

Chanctonbury Health Care Ltd

Oaklands Court Nursing Home

Inspection report

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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

We inspected Oaklands Court on 16th and 17th June 2016. This was an unannounced inspection. The service provides accommodation and support for up to 44 people. The service provides nursing care for older people. At the time of inspection there were 44 people living at the service. The service provides en-suite rooms over two floors and has two lifts. There is one large communal lounge and dining room, one small communal lounge, kitchen, laundry, one manager office and one nurse/staff office.

There was an acting manager in post who had applied for registration with the CQC. 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.

Medicines to be taken as required were not personalised to the individual persons need. The provider had ensured that medicines were stored safely at all times. Medicine administration records were kept up to date by staff. Only staff that were trained to administer medicines did so.

People were protected against abuse and harm. Staff were trained to identify the types of abuse and knew who to report to if they had any concerns. Staff were aware of the policies and procedures regarding abuse.

The service appeared clean and tidy and there were cleaning charts in place to ensure that all areas were cleaned. The provider had ensured that the premises was safe for use and had up to date certificates of safety.

There was sufficient staff to provide care to people throughout the day and night. When staff were recruited they were subject to checks to ensure they were safe to work in the care sector.

People's needs had been assessed and detailed care plans developed. Care plans contained appropriate risk assessments that specific to the person's need.

The principles of the Mental Capacity Act 2005 (MCA) were adhered to. People were being assessed appropriately and best interests meetings took place to identify the least restrictive methods of keeping people safe. Staff had training on MCA and had good knowledge.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options were considered as per the Mental Capacity Act 2005.

People were supported to have a healthy and nutritious diet. People could choose what they wanted to eat from a set menu or ask for an alternative meal. The provider had ensured that people who required

additional support with eating were appropriately assessed.

People were being referred to health professionals in a timely manner. When staff identified that person had a change in need they would inform a nurse who would make appropriate referrals to other health professionals if required. Staff received training that gave them the skills and knowledge required to support people.

People and their relatives told us they were involved in the planning of their care. Care plans were being reviewed on a monthly basis by staff. The provider had insured that people and relatives had ways of communicating their wishes before reviews.

People told us they were very happy with the care staff and the support they provided. Relatives told us they were happy with the service their loved ones received. Staff communicated with people in ways that were understood when giving support. Staff and the manager had got to know people well. Staff could build positive relationships with people to fully understand their needs.

Staff respected people's privacy and dignity at all the times. The provider had ensured that people's personal information was stored securely and access only given to those that needed it. People had freedom of choice at the service. People could decorate their rooms to their own tastes and choose if they wished to participate in any activity. Staff respected people's decisions.

People at the service had access to a wide range of activities that were designed for their individual needs. People told us they were very happy with the amount of activities on offer at the service.

The provider had ensured that there were effective processes in place to fully investigate any complaints. Outcomes of the investigations were communicated to relevant people.

The registered manager was approachable and supportive and took an active role in the day to day running of the service. Staff were able to discuss concerns with them at any time and know they would be addressed appropriately. The registered manager was open, transparent and responded positively to any concerns or suggestions made about the service. The provider carried out surveys to identify shortfalls with the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected against abuse by staff who had the knowledge and confidence to identify safeguarding concerns.

Medicines that were to be taken as needed were not personalised to people's needs.

The provider had ensured that there were sufficient numbers of staff in place to safely provide care and support to people.

Is the service effective?

Good ●

The service was effective.

The principles of the Mental Capacity Act 2005 (MCA) were applied in practice.

The provider had ensured that appropriate applications were made regarding Deprivation of Liberty Safeguards.

Staff received training that gave them the skills and knowledge required to provide care and support to people.

People had access to a range of food options that was nutritious and met their needs. People were supported to maintain their diets when required.

Is the service caring?

Good ●

The service was caring.

People were involved in the planning of their care. The provider had ensured that there were a number of methods for people to communicate their wishes.

People spoke very positively about staff. People and relatives told us they were very happy with the service they were receiving.

Staff had good knowledge of the people they supported. Staff communicated in ways that were understood by the people they supported.

People's privacy and dignity was respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People at the service had access to a wide range of activities. People told us they were happy with the choice on offer. The activities that were provided were personalised to meet people's needs.

