept safe by staff who understood the provider's procedures and their individual role and responsibility in such circumstances.

The home managed people's medicines safely in accordance with best practice and national guidance. Staff who had completed safe management of medicines training had their competency to administer medicines assessed annually by the matron and head of care.

People consistently told us that the professional knowledge and skill of well-trained, professional staff had a positive impact on their quality of life, health and wellbeing, which was echoed by relatives. All health professionals told us they were impressed with the excellent standard of nursing care at Oak Lodge. The matron was committed to and passionate about staff training and continued professional development to improve the quality of care. People were supported by staff who had completed a thorough and effective

induction into their role at Oak Lodge. The provider promoted best clinical practice through the use of lead roles, called Champions, who had completed further training in specific areas of nursing care, which they shared with colleagues.

People were protected from the risks of malnutrition and dehydration. People and relatives told us the quality and choice of food were exceptional and that their individual nutritional needs were well met, which our observations confirmed.

People were supported to maintain good health and had regular access to healthcare professionals. People requiring specialist advice or specific care to meet their changing needs were referred promptly to relevant healthcare professionals. Health professionals observed that staff implemented their guidance effectively to achieve good outcomes for people.

The environment at Oak Lodge had been purpose built to provide the ideal living accommodation for older people and those living with dementia. The home had been designed to promote people's familiarity and support them to find their way around the home.

Extremely caring and compassionate staff had developed close and meaningful relationships with people, based on getting to know and understand them and their needs. People felt that Oak Lodge was their home and that the whole community, including staff and others was like one big family. People were consistently treated with dignity and respect by kind staff supported by managers to spend time with people. People told us the amount of one-to-one time staff provided made them "feel special". Staff had embraced the matron's high standards and values, placing people at the heart of everything they did.

Oak Lodge had received an award from carehome.co.uk for being one of the top 20 recommended care homes in the South East of England for the past three years. The matron was a finalist for Best Care Manager in the Great British Care Awards 2015 and the staff were finalists for Best Care Team in The National Care Awards 2015 organised by Caring Times. Oak Lodge was the first nursing home in North Hampshire to engage with the Skills for Care Six Steps Programme of education and practice development. This is a national quality framework that aims to support nursing and care homes to improve end of life care for their residents and avoid inappropriate end of life admissions to hospital.

The matron and head of care were passionate about providing the best quality of life for people, which included supporting them to experience the best possible death by respecting and complying with their wishes. Relatives and health professionals told us people experienced exemplary end of life care and were supported to have a comfortable, dignified, and pain free death.

People were actively involved in planning their own care and received excellent personalised care, which was responsive and tailored to meet their individual needs. People, relatives and health professionals consistently told us that people experienced "amazing, stimulating activities" that enriched the quality of their lives and ensured they did not become socially isolated.

The managers of the service showed outstanding leadership. Feedback to improve the service was sought by the provider and matron using a thorough range of different methods to ensure people received the highest quality care. The matron was dedicated to the people living at Oak Lodge and was always looking for ways to improve the quality of their lives and the care they experienced. People and relatives made positive comments about changes that had been made as a result of their feedback, such as the improved security, increased staffing at busy times and the variety of activities.

Since our last inspection the home had received over 60 formal compliments and one complaint, which had been resolved in accordance with the provider's complaints policy. Complaints and concerns formed part of the provider's quality auditing processes so that on-going learning and development of the home was achieved and sustained.

Without exception staff praised the matron and head of care for creating an open and inclusive environment, where all staff felt their contribution was valued. A member of staff told us, "They (the management team) are so caring and conscientious that it rubs off on everyone. Not only are they brilliant managers but also outstanding nurses."

Senior staff demonstrated good management and clear leadership. Visiting professionals praised the positive attitude of staff at the home, which was inspired by the matron and the head of care. The home had benefited from the stability and continuity of this partnership for the previous 16 years. One health professional told us, "(The matron and head of care) are outstanding managers. They work really well as a team and have a clear and shared vision of the quality and ethos of care at Oak Lodge". People and relatives said the matron and head of care were "Extraordinary" and "Always there".

There was a strong commitment to deliver a high standard of personalised care and continued improvement based on the views of people. The provider had clear oversight of the home, and fully supported developments that improved care delivery. They recognised and celebrated the achievements of the staff team, and congratulated them for their hard work.

The provider had effective quality monitoring systems to review and improve the service continually. The matron and head of care shared an excellent working relationship with partner organisations to ensure their staff were following correct practice and providing a high quality service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were safeguarded from the risk of abuse. Staff were trained and understood how to protect people from abuse and knew how to report any concerns.

Risks to people were identified and managed effectively to keep people safe, whilst promoting their freedom and independence. Accidents and incidents were reported and action was taken to reduce the risk of recurrence.

Staff had undergone thorough and relevant pre-employment checks to ensure their suitability for their role.

People were supported by sufficient numbers of staff to be able to meet their needs at a time and pace convenient for them.

Medicines were administered safely by staff whose competence was assessed annually.

Is the service effective?

Outstanding ☆

The service was very effective.

People experienced exceptionally effective care based on best practice from staff who had the necessary knowledge and skills to carry out their roles and responsibilities.

Recruitment, induction and training arrangements for staff were thorough and based on national best practice.

Staff appointed as Champions for elements of care supported colleagues to achieve good healthcare outcomes, leading to an outstanding quality of life for people living in the home.

The matron (manager) showed outstanding commitment to seeking innovative and creative ways of developing and training staff to improve the effectiveness of care.

Staff consistently supported people to make as many decisions as possible and always sought their consent to their day-to-day care. Staff consistently gave people time to consider their decisions, in accordance with their support plan.

The matron and staff demonstrated that a process of mental capacity assessment and best interest decisions promoted people's safety and welfare and protected their human rights.

Staff went to great lengths to encourage and support people to have enough to eat and drink and to maintain a healthy balanced diet.

Staff understood and recognised people's changing health needs and sought prompt healthcare advice and support when required.

Is the service caring?

Outstanding 

The service was very caring.

Staff consistently invested time to develop positive relationships with people they supported and demonstrated exceptional kindness and compassion.

People were consistently involved in decisions about their care and supported to ensure their views were expressed and known.

People received outstanding care from sensitive, loving staff who consistently placed people at the heart of everything they did to ensure all tasks were completed to an excellent standard. Staff were highly respectful of people's right to privacy and maintained their dignity at all times.

People experienced exemplary end of life care in accordance with their personal wishes and best practice guidance, which ensured they were supported to have a comfortable, dignified and pain-free death.

Is the service responsive?

Good 

The service was responsive.

People received excellent person-centred care from staff who promoted each person's health, wellbeing and independence in a way that enhanced their quality of life.

Staff were consistently responsive to people's needs and sought innovative ways to provide people with the opportunity to fulfil and enrich their lives through the creative use of stimulating activities – for example, decorating wellington boots as flower pots in preparation for the Queen's summer garden party.

The service listened to and learned from people's experiences, concerns and complaints. Feedback from people, relatives and professionals was valued and used to make improvements to the home.

Is the service well-led?

Outstanding 

The service was outstandingly well led.

People experienced outstanding levels of care because the management team were highly visible, led by example and set high standards, which staff consistently achieved.

The managers showed outstanding leadership. People, relatives, supporting professionals and staff consistently attributed the standards of care provided at Oak Lodge to the determination and commitment of the matron and head of care, who were overwhelmingly described as "inspirational."

The matron had cultivated a clear ethos of striving for and achieving excellence throughout the home, which promoted a positive, person-centred and open culture amongst a dedicated and committed staff group.

The provider promoted best practice to ensure that people experienced high quality care provided by skilled and knowledgeable staff. The provider and matron continually and carefully checked the service was giving good care to people. They made changes to improve things as a result of their checks and of listening to people's ideas and views.

Without exception, health professionals told us the provider shared an excellent working relationship with partner organisations, which ensured the best possible outcomes for people's health and wellbeing.

Oak Lodge

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 was 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 2 and 3 August 2016 and was unannounced.

The inspection was carried out by an adult social care inspector, a specialist advisor and an expert by experience. A specialist advisor is someone who has recognised clinical experience and knowledge in a particular field. In this case, the specialist advisor had expertise, skills and knowledge in relation to nursing and nursing education. The expert by experience was a retired general nurse who had also cared for someone who had used a similar type of care service.

Before the inspection, we reviewed all of the notifications about the service. Providers have to tell us about important and significant events relating to the service they provide using a notification. We reviewed the Provider Information Return (PIR) about the service. This is a form that asks the provider to give some key information about the service, what the service does well, and improvements it plans to make. We also looked at the provider's website to identify its published values and details of the care and services it provided.

We spoke with 18 people who lived at Oak Lodge and 10 relatives who were visiting during the inspection. We used a range of different methods to help us understand the experiences of people using the service who were not always able to tell us personally. These included observations and pathway tracking. Pathway tracking is a process that enables us to look in detail at the care received by an individual. We tracked the care of four people living at the home. Throughout the inspection, we observed how staff interacted and cared for people, including at mealtimes, during activities and when medicines were administered.

We spoke with the registered manager of the home (who was known as the matron), the provider, the director of the service, the provider's area manager and 30 staff, including the head of care, 12 nurses, 10 care staff, two activities coordinators, the head of cleaning, two cleaners, the assistant chef, one kitchen

assistant and the maintenance engineer. During the inspection, we spoke with nine health and social care professionals, including a GP, nursing specialists, physiotherapists, a specialist in palliative care, a dietician and a physiotherapist.

We looked at 12 staff recruitment files and reviewed the provider's training records. We reviewed the provider's policies, procedures and records relating to the management of the home. We considered how comments from people, staff and others, as well as quality assurance audits, were used to drive improvements in the service. We looked at a selection of 12 medicine administration records to check that medicines were managed safely.

The service was last inspected on 14 February 2014, during which no concerns were identified.

Is the service safe?

Our findings

People told us they felt safe because they were supported by staff who had taken time to develop meaningful relationships with them, which meant they understood their needs and how to meet them. One person told us, "We are in safe hands here because all of the staff from the manager to the cleaners are interested in one thing and that is looking after us. They are all wonderful." Another person said, "The matron (registered manager) and deputy (head of care -) are always here and if you are poorly they won't go home until you have been seen by the doctor."

Relatives told us they had faith and trust in the matron and staff who had created an environment focussed on ensuring people were safe and received the best quality care. Visiting health professionals told us they had observed staff supporting people safely in accordance with recognised best practice in relation to dementia awareness, moving and positioning, pressure area management, wound dressing, infection control and management of pain relief.

People were protected from abuse because staff were trained in safeguarding and understood the actions required to keep people safe. Staff had completed the provider's required safeguarding training and were able to explain their roles and responsibilities to protect people. Staff were able to explain their understanding of the provider's whistleblowing policy. Whistleblowing is a process that supports staff to report concerns in confidence and their disclosure is protected in law. The provider's safeguarding and whistleblowing training was up to date. People were kept safe by staff who could recognise signs of abuse and knew what to do to protect people when safeguarding concerns were raised.

Staff had ready access to government legislation and local authority guidance in relation to safeguarding procedures. Since our previous inspection, the provider had not reported any safeguarding incidents. The matron and staff were able to explain how they would report and investigate safeguarding concerns promptly where necessary to ensure that people were protected from harm. People were kept safe because staff understood the local authority safeguarding policies and procedures, and the action they needed to take in response to suspicions and allegations of abuse.

Potential risks to people's safety had been identified and managed appropriately to mitigate the risk of harm to them. Risk assessments were completed with the aim of keeping people safe while supporting them to be as independent as possible. During daily shift handovers the matron and staff reviewed people's needs and associated symptoms – for example, people's increased risk of falls, deteriorating skin integrity, diminishing nutrition, and increased emotional risk. The home also held weekly meetings with external health professionals, including physiotherapists, occupational therapists, speech and language therapists and the community matron. When risks were identified, staff developed and followed risk management plans to help keep people safe from harm. One health professional told us how the staff were alert and quickly sought advice and guidance in relation to tissue viability and skin care. Risk assessments gave staff clear guidance to follow in order to provide the required support to keep people safe and promote their independence.

Incidents and accidents were assessed and monitored by the matron, head of care and nurses nominated as Champions in specific areas. The matron maintained a live risk register for the home. This identified the risk involved, the seriousness of the incident, and identified the staff member nominated to ensure the required action was taken. Incidents and accidents were analysed and discussed in detail at monthly staff meetings. The necessary learning points from incidents were shared immediately during staff handovers to ensure that similar risks to people were managed more safely in future – for example, measures to reduce the risk of falls while promoting people's independence. All staff knew and understood the provider's incident and accident reporting process to ensure all risks were identified and managed safely.

People and their relatives told us staff responded immediately when they pressed their call bell for assistance. This was confirmed by the provider's analysis of response times, which we reviewed. During our visit, the call bells sounded and we observed a very rapid response from all staff. In addition to call bells in all communal areas, bedrooms and bathrooms, people had individual personal alarms, which they wore on their person. People told us that these alarms provided reassurance and made them feel safe wherever they were.,

The matron completed a daily staffing analysis to ensure there were sufficient staff available to meet people's needs. Rosters were completed a month in advance and demonstrated that the required number of staff to meet people's needs was provided. Advance rotas ensured there was a good skill mix on each shift, which considered the different levels of qualifications for nurses and staff. Unforeseen staff shortages were managed within the provider's own staffing establishment. At the time of our inspection, no agency staff were being used. This provided continuity of care and ensured that people, especially those living with dementia, were treated by staff with familiar, friendly faces to ensure they felt safe.

People and relatives told us there were always sufficient staff who knew people well to meet their needs safely. Nurses confirmed that if for any reason more staff were urgently required due to unforeseen circumstances, such as staff sickness, they had autonomy to arrange cover immediately, without first seeking approval from the provider. The matron had increased the number of care staff available during the busy period in the evening by introducing more staff to cover the 'twilight shift' between 5pm and 10pm. We observed the availability of staff to provide one-to-one care increased people's safety and reduced the risks of harm to them.

Oak Lodge had two retained GPs from the local practice, who held a weekly surgery at the home and attended frequently whenever required. This also afforded consistency of care for people who knew the GPs well, often meeting them before they required treatment, and people regarded them as part of the staff team.

Staff underwent pre-employment checks as part of their recruitment, which were documented in their records. These included the provision of suitable references in order to obtain satisfactory evidence of the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS check helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff had provided proof of their identity and right to work and reside in the United Kingdom before starting work at the service and had completed relevant health questionnaires. Prospective staff underwent a practical role-related interview before being appointed. People were safe as they were cared for by staff whose suitability for their role had been assessed by the provider.