People were encouraged to make their own choices at the service. Staff would respect people's choice.

People and their families were involved with the development of their care plans. People's friends and family were made welcome and supported by staff.

The manager investigated complaints and the provider had ensured that people were aware of the complaints procedure.

Is the service well-led?

Good ●

The service was well-led

Staff told us they felt supported by the manager.

The manager carried out of audits of the service to identify any shortfalls within the service. The manager acted on the outcomes of the audits positively.

People, friends and staff were encouraged to give feedback through surveys and meetings. The manager listened and acted on these appropriately.

The manager ensured there were good links with the community through taking part in locally run events and inviting the community to service run events.

Oaklands Court Nursing 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 the 16th and 17th June 2016 and was unannounced. The inspection team consisted of three inspectors. At our last inspection 4th November 2013 the service was fully compliant.

Before the inspection we gathered and reviewed information we held about the service. This included notifications from the service and information shared with us by the local authority. The manager had not received and completed a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We focused the inspection on speaking with people who lived at Oaklands Court, staff, friends and relatives. We spoke with six people, five members of care staff, four nurses, maintenance staff, cook, five relatives, and the manager. We looked at people's bedrooms with permission and all facilities at the service. We made observations of staff interactions and the general cleanliness and safety of the home. We looked at six care plans, three staff files, staff training records and quality assurance documentation.

Is the service safe?

Our findings

People and their relatives told us they felt safe at the service. One person told us "I am safe because the staff make me feel safe." One relative told us "My family member is completely safe here; there is always a member of staff on hand to help." However, we found aspects of the service that were not safe.

Fire safety measures were in place to ensure people would be safely evacuated in the event of a fire. The registered manager had assessed each person and placed them under one of three categories. Green meant the person was able to evacuate themselves, amber meant that the person had limited mobility and red the person had high dependency. The colour was identified next to each person's name in the evacuation folder and the colour placed discretely on their door. The personal emergency evacuation plans (PEEPs) did not state any personal individual requirements, such as the number of staff required to assist the person in the event of an emergency. There were people at the service who were registered blind and this was not detailed in the PEEPs. The PEEPs did not state how a person may react in the event of an emergency and did not include photo so that a person can be identified. We reported this to the registered manager. Following inspection we were shown a new system that identified people's individual needs.

Guidance on medicines to be taken on an as needed basis (PRN) was not kept under review and updated. The provider's medicine policy included provision for the use of homely medicines, this included paracetamol. For one person there were records of use of PRN paracetamol and co-codamol. There was only a generalised protocol for the use of paracetamol and no guidance on the use of co-codamol. There were no records available to describe when to use each PRN or to identify any risks of mixing the medicines. The provider had not updated protocols for the use of laxatives as PRN on people's records as their medication had changed. The risk to people at the service was limited due to the knowledge of the nursing staff. Nurses could identify when it was best to use PRN and how to safely administer it. One nurse told us, "With PRN medicines I always use my judgement whether to offer painkillers. We always sign the medication administration record (MAR) to identify when one has been taken and this will identify to us if they have already taken something." We recommend that PRN protocols are individualised to each person's need.

Administration and recording of medicine at the service was completed in a safe way. People received medicines from nurses who were focused on the task and in accordance with recorded preferences and needs. For example one person had written guidance to dissolve medicine in a drink of the person's choice. Body maps were seen in people's rooms to identify where a cream needed to be applied and one nurse told us "I write dates on creams when they are opened." Staff were recording when creams were being applied on a daily record sheet that was separate to the medication records. These records gave guidance on the medicine, why it was prescribed and administration directions.

People at the service were protected against potential abuse. The provider had an effective system in place to recognise, record, investigate and track safeguarding incidents. Staff received training on safeguarding and were knowledgeable on how to spot the different types of abuse and who they can report it to. One member of staff told us "There are different types of abuse that include physical, emotional and financial." Another member of staff told us "I would report any signs of abuse to the manager." The safeguarding file

contained a record of all safeguarding alerts raised and any actions required. The safeguarding file also included up to date policies, procedures and guidance.