The provider operated health and safety systems effectively to protect all people from harm in the home. Regular audits and daily checks by nominated staff ensured that the environment and equipment used was

safe and fit for purpose. Environmental risk assessments identified the risk from potential hazards – for example, use of chemicals, the disposal of waste materials, slips, trips and falls.

The service had contingency plans to manage emergencies – for example, how to evacuate people safely in the event of a fire or flood. Plans also prioritised people's care provision during such an event. Staff understood these plans and knew how to access them if required. We reviewed documents that demonstrated the effective implementation of these plans during a recent failure of service utilities. People were protected as processes were in place to manage emergencies to ensure people were safe.

People and relatives told us they had their medicine as prescribed and staff were quick to respond to any need for pain relief. One person told us, "Here, everybody seems to know what's going on when medications are changed. They are on top of everything."

People's medicines were administered safely by nursing staff who had completed safe management of medicines training. The management team told us they assessed the competency of staff to administer medicines annually, which records and staff confirmed. Staff were able to tell us about people's different medicines and why they were prescribed, together with any potential side effects. People had medicines risk assessments to manage the risks associated with the use of their medicines, including any known allergies. People's medicine administration records (MARs) had been correctly signed by staff to record when their medicine had been administered and the dose given.

People's preferred method of taking their medicines, and any risks associated with their medicines, were documented – for example, where people preferred to take medicine mixed with their food. Staff explained how people's moods sometimes affected their willingness to take their prescribed medicines and how they tried to administer them later if initially declined. Where people were prescribed medicines, there was evidence in their care plans that regular reviews were completed to ensure the medicines were still required to meet their needs. People were supported to take their medicines safely.

The home managed the use of controlled drugs safely, in accordance with legislation. Controlled drugs are prescription medicines controlled under the Misuse of Drugs Act 1971, which require increased security, administration and recording measures. Where people took medicines 'as required' there was guidance for staff about their use. These are medicines that people take only when needed. The home had a protocol for the use of homely remedies. These are medicines the public can buy to treat minor illnesses like headaches and colds.

There was appropriate storage for medicines to be kept safely and securely. Temperatures of the storage facilities were checked and recorded daily to ensure that medicines were stored within specified limits to remain effective. People's prescribed medicines were managed safely in accordance with current legislation and guidance.

People were protected by the prevention and control of infection. Staff told us that infection control was a priority because many people had reduced immune systems and were vulnerable to infection. Staff understood their roles and responsibilities in relation to hygiene. Housekeeping staff maintained comprehensive cleaning schedules and were observed to follow best practice guidelines to reduce the risk of cross infection – for example, we observed staff washing or sanitising their hands as they came out of bedrooms or before they went in. Staff maintained and followed infection control and hygiene policies and procedure in accordance with national guidance.

Is the service effective?

Our findings

People experienced exceptionally effective care based on best practice from staff who had the necessary knowledge and skills to carry out their roles and responsibilities. People living in the home, their relatives, and visiting healthcare professionals all spoke highly of the service. People and their relatives told us they received exceptional care and support tailored to meet their individual needs. Comments made by people included, "This is the best care home because the nurses and carers take time to get to know all about you and what you need", "The staff are wonderful. They (staff) all know what they are doing so must have had good training" A relative told us, "This (Oak Lodge) is what all care homes should be like. You can feel it whilst you're here. The staff are so professional and courteous whilst remaining warm and friendly." Another relative told us, "The manager and deputy are always here and are very experienced, like all the nurses, which inspires confidence in the competence and capability of the staff."

People and their relatives said the matron was proud of the staff and the quality of care they provided, which was based on excellent training. They were given regular updates in a newsletter about things affecting Oak Lodge, including staff development, training and qualifications. This information was also on display in the reception area.

Visiting health professionals told us they were impressed with the excellent standard of nursing care delivered at Oak Lodge. One told us, "The home supports and develops its staff well." Another said, "I visit the home regularly and the staff always have the required knowledge and skills needed for their role." Observations and records showed that when risks were identified, staff developed and followed health management plans to maintain and improve people's health.

Recruitment, induction and training arrangements for staff were thorough and based on national best practice.

People were supported by staff who had completed a thorough and effective induction into their role at Oak Lodge. The matron completed competency assessments of new staff to identify areas to be developed during their induction. Staff who had most recently completed their induction told us that it was "excellent" and that they felt comfortable speaking to the matron, head of care and nurses if they were unsure about anything. Staff induction included a period of shadowing experienced staff to ensure that new starters were competent before supporting people unsupervised. Staff induction followed the Care Certificate induction standards, which are nationally recognised standards of care. Staff told us the management team encouraged them to discuss areas of development or where they lacked confidence so they could provide personal one-to-one training. All staff had completed the provider's mandatory training, which included safeguarding, the Mental Capacity Act, person-centred care, first aid, infection control, fire safety, equality and diversity, and dementia awareness. A member of staff with experience working in other care homes said they were impressed with the quality and frequency of the training at Oak Lodge. The matron and head of care worked alongside staff and completed competency assessments in relation to different care skills and techniques. Training was refreshed regularly to enable staff to retain and update the skills and knowledge required to support people effectively.

Staff appointed as Champions for different elements of care supported colleagues to achieve good healthcare outcomes, leading to an outstanding quality of life for people living in the home.

There were Champions for dementia, infection control, nutrition, end of life care, wound dressing, continence, tissue viability, moving and positioning and health and safety. A relative told us how the moving and positioning Champion had worked closely with a physiotherapist to improve their loved one's mobility, which meant they could now socialise freely with their friends at the home. Another relative said, "They have worked wonders with her (family member). Before coming here she could hardly get out of bed. Now there is no stopping her." Staff told us how they were encouraged to share their additional training with colleagues during staff training days and meetings. A health professional told us staff were alert and quickly sought advice and guidance in relation to tissue viability and skin care. Staff provided excellent care in relation to pressure area management, with consistent support and oversight from the matron and head of care. The tissue viability Champion reviewed all pressure areas and provided advice and guidance regarding their prevention. Documents confirmed that since the appointment of the tissue viability Champion the number of pressure areas experienced by people had significantly reduced. One relative praised the staff for their "excellent nursing", which had resulted in a pressure area experienced by their loved one before their admission to Oak Lodge healing quickly.

Staff told us the management team were extremely supportive of their personal development. For example, one nurse told us how they had been supported to improve their knowledge and practice in relation to wound dressing. Another member of staff told us how an experienced colleague had provided guidance in their own time to support their personal development and had arranged for the relevant Champion to provide additional training at the next team meeting.

When people required specialist input to manage complex medical equipment, the matron arranged training for the entire care staff. This ensured that there was always someone on duty with the knowledge and skills to support people safely.

Without exception, the nurses told us the matron and head of care provided excellent support with regard to the revalidation of their nursing qualifications. Nurses with experience working for other providers told us they had never experienced such support with their continued professional development. We reviewed the matron's programme for assessing nurses' competency and updating required training to support nurses' professional revalidation. During supervisions, the matron and head of care dealt with areas nurses wished to focus on in preparation for their individual revalidation. This also included group training sessions for other colleagues. All care staff were supported to achieve diplomas in health and social care, at least to level two, with some achieving higher levels.

The matron showed outstanding commitment to seeking innovative and creative ways of developing and training staff to improve the effectiveness of care. For example, Oak Lodge was the first nursing home in North Hampshire to engage with the Skills for Care Six Steps Programme of education and practice development. This is a national quality framework that aims to support nursing and care homes to improve end of life care for their residents and avoid inappropriate end of life admissions to hospital. This programme involved nurse specialists working alongside Oak Lodge staff providing training, guidance and evaluation. Since the inception of the Six Steps Programme all people who wished to die at Oak Lodge had had their wishes respected. The matron, head of care and senior nurse were designated 'End of Life Champions'. All staff had received training on the Six Steps Programme. The Six Steps Programme regularly assesses participating nursing homes to ensure best practice and standards are maintained. Oak Lodge has maintained the outstanding level of end of life care provided to people since becoming accredited in 2015. The matron was proud of their staff's ability to support people to experience pain free and dignified death.

We reviewed ten letters from the relatives of different people, which praised the outstanding care for their loved one at the end of their life. One relative told us they could not imagine a better place for anyone to spend their last day surrounded by love and care.

Since our last inspection, Oak Lodge had also participated in university research in relation to advanced care planning, which had improved this aspect of people's care plans. We spoke with a health professional responsible for delivering training in relation to advance care planning and treatment escalation planning when people's health deteriorated at the end of their life. They were highly impressed by the matron's ability to deal with complex and emotional decisions in accordance with legislation. This health professional uses an example of the best interest decision process observed at Oak Lodge to demonstrate best practice during their training sessions.

Staff told us they were proud of their teamwork and how they shared vital information that was important to ensure people's quality of care and to keep them safe. We observed staff working and communicating well together. We observed three handover meetings, which were noted, during which staff coming on duty were made aware of changes to people's needs. Where staff had been on leave, they were provided with updates regarding people whose needs had changed since they were last working. During the handover meetings, staff raised pertinent questions to check their own understanding. This ensured that all information was shared with staff and acted upon safely and effectively. The office manager was on leave during our inspection but we reviewed their system for ensuring appointments and information in relation to people's care and treatment was shared efficiently – for example; updating the results of medical examinations and changes to people's medicine prescriptions.

Staff received effective supervision, appraisal, training and support to carry out their roles and responsibilities. Supervision is an opportunity for staff to discuss with their managers case management, reflecting on and learning from practice, personal support and professional development. Appraisal is a managerial assessment of someone's work performance. Staff had formal one-to-one supervision meetings with their designated line manager every eight weeks. Supervision records identified staff concerns and aspirations, and briefly outlined agreed action plans where required. Any agreed actions were reviewed at the start of the next supervision. Supervisions provided staff with the opportunity to communicate any problems and suggest ways in which the service could improve. Staff told us that they were well supported by the management team and that the matron encouraged staff to speak with them immediately if they had concerns about anything, particularly in relation to people's needs.

Staff consistently supported people to make as many decisions as possible and always sought their consent to their day-to-day care. Staff consistently gave people time to consider their decisions, in accordance with their support plan.

The Mental Capacity Act 2005 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 any limits on their freedom should be the least restrictive possible.

Staff confidently applied the principles of the Act to ensure that people were involved in decisions about their care so that their human and legal rights were protected and upheld. Where people had been assessed as lacking capacity to make specific decisions about their care, the provider had complied with the requirements of the Act. People, and where appropriate relatives and health professionals, told us that the matron and staff involved them in decisions relating to people's care and support, which records confirmed.

One relative told us how they had received compassionate support from the matron and staff, who had arranged meetings to discuss with relevant health professionals decisions their loved one could not make about their care.

We observed staff consistently seeking people's consent about their daily care and giving them time to consider their decisions, in accordance with their support plan. We observed staff supporting people with limited verbal communication making choices by using their knowledge of the individual's communication assessment, which documented how people communicated their choices. This also documented how to involve people in decisions, and the people to consult about decisions made in their best interests. Staff supported people to make as many decisions as possible.

People can be deprived of their liberty to receive care and treatment only when it is in their best interests and legally authorised under the Mental Capacity Act. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Where required, DoLS applications had been submitted for people in the home, in accordance with legislation. Paperwork associated with these applications demonstrated a process of mental capacity assessment and best interest decisions that promoted people's safety and welfare when necessary. The matron and head of care had taken the necessary action to ensure people's human rights were recognised and protected.

Staff went to great lengths to encourage and support people to have enough to eat and drink and to maintain a healthy balanced diet

The matron and chef placed a strong emphasis on the importance of eating and drinking to ensure people were protected from the risks of malnutrition and dehydration. People and relatives told us the quality of food and choice were exceptional and that their individual nutritional needs were met. One person said, "The chef takes a real interest in all of us and really worries if we aren't eating. They come and see us individually to make sure we are happy or whether we would like anything else." They continued, "The other day I told the chef I fancied some minestrone soup and they made some fresh for me." People told us they looked forward to lunchtimes, which were social occasions where they met friends in the home. Tables were laid with flowers from the home's garden. Each place setting also had a freshly cut sprig of herbs such as rosemary and lavender from the herb garden,. One person who was partially sighted told us they particularly enjoyed the texture and smell of the herbs, which evoked fond memories of their family garden.

Relatives told us the chefs were extremely caring and went out of their way to meet their preferences. For example, one person with a poor appetite had told the head chef they longed for some salmon pate so the . the chef had bought the ingredients in their own time and made some the following day. This made the person feel "special" and that their quality of life really mattered to the chef and staff. The chef recently identified that a person who chose the same meal every morning was not eating their breakfast and when they said they fancied some oranges and figs, the chef had got some from a local greengrocer.

People's nutritional and hydration requirements were assessed and there was guidance for staff about how to support people appropriately to eat and drink enough. Staff had received training in relation to managing the risks of malnutrition and dehydration. We observed staff follow nutritional guidance based on people's preferences and any professional assessments undertaken by dieticians or speech and language therapists. The chefs were involved in ensuring people received suitable foods of the correct consistency to reduce the risk of choking. Information about people's nutritional needs was on display in the kitchen. Where people were identified at risk of malnutrition or dehydration, staff monitored their daily intake of food and fluids. Reduced sugar alternatives and sweeteners were available for people living with diabetes. We observed catering staff prepare texture-modified food and drinks from their experience and knowledge of the person,

in accordance with their identified nutritional needs – for example, pureed food or food of a soft consistency.

The chef and assistant chef were aware of the importance of hydration and had researched the most effective juice available to provide essential nutrients and vitamins. This juice was available throughout the home and in people's bedrooms in a range of flavours. Where people were being supported in their rooms, we observed that drinks were always within their reach and readily available.

Positive staff relationships were used to encourage those who were reluctant or had difficulty in eating and drinking. We saw that staff discreetly offered support to people to make food and drink choices and checked when they had finished their meals. Guidance had been documented, which we observed was followed, on the use of adaptive cutlery or plate guards to support some people to eat, whilst promoting their independence.

The proactive approach of the matron, chef and staff made sure that people's dietary and fluid intake, especially those living with dementia, significantly improved their wellbeing. We observed staff patiently and compassionately engage with one person living with dementia who appeared to be confused. Staff spoke with the person about everyday life and their history and then discussed their favourite things, including food. The person said, "This is one of my favourites" and then ate all their meal. We observed a partially sighted person supported by staff who provided detailed and appetising descriptions of their food. Staff encouraged the person to describe the flavour of their food and the smells. This person told us, "I can't always see my food well but I love the smells and the staff help me to see it by talking to me." We observed one member of staff support a person who ate their food slowly. The staff member remained with them after other people had left the dining room to ensure they enjoyed meal at their own pace, in company and did not feel lonely. This person told us, "The staff are so kind and I look forward to talking to them when I eat."