People were kept safe as potential risks had been assessed and were part of their care plans. In one person's care plan a falls risk assessment identified the person as being of medium risk. The falls risk assessment gave guidance on how to reduce the risk by staff assessing the person before transfers to identify if a stand aid or hoist was required. The manager told us, "Where there is an identified risk of someone falling staff refer to the falls clinic for an assessment." This was documented in people's care plans. People also had a mobility risk assessment. In one person's care plan it identified that the person required the assistance of two staff for all transfers. Staff assisted people to move around the service safely. People had equipment required, such as walking aids or wheelchairs, within easy reach. Staff had good knowledge on how to identify risks. One member of staff told us "We manage risks all the time. For example one morning someone was a bit wobbly on their feet so we suggested that we used the stand aid hoist, which the person agreed to. We then assessed the person again later in the day to see if they required further support or a referral." Another member of staff told us "There are general risks around the home like electrical leads being trip hazards. If we see something like this we move it straight away."

People involved in accidents and incidents were supported to stay safe as the provider had taken action to prevent further injury or harm. For example, the record of residents' accidents noted that one person had a significant number of falls. The manager carried out a risk assessment and it was discovered that the person climbed out of the bottom of the bed. It was decided that a change of bed would be required that included a larger footboard to reduce the risk. This change of style of bed reduced the amount of falls the person was having. Staff had good knowledge on how to react if there was an accident or incident. One member of staff told us "I would make sure the person is safe and then I would complete the necessary forms and report it to the manager."

The provider had ensured that the environment was safe for people. There were up to date safety certificates for gas appliances, electrical installations, portable appliances, lift and hoist maintenance. An environmental risk assessment took place April 2016 and it identified that a lock was required on the outside food store and basic cleaning sprays were being left in bathrooms and corridors. Both of these actions had been completed. The maintenance staff were quick to respond to repairs. Staff would log any repairs in a maintenance log book and maintenance staff would identify when the repair was completed and if not what was required to complete the repair. There was a fire alarm test every two weeks and a member of staff told us, "They are tested on different days and an evacuation once a year." There was a certificate of maintenance for the fire alarm system.

There was sufficient staff to meet people's care needs, and effective processes in place to cover leave or unexpected absence. The manager told us, "If we need more staff the provider will give us what we need. We are currently recruiting for a new additional nurse." During the day, there were three nurses and eight care staff and three care staff and one nurse during the night. During the afternoon, there were five care staff and two nurses. People and relatives told us there were enough staff to meet their needs. One person told us, "There are enough people to look after me, they always react quickly if I use the call bell." One relative told us, "There are enough staff to support my relative."

The provider followed safe recruitment practices that ensured that staff were safe to work in a care setting. We looked at the personnel files of three members of staff. The information provided included completed application forms, two references and photo identification to ensure that the member of staff were allowed to work in the United Kingdom. The records showed that checks had been made with the Disclosure and Barring Service to make sure people were suitable to work with vulnerable adults.

Is the service effective?

Our findings

People at the service received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. The manager told us, "Staff are good at identifying changes in people and letting nurses know if there is a problem. One relative told us, "The nurses and care staff are really switched on about people's needs. One person told us, "The staff here are really good and know their stuff."

New staff received an induction pack that included a floor plan and an introduction to the service and were expected to work towards the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. New staff were also assigned a mentor who would support them during the 3 month induction process. Staff received a full training schedule that gave them the knowledge and skills required to support people. The manager used a training schedule to identify if specific training was required for individual staff, if it was due, out of date or booked. Staff told they had regular supervisions and one member of staff said, "We can make suggestions on any training we would like to have". There was a staff training request sheet that identified where staff had asked for specific training. The requested training sheet also identified when the member of staff attended the training, and this had included a funeral parlour education day, dementia awareness, and basic counselling skills.

People's rights were protected as the provider acted in accordance with the principles of the Mental Capacity Act 2005 (MCA) when assessing people's capacity to make specific decisions. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The manager completed a mental capacity assessment for each person at the service for personal care and for any other decision specific activities that may require an assessment. For example, the manager recently put a digital lock on the main entrance door following a safeguarding concern. All people were contacted by letter regarding this and had access to the code so they could let themselves out if they wanted to leave. Where it was identified through a mental capacity assessment that people did not have capacity, a best interest meeting took place and a Deprivation of Liberty Safeguards (DoLS) was applied for. People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Staff had good knowledge of the principles of MCA. One member of staff told us, "MCA is assessing a person's capacity to make a specific decision." Another member of staff told us, "MCA assesses if a person is able to retain information to make a decision that is in their best interest." Staff told us that they could not stop anyone from leaving unless they were under DoLS.