Some relatives told us that their loved one's health had improved as a result of the quality of the meals provided and the encouragement offered by staff to enable them to eat. Records confirmed that people had been supported to regain and maintain previously lost weight. For example, one person had become physically stronger and had experienced a dramatic improvement in their mobility. Another person was no longer frail and was able engage in social group activities, which improved their wellbeing.

Monitoring records of all people's weight had been analysed monthly by the management team to ensure that any significant weight loss or gain were identified to ensure dietary support plans were effective.

People were supported to stay healthy. People were assessed in relation to their health needs to ensure they received the required monitoring and support to meet their needs. Records showed that people had regular access to healthcare professionals such as GPs, district nurses, dieticians, occupational therapists, physiotherapists, opticians and dentists.

People requiring specialist advice or specific care to meet their changing needs were referred promptly to an appropriately qualified healthcare professional. The matron told us staff completed comprehensive monitoring of health indicators and responded to changes with best practice-based support and intervention, which we observed in practice. People benefited from care based on their current health needs but the home also prepared for the risk of health decline, and how people's support might need to change to reflect this. For example, on the first day of our inspection one person had been identified to have an eye infection, which was immediately referred to their GP, who provided a support plan to manage the infection.

People's care plans were reviewed monthly, which identified all interventions that had taken place for each person, and highlighted significant changes. For example, any changes in prescribed medicines and the updates from any visiting health professionals were recorded. These reviews identified risks to people's health and wellbeing – for example, the risk of tissue damage or falling. Where people had healthcare conditions such as diabetes, they had comprehensive care plans..

People told us they were seen immediately by the relevant health professional if their health deteriorated. Healthcare professionals told us that when medical advice was sought by staff it was implemented effectively to ensure that people were receiving the care they required to improve and maintain their health.

The home worked effectively in partnership with other organisations. This ensured that staff were trained to follow best practice and, where possible, contribute to the development of best practice. For example, the matron and head of care engaged in regular integrated care team meetings with the community matron, specialist nurses, end of life care specialists and the local ambulance service to share and improve best practice. The home had an excellent relationship with the retained local GP practice, which held a weekly surgery and ensured a GP attended immediately when requested.

People, relatives and visiting health professionals told us the matron had created positive relationships with health support organisations. People had information regarding external professionals who visited the home regularly, such as the dentist, optician, chiropodist and physiotherapists. Photographs of visiting health professionals were displayed near staff photos in the reception area to support people with their recognition if they had an appointment.

Is the service caring?

Our findings

Without exception people, relatives and health professionals told us the matron and staff were highly motivated to provide the highest quality care, with an emphasis on caring and compassion.

One person told us, "I wouldn't change a single carer. They are all so kind. You couldn't find more caring staff anywhere." Another person told us, "You will see that all the girls (staff) are just naturally kind and caring and go out of their way to make you feel loved." One relative told us, "Everyone goes out of their way to make people feel they matter. The level of care here is unsurpassed anywhere. It's far better than outstanding – 1000 out of 10." Another relative told us, "She (their loved one) cries with emotion and joy because she is now so happy having found Oak Lodge. When nurses come in they always say hello and sit and hold her hand. She (their loved one) smiles happily and kisses their hand."

Since our last inspection, the home had received 60 formal compliments regarding the caring ethos at the home. Results from resident surveys and meetings overwhelmingly corroborated the views expressed in these compliments. One relative wrote, "It's been the staff who've made the place what it is: a friendly, warm, welcoming home where my (loved one) feels part of a community. To see my (loved one) so relaxed and happy, stimulated with the company and secure in the care, with a zest for living her later years as fully as possible is a very great relief and happiness to us." One relative wrote, "The care and empathy that (family member) received from all the staff, from cleaners through to the management, has been amazing, far beyond our expectations. I thank our lucky stars every day that (family loved one) was able to make Oak Lodge their home."

Many of the positive comments made by people, relatives and health professionals about the caring and compassionate manner of the staff referred to the impact this had on people's quality of life. For example, one relative described how their family member had gained a new lease of life at Oak Lodge and had resumed old hobbies such as reading and had taken up new interests. This had a significant beneficial impact on their overall health and emotional wellbeing.

The matron had cultivated a family atmosphere in the home where people, relatives and staff shared a mutual respect and affection. For example, one person was supported to prepare for a loved one's wedding ceremony. Dedicated staff supported the person to choose their outfit, get ready for the day and attend the ceremony and reception. The matron also arranged the provider's hairdresser to attend on the morning. The person did not have a special hat to match their outfit so staff with millinery skills made a matching 'fascinator', which made her very happy. The person's family said, "The staff were wonderful and went far beyond what we expected. It made it a perfect day."

The provider's commitment to caring for people turned a problem into a day to remember for positive reasons. A recent power failure left the kitchen unable to prepare lunch so the office manager asked everyone living at Oak Lodge about their favourite picnic foods and bought them for a surprise picnic in the gardens. Without exception, people told us the picnic was a 'triumph'. One person told us, "The picnic is a classic example of how the staff here really care and are always thinking about what is best for us. It was a

special day which we will all remember."

We observed staff supporting one person who was becoming anxious and distressed. We heard staff speaking to the person in quiet, reassuring terms. Staff then began reading the Bible to the person, who became relaxed and restful. We reviewed the person's medicine care plan and found that due to the caring interventions by staff, including reading the Bible, their need for medicine to ease their anxiety had been reduced.

Health professionals told us that the caring ethos flowed directly from the matron and head of care, who were a formidable combination. One health professional told us, "Oak Lodge is a very welcoming, happy, care home. Staff know their residents well and deliver kind compassionate, person-centred care. I do not exaggerate when I say this is one of the homes I would put my Mum in." The atmosphere is one of both respect between residents and staff, while managing to maintain a real 'family feel'."

Most staff had worked at Oak Lodge for many years and people and relatives said this had helped to develop a strong team spirit. People were cared for by staff who valued and respected them as individuals. During our observations, staff demonstrated great pride in working at Oak Lodge and displayed real commitment to people at the home. For example, where people were anxious or confused, staff who people felt safe and secure with remained with them until they were no longer distressed. One member of staff told us, "Everyone loves working here because you get the chance to make a difference to people's lives every day, and make them happy." A nurse who also had an additional role with another service provider told us, "I love working here. It's what I became a nurse for and you have the time and support to do it."

All staff engaged with people in a cheerful, friendly manner. People responded with humorous banter, which generated frequent laughter between people, staff and visitors. All staff strove to make people happy, whatever their role. The maintenance engineer was regarded fondly by people, who told us, "Nothing is ever too much trouble for him. If something needs sorting, he does it straight away. He is just as caring as the nurses and carers and comes on all of our trips." Another person told us "(The maintenance engineer) is such great fun and always makes sure everyone is having a good time." The maintenance staff delivered daily papers and magazines to people and used this as an opportunity to find out if there were any problems with people's rooms that required attention. During the inspection, we frequently saw maintenance staff and cleaning staff interacting with people in a friendly way. When support was required, this was immediately brought to the attention of care staff. People told us that the cleaning staff were very house proud. One person told us, "You will not see any home as clean as this. I don't know how they do it because they are always stopping for a chat."