Staff asked people for consent when it was required. Staff would ask for permission before carrying out personal care or assistance with daily tasks. For example one member of staff asked a person if it was ok to assist them with cutting their dinner. The provider had ensured that systems were in place to obtain formal consent from people for sharing information with other professionals; the use of photos; routine treatment

and care. People who had capacity signed the forms and these were available in care plans. Where someone did not have capacity the manager told us "If someone cannot consent we will go to the next of kin or advocate following a mental capacity assessment and best interest meeting." This process was available in people's care plans.

The provider ensured that people's nutritional and hydration needs were being met. Care plans had nutritional assessments. In one care plan it identified that the person had type two diabetes, and that this was controlled by diet and should be monitored. A food preference chart was completed by this person and was available to kitchen staff. People also had an assessment of dietary needs. In one care plan the dietary needs assessment identified that staff should use plate guards to encourage independence. People's care plans had a malnutrition universal screening tool (MUST). A MUST is a tool to identify adults who are at risk of malnutrition or obesity. It allows the staff to manage people's nutrition correctly and identify any risk. One person's care plan identified that the person was low risk and that staff were to follow routine care and report concerns to nursing staff. Staff told us "If we are worried about anyone not eating we report it to the nurses." One nurse told us "Staff let us know if someone has not had too much to drink." During the inspection a member of staff approached a nurse to report that a person was not eating their lunch. The nurse went with the member of staff to assess the person. The person was not enjoying their food an alternative was suggested. A nurse told us "If we have concerns we can refer people to a health professional." One care plan had guidance from a speech and language therapist that suggested thickeners be used in drinks and to change the consistency of food.

People at the service were being supported by staff to attend routine health visits. One person told us "I see the chiropodist every 5 or 6 weeks" and this was evidenced in the person's care plan. One relative told us "On the rare occasions it is needed they have called the doctor in the morning and he arrives in the afternoon." On inspection it was observed that people were being seen by a dentist. People's care plans told us that there were getting support with routine optician checks. Staff were managing pressure sores effectively. People's care plans had a Waterlow Score. A Waterlow score gives an estimated risk for a person to develop a pressure sore and these were reviewed monthly. From identifying the potential risk one person's Waterlow assessment stated that an air mattress be put in place to support the person. The mattress was provided to the person. One relative told us "My relative developed a small bed sore and this was treated instantly and the staff kept me informed of the progress".

Is the service caring?

Our findings

People at the service told us they were very happy with the staff. One person told us "The staff here are wonderful." Another person told us "They are fantastic, they put themselves out for you." One relative told us "The service is fabulous. The staff are helpful and very pleasant." Another relative told us "The staff are fantastic and my relative could not be anywhere better. I cannot fault a thing."

Staff were kind, compassionate and spent time with people. One nurse told us, "We are given the time that is needed to help people. I can have the time to talk to people and this means when doing the medicine round I can assess people by having a nice conversation." During the medicine round a nurse entered a room and communicated clearly to the person and talked about gardening. It was noted in the person's activity file that they enjoyed gardening. During an activity a person was being addressed by a pet name by staff that was responded to positively by the person. It was documented in the person's care plan to address them in this way. During lunch people were given time to eat and staff supported people where appropriate. Staff were clear when talking to people and did so in a calm and friendly way. One member of staff told us, "We help people and let people take time to do things. If it takes an hour to eat dinner, it takes an hour."

The provider had ensured that people's religious and cultural preferences were catered for. Care plans identified if a person followed a certain religion and how they would like to practice. One person's care plan stated that they were a practicing Catholic and would like to attend services. This was documented in the person's activity sheets on the days they attended. Church services and Holy Communion were held at the service. The provider had ensured that a religious worship policy was in place and there was guidance for staff on different types of religion. The guidance included basic information on all main religious preferences to help staff to have better understanding of people's religious and cultural preferences when they started to use the service.

People and their relatives were involved with the planning of their care. In each person's care plan there was a relative feedback form that could be filled out if they were not able to attend care reviews. There was also a relative communication record which staff would fill out following discussions regarding care so these could be considered during reviews. One person told us, "I am involved with my care." One relative told us "I have been involved with the care planning. They always keep me informed of any changes and listen to what I have to say." Another relative told us "The staff are open and discuss the care plan with us." Care plans included required information to provide support and were updated monthly by staff. The care plans identified the needs of the person from health to social interaction. One care plan noted that a person enjoyed activities for a limited time and could then get loud and vocal which may upset others. Staff supported the person by offering a variety of activities so that the person could move from one activity to another before becoming anxious and loud.

Staff at the service were knowledgeable of each person and sensitive to their needs. One person told us, "The nurses always find out what is wrong and they never leave you. They are very caring." One member of staff told us "One person responds well to calm voices." Another member of staff told us, "One person can get distressed if there is too much stimulation." During the inspection it was observed that people's personal

possessions were cared for by staff and when a person became personally attached to an item staff would respect this. Staff ensured that the items were well looked after and stayed with the person at all times. One member of staff told us, "One person has a particular attachment to a soft toy so we treat it like it is part of the family as this keeps the person calm and happy." This approach was documented in the care plan. One person's care plan stated that one person liked to have a bath once a week and a wash every day and that staff should encourage the person to do as much as possible to be as independent as possible. This was documented in the person's daily notes. A member of staff told us "Being independent is important to people, so we keep their routines that they had at home. Some people were used to having a bath every day and others only once a week and we respect that".

People were treated with dignity and their privacy was always maintained. One person told us, "They (staff) have to knock before entering. If I do not want to be disturbed they respect that." When staff were providing personal care they ensured that doors were closed and that the person's curtains were pulled. Staff also ensured that these were re-opened when they left if that is what the person wanted. One care plan noted that one person liked to be on their own and did not like to be disturbed. It advised that during these times staff use a do not disturb sign. The do not disturb signs were in use during inspection. The person was able to use a call bell if required and staff told us, "We would still check on people during the medicine round and for meal times." During the inspection staff protected people's confidentiality by ensuring that discussions and handovers took place in private areas. People's private information was kept in a secure location.

People at the service had access to good end of life care that fully supported the person and their families. The manager told us, "We work with the hospice and relatives to provide an end of life care plan that is suited to each person's needs." When a person needed end of life care their personal and families' wishes were respected. One relative told us, "We as a family are supported during the difficult time, whatever we ask, nothing is too much trouble." The manager told us, "When someone passes we allow staff to attend the funeral and we send flowers. One month after we send a thinking of you card and we do that again on the first anniversary. If anyone wants to be involved with future events they let us know and we invite them." The compliments book identified included compliments from relatives about the end of life care, for example, "Thank you for the good care you provided in our relatives final days. As a family we greatly appreciate all that you have done." Another compliment said, "To all the wonderful people at Oaklands Court. Our relative could not have been more looked after and cared for. We are so very grateful."

Is the service responsive?

Our findings

People at the service enjoyed a wide range of activities that were designed to their individual needs. The activities coordinator completed daily and weekly records of each person and completed a survey on how each person enjoyed each activity. The activity coordinator told us "This is so I can work out what people like and do not like for future activities." One person told us "The activities are the best thing here. If you are feeling a bit low there is always something going on to lift your spirits." One member of staff told us "There is no set routine people can pick and choose what activities they would like to take part in." The activities coordinator ensured that there were a good mix of activities on each day which were displayed throughout the service. During inspection the group activities included coffee morning, quiz, poetry reading and lemonade making. People were keen to attend the group activities and one person told us, "I always look forward to a quiz." The group activities were well attended by people and staff joined in. It was clear that people were enjoying taking part in the activities as people were laughing when taking part.