We saw that all staff spent time sitting with people who wished to chat or were worried about something. When this occurred, there was seamless support provided from the matron and other staff, who assumed the responsibilities of staff who were engaged listening to and caring for people.

People, relatives and professionals felt the matron and head of care consistently went above and beyond normal expectations in relation to the care and compassion they showed to people. The matron was committed to providing the best quality of care to people living at Oak Lodge.

Immediately before our visit, one person had died and their funeral was held at the time of our inspection. The head of care and other staff attended the funeral to pay their respects and supported people who wished to attend. During the morning, we observed staff support people to get ready and arrange their meals and medicines beforehand. During lunchtime, we heard people sharing happy memories about their friend, whom they toasted.

Staff spoke in fond terms about those they were supporting and demonstrated comprehensive knowledge about them and their lives. People's care plans were person-centred, and enhanced and encouraged the development of caring, positive relationships. People's care plans included information about what was important to them, such as their hobbies, how they wished to be addressed and what support they required and when. Staff were able to tell us about people's favourite activities, their personal care needs and diet.

People, and relatives where appropriate, were consistently supported to express their views and be actively involved in making decisions about their care. We spoke with the family of a person who had recently moved into Oak Lodge from abroad. They told us they were impressed by the matron's commitment to ensuring their loved one was supported throughout this difficult transition. The matron had arranged for staff to be taught important phrases to allow them to communicate with this person in their first language. At the time of our inspection, the matron had sought the services of an interpreter, had a plan to contact family members when required, and had begun processes to recruit staff who spoke the person's first language. We observed staff speaking compassionately with this person to reduce their anxiety in accordance with their communication plan.

People were consistently treated with dignity and respect by staff, who spoke and communicated with them in accordance with their communication plan. We observed staff speak with people in a way that was appropriate to meet their needs and ensure their understanding. When required, staff spoke slowly and clearly, allowing people time to understand what was happening and to make decisions. Where necessary, staff used gentle touch to enable people to focus on what was being discussed. In feedback, one person's relative wrote, "My mum is always treated with respect and dignity. Even though mum has little communication, the staff always try and communicate with her. Oak Lodge puts the Care into 'Care Home.'" When people were upset, we observed that staff recognise and respond appropriately to their needs immediately, with kindness and compassion. Staff knew how to comfort different people with techniques they preferred – for example, by holding their hands or putting an arm around their shoulder. Staff demonstrated in practice that they understood guidance in people's care plans regarding their individual emotional needs. The matron ensured staff realised the importance of spending additional time to support people when needed, which they emphasised during handovers. People had detailed life histories in their care plans, which provided staff with topics of conversation to help make people feel comfortable and relaxed and to help reduce distress or anxiety.

Another example of how the home treated people with respect and dignity was that, after a best interests process, the home had settled a person's medical bill without their knowledge to prevent them becoming emotionally distressed.

The matron and head of care were passionate about providing the best quality of life for people, including supporting people to experience the best possible death. Staff were proud to have completed training that had improved their ability to recognise and understand people's changing needs. Staff were extremely responsive to the needs of people in the last weeks and days of their life. A visiting specialist in end of life care told us, "Oak Lodge has made great improvements in end of life planning and being able to engage in difficult conversations with people."

People had been supported to ensure their wishes about their end of life care had been documented and respected accordingly. Feedback from relatives praised the matron for the sensitive and caring way they had discussed advanced decisions about their loved one's future care, which had minimised their distress later.

At the time of our inspection, no-one at Oak Lodge was considered by the matron, staff or visiting health

professionals to be nearing the end of their life, so we looked at records of feedback from the relatives of people who had ended their life in the service, and feedback from health professionals. We reviewed many letters of gratitude from families to the matron and staff for the compassionate support provided to their loved ones and family members whilst visiting. One person wrote, "(Their loved one's) six months at the home– as a result of the amazing, caring staff – were peaceful and he was treated with complete respect, dignity and love." Another person's relative wrote, "The end of life care was professional, caring and considerate. She was allowed to slip away with dignity." When the matron completed notifications to the CQC about a person's death they demonstrated the staff's fondness and respect for them by providing a personalised description of the person.

We reviewed records that demonstrated staff used a recognised pain scale to assess people's pain and comfort. People remained as comfortable as possible because staff liaised closely with the home's GP to arrange anticipatory pain relief, which was readily available to avoid any delays. Feedback from relatives overwhelmingly confirmed that their loved ones experienced a dignified, comfortable and pain-free death.

The provider had developed leaflets through the Six Steps Programme to help relatives cope with grief and the death of a loved one. The matron and head of care spoke with relatives personally to offer their and staff's condolences. Where appropriate, the office manager sent the family a personal letter of condolence and flowers. Staff were supported following the death of a person they had cared for with supervision meetings with their manager and had the opportunity to attend the funeral if the family agreed.

Is the service responsive?

Our findings

People were actively involved in planning their own care. People and relatives told us they had been invited to stay in the home before they moved in, which had reassured them. People who had experienced respite care at Oak Lodge before moving in full time told us that there was no other nursing home they would now consider due to the outstanding quality of care they received.

Initial assessments were completed by the matron before people moved into the home to ensure that the provider was able to meet their needs. Staff knew the people they supported well, informed by comprehensive needs assessments. People were welcomed to the home by the matron, head of care and a nurse and senior care assistant designated as their keyworkers. The keyworker role is to provide a link between the home, the family and professionals to ensure that care is coordinated to achieve the best possible outcome for the individual. People told us this role enabled them to express their views, which were listened to and acted upon. A relative told us, "All the staff know her (their loved one) so well and keep us well informed." Another relative told us, "The thing I find reassuring is that whoever you speak to always has time to talk to you. They care about the families as well as the people living here."

Needs and risk assessments were completed at daily handovers and reviewed monthly or more frequently when required, with the involvement of the person, their relatives or care manager. Where people had requested changes, we found they had been implemented. For example, one person had requested more visits from night staff and wished to review their progress notes daily. Care plans documented people's preferences and identified how they wished to spend their time and live their lives.

People's care plans included guidance for care staff on supporting their specific health conditions, such as Parkinson's disease, osteoporosis, multiple sclerosis, diabetes or dementia, and how to support them if they became unwell. Care plans also described how people communicated and any care needs associated with this, such as prompting staff to check people's supportive equipment such as hearing aids.

A number of people at Oak Lodge lived with dementia-related illness. The matron and head of care had completed training to support people living with dementia. All staff had completed training on dementia awareness. The environment at Oak Lodge had been purpose-built to provide the ideal living accommodation for older people and those living with dementia. The home had been designed to promote people's familiarity and support them to find their way around the home. Throughout the home, there were different tools, such as framed pictures on all doors depicting key people and events in their life. These reassured and empowered people to find their own bedrooms.

There was a large display screen in the reception area with scrolling information, which included all staff on duty at the time, activities planned that day, entertainment scheduled that day, planned events, special days and anniversaries, the employee of the month, and the daily menu options. There were also slideshows and folders showing people's achievements during activities and trips.

People and relatives told us all staff took time to get to know them and sought creative ways to allow people

to participate in their community. For example, people and staff held regular fairs and fetes at the home, to which local people and schoolchildren were invited. One person told us, "I really look forward to our fairs and all pulling together." All staff were involved in providing people with interesting activities that met people's specific individual needs and ensured their on-going wellbeing.