People were not at risk of becoming socially isolated as staff ensured that people were involved as much as possible in activities, even if they could not leave their rooms. A member of staff told us "We do a lot for people in their rooms for one to one time. We can do an individual coffee morning for a chat, drawing, painting, reading poetry and stories. One person really likes to be read to in their room." This was documented in the person's care plan. A member of staff told us "One person came to the service who participated in a meditation group. There was no problem setting this up here for the person and as there was interest from others we have our own meditation group. The person still has their own one to one session." One person told us "I enjoy meditating" and the activities diary identified when the meditation group took place. There were also film nights that were advertised at the service. A member of staff told us "An outside service comes in with a big screen and we rearrange the communal lounge to be like a cinema. We offer people drinks, ice cream and popcorn and people get to choose which film they would like to see next time." One person told us "I love the film nights, I am looking forward to the next one as we are watching the Jungle Book which is a film I wanted to see." The activities coordinator had the film nights documented in the activities diary along with what film was going to be watched and it did state the next film would be the Jungle Book. One member of staff told us "We take all the group activities to the rooms. During the spring fair we took the games, buffet and music to all the people at the service." Another member of staff told us "During the winter months we still go out, last year we went to a pantomime and gardens. We also had a pantomime at the service for those who could not attend." This was documented in the activities diary.

The provider ensured that people's friends and families were involved in activities. The manager told us "We have a Friends of Oaklands group which is for relatives past and present who wish to get involved organising big events." The Friends of Oaklands group had recently organised a Spring Fair that was attended by friends, family and staff. A member of staff told us, "We are organising a garden party for the summer for everyone to attend." People were also given activities to complete in their rooms if they wanted. In a person's room they were completing a quiz that was given to them by staff. The person told us "I like having this to do as it keeps my brain active." There were no restrictions on people's friends and families visiting. One person told us "Family can come anytime. They just pop in when they like." One relative told us "I visit

here every day and I have lunch here twice a week."

Staff were considerate to people's likes and dislikes when developing their care plans. One member of staff told us "Everyone is different and likes different things. One person likes their feet and legs soaked and nails scrubbed every day and another person just likes a strip wash and bath once a week." This was identified in the people's care plans. Another member of staff told us "People like different things and we have to be flexible and change for what people want." One person told us "The staff really do know what I like." Each person at the service had a scrap book which included information about the person that was important to them, such as family members. They also included information about the person such as achievements, likes and dislikes, and pictures that were important to them. For example, one person loved their garden and there were pictures of their garden. Another person's scrap book included pictures of their wedding which was used for reminiscence sessions. A member of staff told us, "We use these pictures during one to one time for discussions."

People were empowered to make choices and have as much control as possible. One person told us, "It is my choice to do what I want and the staff fully respect that." People's rooms were decorated to their own tastes that included their own choice of furniture and personal items. One relative told us, "My relative gets choices. She chooses what she is wearing. There is always big discussion about what she wants and she has to have the right jewellery and the staff always ask her." People were free to choose what they would like to eat. People at the service had a menu to choose from each day. If they did not like what was on offer they could suggest something else and if the items were available they would receive it. One person told us "Today I did not want what was on the menu so I asked for salmon and salad and that is what I got." One person's relative brought a plate of food to the kitchen and told the staff that his relative had changed her mind and would prefer a salad. The staff accommodated this request and prepared a salad and took it to the person's room. The kitchen staff had ensured that there was a varied menu for people to choose from but also themed lunches were provided. One member of staff told us "We have a themed lunch once every other month where we lay out the table along the middle of room. Last year we did countries of the world that included kangaroo meat for Australia. This year we are doing American States." Another member of staff told us "We occasionally get a fish and chip take away for people." On people's birthday the kitchen staff would make a birthday cake for that person. Staff would ask the person if it was ok to sing happy birthday to them when presenting the cake. One person told us "On my birthday they made me cake. What really made me happy was that they asked if it was ok for people to come up to my room and sing to me when they gave it to me."

Staff at the service responded well to people's sensory needs. One person had a large print TV guide in their room along with large number pad phone and clear instructions on how to use it. A member of staff told us "One person is blind and every evening, when it is a bit quieter, we walk up and down the corridor to help their ankles as they can swell." The manager told us "We work with the Blind Association. The Blind Association assess people to identify if there are any improvements that can be made. From this we have introduced talking books and special lighting for those that need it." One relative told us "I have seen a great improvement since my relative came here. We were really worried but since being here she seems happy again."

The manager encouraged good links with the local community. There were records to show that the manager had agreed to take up a service provided by a local school. The school provided lunchtime activities for people. The activities included electronic tablet lessons, bingo and small concerts all provided by pupils at the school. The manager told us "This will hopefully prove to be a positive experience to both the people living here and the pupils at the school." The manager encouraged activities to be organised by the Friends of Oaklands group to involve the local community and provide fund raising opportunities. These

activities included garden parties, summer and spring fairs. Through fund raising activities the activities coordinator told us "We have managed to buy a new large television and a fish tank for people."