The matron sought to engage people in meaningful activities to keep people occupied in a range of social situations. The home had four activity coordinators, who ensured that people had a wide range of activities every day. These activities included both internal and external events to interest people. The home also involved family members.

One person told us, "The activities here are marvellous and help me to make friends and feel that this is my home." Another person told us, "Last Christmas, staff arranged with the manager of a local supermarket to take us Christmas shopping and to choose all of the Christmas decorations for the home. Then we (people and staff) put them up together. It was a special day and made us all feel like one big family, with everybody laughing and smiling." Staff also shared fond memories about this day.

A relative told us how staff consistently used their imagination to make events more personalised and memorable. For example, the staff recently arranged a boat trip in celebration of the Queen's birthday. In their own time, staff visited the boatyard and bedecked the boat with flags and bunting. People shared their happy memories with us about this special day. One person told us, "That's what makes the staff here so special: because they go out of their way to think about what makes us happy." One person who had a passion for boats told us how the staff had arranged for him and others to steer the boat, which had "made his day." We observed that people had large photos of this and other special events framed outside their rooms. The matron encouraged people to establish their own clubs, such as the Scrabble Club and the Gentlemen's Club, which originally suggested the idea to have a boat trip. Some people had discussed their love of the railway with staff. In one of the communal lounges, we observed a large model railway, which many people could enjoy together. The provider had bought the model railway, which was assembled and painted by staff from all departments in their own time. One person told us, "The staff are amazing. They just do their best to make things special."

One healthcare professional told us, "The quality and variety of group activities is excellent and tailored to people's individual needs." Another health professional told us, "The activity coordinators are exceptional because they are always evaluating and developing their programme, and are also focused on people who do not engage in group activities."

An activity coordinator demonstrated their process for evaluating activities and how they quickly identified concerns if a previously sociable person was not engaging or where they were concerned a person might be becoming socially isolated. One person told us, "Sometimes I just want some peace and quiet and don't want to do the activities, but they always come and check on me and sit and chat. That's what I like the most." Another person told us how staff supported them to meet their close friends at a local pub whenever wanted to. One person was an avid writer of personal letters to friends and we observed staff support this person to attend the post office whenever they had a letter to post.

All staff were constantly seeking innovative ideas to support people to maintain friendships and relationships with people close to them to minimise the risk of them being lonely and experiencing social isolation. For example, we observed a couple of people eating their lunch in a corridor alcove next to a large window bathed in sunlight. Both people told us the highlight of their day was enjoying lunch together in the sunshine surrounded by the lovely view. This arrangement had been set up by the matron and chef. Staff were aware of people's interests and life skills and sought activities where people could use them – for

example, growing fruit and vegetables in the garden and assisting maintenance staff where appropriate. Such activities provided mental stimulation and a sense of purpose for people. A relative told us, "The staff are very good at involving people and encouraging them to join in. All the staff regard Oak Lodge as people's home and not their place of work."

A nurse told us "Our aim is to make people feel they can live the life they want in their own home." We observed this nurse support a person who had just chosen to have a bath at the busiest time in the morning. The matron immediately assumed the nurse's duties while the person was supported to have a bath. The person told us later, "The nurses and staff are wonderful. Nothing is too much trouble and they come so quickly even when they are busy. You never feel like a burden."

Feedback to improve the service was sought by the provider and matron using a range of methods. The matron was dedicated to the people living at Oak Lodge and was always looking for ways to improve the quality of their lives and the care they experienced. The matron, head of care and office manager visited people living at Oak Lodge every morning to see if they were well and happy. People told us they looked forward to seeing the matron and head of care because they were so cheerful, which was infectious. One person told us, "I like their visits because they cheer me up and I can tell them anything and they sort it out." Relatives told us the management team were highly visible and always available to answer any questions. One relative told us, "The matron always makes a point of speaking to us when we visit to make sure everything is okay and whether anything needs to be improved." One relative told us, "If ever there is an issue we tell the matron and it is sorted out immediately. There is rarely anything to complain about but I remember an issue was raised about the main entrance not being covered so builders were contracted to provide a canopy."

The provider also completed resident and staff surveys and held regular resident and staff meetings to encourage ideas to continuously improve the service provided. Relatives were also invited and encouraged to attend the monthly meetings. The matron also tried to speak with family members whenever they came to visit to obtain their views. People and relatives made positive comments about changes that had been made as a result of their feedback, such as the improved security, increased staffing during busy periods, new menus, and the variety of activities.

People had a copy of the provider's complaints procedure in a format that met their needs. This had been explained to them and, where necessary, their relatives by the matron. Staff knew the complaints procedure but told us they dealt with small concerns as soon as they arose to prevent them escalating. Complaints and concerns formed part of the provider's quality auditing processes so that ongoing learning and development of the home was achieved.

The matron maintained a record of complaints but said that most issues were brought to her attention verbally and were addressed swiftly. This open approach was confirmed by people, relatives and staff. Since the last inspection, there had been one complaint. Records demonstrated that this complaint had been promptly resolved to the satisfaction of the complainant, in accordance with the provider's policy.

Is the service well-led?

Our findings

The service was well led by an experienced and skilled matron, who was fully supported by an extremely proactive head of care and management team. Overwhelmingly, people, relatives and health and social care professionals spoke passionately about the exceptional quality of care provided at Oak Lodge. Visiting professionals praised the positive attitude of staff at the home, which was inspired by the matron (registered manager) and the head of care (deputy manager). The home had benefited from the stability and continuity of this partnership for the previous 16 years. One experienced health professional told us, "(The matron and head of care) are outstanding managers. They work really well as a team and have a clear and shared vision of the quality and ethos of care at Oak Lodge." Another health professional said, "Oak Lodge is a very well led home that is always looking for something new to ensure that the residents enjoy their time there. When people are ill or require palliative care they provide a level care that I have never seen bettered."

Without exception, people and relatives told us the home had an outstanding reputation for the quality of care provided and had been recommended to them. We reviewed documentation that showed that people who had experienced temporary stays at Oak Lodge were waiting for vacancies to move there permanently.

Oak Lodge had a proven track record of excellence, having received an award from carehome.co.uk for being one of the top 20 recommended care homes in the South East of England for the past three years. The website uses feedback from people and relatives from online reviews. The review score of 9.9 out of 10 for Oak Lodge was based on 64 recommendations over the past two years. All reviewers were 'Extremely likely' to recommend the home to others. Reviewers found the home to be "Excellent" in all areas surveyed, including management.

The matron and head of care provided clear and direct leadership to all staff and one of them was present at the home every day, working alternate weekends. There was a clear management structure, with a senior member of nursing staff on duty providing direction, guidance and support at all times. Either the matron or head of care was on call and frequently attended the home to support senior staff when required. A senior nurse told us, "We are actively encouraged to phone them if we are worried about anything and they always thank you for calling them. You never have to worry about disturbing them." The matron was a finalist for Best Care Manager in the Great British Care Awards 2015 and the staff were finalists for Best Care Team in The National Care Awards 2015 organised by Caring Times.

Staff were proud to represent Oak Lodge and consistently presented a professional image of the service to match the high standards of care provided. Staff wore clean, smart uniforms, which denoted their role and wore name badges. People were able to tell us about the different tunics worn by staff but told us, "It doesn't matter who comes to see you because they treat you just the same: wonderful." The head of care had been provided with an individual tunic to denote their status but declined to wear this in favour of a nurse's uniform because she wanted people and staff to know and appreciate that first and foremost she was a nurse.