The manager fully investigated any complaints that were received. The manager kept a complaint file on site that documented all historic complaints. The complaints file showed that there were four complaints received in the last 12 months. All the complaints had the investigation documented and the outcomes were communicated formally by management to interested parties. From one complaint the provider had installed a new handrail to the garden area. The process of reporting complaints was communicated to people and their relatives through information presented throughout the home. One person told us, "I know what to do if I have a complaint, I would tell the manager." One relative told us, "The manager would deal with any complaints."

Is the service well-led?

Our findings

People, relatives and staff spoke highly of the manager and of the service. One person told us "It is such a friendly place and people are very helpful. It is a really happy place." One person told us "The manager is fabulous and quite a character." One relative told us "The manager is firm and has her finger on the pulse. Another relative told us "The manager is a very caring lady." One member of staff told us "The manager is very supportive and I would be confident going to her if there was a concern. The manager told us "The culture here is open, transparent, caring and loving." People, relatives and staff approached the manager who was open to their concerns. A member of staff told us "We all help each other because we are all one team." The manager has applied to become a registered manager with the care quality commission and the process is well underway.

The manager had ensured that audits were taking place to make improvements across the service. A medicine audit took place April 2016 and identified that fridge temperatures were not always being recorded. Records showed that the fridge temperatures were being recorded on a daily basis. The medicine audit also identified that some liquid medication and creams were not dated on opening. However, in one person's room one cream had not been dated. A nurse told us "We should always be dating the creams in the person's room but the dates are documented on the medical records." This was seen during inspection.

There was an environmental risk assessment that took place April 2016. The audit identified that the accident policy needed an update to account for amended legislation and to put rubber feet on a step ladder to prevent slipping when in use. We checked the manager's response on the action plan and the actions had been completed. Policies at the service were up to date and reviewed on a regular basis. The provider had also carried out a health and safety audit which produced an action plan for the manager to carry out. The action plan had several points including, "Update accident policy to account for amended legislation, and step ladder needs rubber feet to prevent slipping when in use". We checked the manager's response to the action plan and the actions had been completed. Staff were aware of any changes. There was evidence to show that policies were reviewed yearly and staff would sign to show that they had seen the policy. The provider had a clear statement of purpose that was made available to all people, relatives and staff and identified the vision and values of the service. The visions and values were part of the day to running of the home. The manager told us, "This is the people's home and we want it to feel like that." One person told us, "I struggled when I first moved here but it did not take long to treat this as my own home and enjoy living here." The manager had ensured that all notifications required as per the Health and Social Care Act 2008 legal requirement were made to the Care Quality Commission.

The manager carried out spot checks on staff to ensure that they had the knowledge and skill base required to support people. The manager had recently carried out spot checks to check staff's knowledge of safeguarding. The manager also used a staff questionnaire that was sent out prior to supervision that included the questions 'can you identify the types of abuse?' And 'who would you report them to?' The manager could then assess if staff had grasped a good understanding and would follow the guidance in the service's policies and procedures. The most recent staff meeting took place April 2016 and staff spoke positively about putting their views across to the management. One member of staff told us "It is good that

we can put ideas forward. I suggested once that we should have do not disturb signs on the doors so that others would know not to knock if people were having personal care, this was considered and is now put in place."

The provider ensured that people, relatives and staff voices were heard through surveys and meetings. There was a food survey that was carried out in February 2016 that had positive results. One comment from the survey said 'eight out of ten for presentation and ten out of ten for execution.' It was noted that some people felt that the food being served was not hot enough. The results from the survey showed that this had been investigated and the food was being served above a safe temperature level. The head cook told us "We record the temperatures of the food at serving to ensure that it is within guidelines." Temperatures were being recorded to show this. The manager told us "It turns out this is down to personal preference on certain meals. Some people like their food a lot hotter than others. So all we can do is ensure that the food is served at a safe temperature." There was a friends and family survey that took place Feb 2016. From the outcomes of this survey the provider had installed new laundry machines. The survey also identified that supervised walks outside of the service would be beneficial to most people. The activities coordinator told us, "We have arranged walks for everyone that wants to go to a large garden in the local community."