The matron, head of care and the office manager acted as role models for staff and enthused about the

standards of care and compassion they expected and demanded from the staff. A health professional told us, "They (matron and head of care) effectively combine those tricky manager requirements of being approachable, friendly and supportive of staff, while also being very much in charge. They support staff well both on a one-to-one basis and in terms of team building. They truly value their staff and this is why Oak Lodge have very little staff turnover compared with other care homes."

Staff said that the provider was very flexible and understanding of staff's personal and family needs when required. During the inspection, we observed the matron compassionately support a staff member with a personal issue. One member of staff told us, "G and F (matron and head of care) are special because they take care of staff as well as the residents. When I needed support they were wonderful to me, which I repay by doing the best I can for them."

People and relatives said the matron and head of care were "Extraordinary" and "Were always there". One person told us, "They (matron and head of care) come to see me every day and they are so bright and breezy. I know there are people who need a lot more help than me but they always find time to have a chat, which makes my day." A relative told us, "You only have to watch them (matron and head of care) for a little while and you can see everything flows from them. They lead by example and set the benchmark for all the staff." A relative with experience of other nursing homes told us, "All of the staff greet you with a ready smile and want to help you. It is ingrained in the culture of the home."

A member of staff told us, "Oak Lodge is their (the matron and head of care) life and they put their heart and soul into making this the best home possible." Another member of staff said, "They (the management team) are so caring and conscientious that it rubs off on everyone, it is infectious. Not only are they brilliant managers but also outstanding nurses." All staff praised the matron and head of care for creating an open and inclusive environment, where all staff felt their contribution was valued.

A common theme from conversations with staff was that the matron and head of care were the best managers they had worked with. One staff member told us, "The residents are paramount and everything we do is to make sure they receive the best care possible but at the same time it is a real joy coming to work because we all feel valued and part of the team."

The matron told us that "Good teamwork is essential to delivering quality care and to achieve that staff need to be happy and know they are valued." Staff told us how the provider always recognised their personal milestones, such as long service awards for every five years' service. We noted that six staff had worked at the home for over 15 years, and many for 10 and five years. People and relatives told us the retention of staff was due to the environment created by the matron. One relative told us, "This is not like other homes where the staff change every time you go in. The staff faces are always the same, which builds trust and confidence." The matron was proud of the home's record for retention of staff, with only three staff leaving in the previous year for promotion in other services. The provider also recognised staff birthdays and anniversaries, as it did for people living at the home. The home also had a monthly achievement award for staff who had gone "above and beyond" their duties to improve the quality of life for people. People were able to nominate staff for these awards, as were relatives and other staff. We spoke with a member of the cleaning staff who was immensely proud of their recent award for ensuring the home was spotlessly clean and for supporting colleagues.

Staff knew and demonstrated the values of the service, especially the standards of care that were required from them. Observations showed that all staff worked well together and there was a strong bond with the people they supported. Staff were always friendly, helpful and responded quickly to people's individual needs. One member of staff told us that the values of the service included, "Treating people as if they were

your own family and always remembering you were in their home."

The service had an open, inclusive culture that was person-centred. Staff had been trained in relation to equality and diversity and consistently promoted people's human rights in practice, treating them with respect and dignity. People and relatives told us they felt involved in making decisions about "their home", which were accurately recorded in the minutes of residents' meetings – for example, decisions to improve security. The matron was consulting people in accordance with national guidance about the installation of a CCTV system in communal areas to improve people's safety and security.

Staff told us the matron encouraged their views on the continued improvement of the home during staff meetings. Staff told us they felt fully informed and involved in decision-making at the home. For example, staff were consulted on their views and ideas before 'the twilight shift' was introduced to have more staff during busy evening periods.

People's individual care needs, including 'best interest' decisions, were discussed and recorded during regular staff meetings and at shift handovers. Staff told us they had excellent training and development opportunities, felt well supported by the managers to raise concerns and identify areas for improvement. We reviewed the most recent staff survey, which overwhelmingly confirmed these views.

The management team sought people's views daily during personal visits in the morning, through regular residents' meetings and care reviews. The matron always attended the evening meal with people before finishing work, which allowed people to share their opinions in a relaxed informal atmosphere. People had made various suggestions for improvements that had been implemented by the provider in relation to activities, entertainment, the home environment, menus, and staffing levels at busy times of the day.

The matron was proud of her staff and the quality of care they provided to people. However, she was determined to avoid complacency and was committed to the continued development and improvement of people's care at Oak Lodge. The matron had developed a programme to train other staff who had shown an interest to become Champions in relation Parkinson's disease, stroke rehabilitation, and dignity and respect.

The provider had effective oversight of the home, and fully supported developments that improved care delivery. It recognised and celebrated the achievements of the staff team, and we saw that messages had been sent that congratulated the team for their hard work. The matron told us that they attended monthly provider meetings where national and internal updates were discussed. This ensured that the management team had current information regarding new processes and procedures introduced by the provider.

The provider had effective quality monitoring systems to continually review and improve the service. Weekly checklists were used to monitor falls, pressure care and undertake health and safety checks of the premises. The matron, head of care, operations manager, the operations director, cleaning manager, head chef and other nominated staff completed a comprehensive series of audits to monitor the quality of the care delivered and identify areas for improvement. Care records were updated monthly or more frequently when required and audited by the matron, the operations manager and also the provider. Monthly infection control audits, which examined the environment and cleanliness of the home, cleanliness of equipment, hand hygiene, kitchen, laundry and waste management, were completed by the management team. The head of cleaning told us they completed a daily audit of the home to ensure "it was hygienic and spotless", which records, observations and conversations with people, visitors and health professionals overwhelmingly confirmed. Observations and audits demonstrated that staff acted in accordance with infection control measures.

The service was committed to providing high quality care to people who live in the home. The quality of the care offered was monitored and assessed by a variety of methods. These included an annual questionnaire sent to people, families and friends. The responses were collated by the matron and office manager. The operations director visited the home daily and the area manager visited weekly. The provider visited regularly and was well known by people. Families and relatives were offered meetings with the provider but people were overwhelmingly happy to speak with the matron or head of care.

The provider was committed to continuous improvements. The operations manager and provider carried out regular audits in addition to those completed by the matron. These audits checked the provider's compliance with The Fundamental Standards of The Health and Social Care Act 2008. The matron and staff developed action plans to show how issues requiring improvement were being or had been addressed. Recent improvements included the comprehensive recording of handover meetings and more detailed skin integrity care plans for people identified to be at risk of pressure areas, together with effective and expeditious coordination of all required pressure-relieving equipment.

People's care records were kept securely and confidentially, in accordance with the legal requirements. All record systems relevant to the running of the service were well organised and reviewed regularly. The matron had notified the Care Quality Commission (CQC) about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

Health professionals without exception told us that the matron and head of care shared an excellent working relationship with partner organisations, including the local authority, specialist and district nurses, physiotherapy and occupational therapy departments, retained GP surgery, local hospice, ambulance service and mental health services, to ensure they were following correct practice and providing a high quality service. The provider also engaged with a local hospice to ensure their end of life care provision continued to apply best practice. Health professionals told us that staff conscientiously followed their advice and guidance and were committed to achieving the best possible outcomes for people. A health professional told us they had been impressed with the successful rehabilitation of some people who now experienced improved mobility, which had improved the quality of their life.