United Care (North) Limited

Oaklands Nursing and Residential Home

Inspection report

Talbot Street
Briercliffe
Burnley
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Tel: 01282411948

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11 December 2018

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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?	**Outstanding**

Summary of findings

Overall summary

We carried out an inspection of Oaklands Nursing and Residential Home on 10 and 11 December 2018. The first day was unannounced.

Oaklands Nursing and Residential Home provides accommodation for 44 people who need either nursing or personal care. At the time of the inspection, there were 41 people accommodated in the home.

The service is situated in a quiet residential area in Harle Syke, Briercliffe on the outskirts of Burnley. There are two floors that can be accessed by a passenger lift or stair lift. All rooms are single occupancy and some of these offer ensuite facilities. There are attractive garden areas and adequate parking for visitors.

At our last inspection of June 2016, the service was rated Good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The management team were committed to the continuous improvement of the service and were dedicated to making people feel valued and improving people's care and self-esteem. Evidence showed they followed best practice and pursued opportunities to influence care in order to attain better outcomes for people living at the home. Quality assurance systems were robust and used to make improvements in the home. People had a wide range of opportunities to provide feedback on the care provided. Feedback from people and their relatives was extremely positive.

People were supported by staff who were extremely kind, enthusiastic and caring. We observed all staff interacting with people and their relatives in a meaningful and caring way which made people feel they mattered to the staff who supported them. Staff enjoyed working at Oaklands Nursing and Residential Home. We observed a strong, family-orientated service where staff were encouraged to demonstrate highly respectful and caring attitudes towards the people they supported.

People were more than happy with the care and support they received. Without exception, they told us they were treated with care and kindness and were treated equally and fairly. People received care which recognised their individual differences and respected their right to be treated with dignity and respect. The service provided outstanding end of life care to ensure people's end of life was as comfortable, dignified and pain free as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff fully understood the importance of acknowledging people's diversity, treating people equally and ensure that they promoted people's rights. We saw people's cultural and spiritual needs were discussed and recorded in their care plans.

People were engaged in varied and meaningful activities which met their individual interests; to support this the home had developed links with organisations in the local community to help enhance people's quality of life.

Care plans and risk assessments were person centred and provided guidance for staff on how to provide safe and effective care. There were established arrangements in place to ensure all care plans were reviewed and updated as people's needs changed. Where necessary, staff made referrals to external professionals to ensure people's health needs were met.

People told us they felt safe. Staff had received training in the protection of vulnerable adults and knew what action they should take if they suspected or witnessed abuse. Lessons were learned from any accidents, incidents or safeguarding matters.

People received their medicines when they needed them from staff who had been trained and had their competency checked. People were cared for in a safe, comfortable and clean environment. People told us they enjoyed the food provided.

Staff had been safely recruited and received the induction, training and support necessary to enable them to deliver effective care. There were sufficient numbers of staff on duty to meet people's needs in a flexible way which met their preferences and promoted their independence. We noted the number of care hours provided, regularly exceeded the assessed number of hours as indicated by the provider's staff assessment tool based on people's dependencies

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service is Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service has improved to outstanding and was exceptionally well led. The registered managers led by example and inspired the staff to provide the best possible person-centred care and experience for people and their families. There was an emphasis on continuous improvement in the service. Without exception, staff told us they enjoyed working at Oaklands Nursing and Residential Home and they demonstrated a commitment to providing people with high quality care. The provider valued their staff and rewarded them for long service. The service had developed strong links with the local community which were used to enhance the experience of people who lived in the home.	**Outstanding** ☆

Care Quality Commission

Oaklands Nursing and Residential 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 comprehensive inspection took place on 10 and 11 December 2018; the first day was unannounced. The inspection was carried out by an adult social care inspector and an expert by experience on the first day, and by one adult social care inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team also included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

In preparation for our visit, we checked the information we held about the service and the provider and included this in our inspection plan. We considered the previous inspection report and obtained the views of the local commissioning teams. We reviewed information from statutory notifications sent to us by the service about incidents and events that had occurred at the home. A notification is information about important events, which the service is required to send us by law.

The provider sent us a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about the service, such as what the service does well and improvements they plan to make.

During our inspection visit, we spent time observing how staff provided support for people to help us better

understand their experiences of the care they received. We spoke with eight people living in the home, six visitors, five care staff, the pharmacy technician and both registered managers. We also spoke with a professional visitor and a healthcare practitioner.

We had a tour of the premises and looked at a range of documents and written records including four people's care plans and other associated documentation, two staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, customer survey outcomes, complaints and compliments records, medication records, maintenance certificates, policies and procedures and records relating to the auditing and monitoring of service.

Good

Is the service safe?

Our findings

During the inspection, we observed people were comfortable in the company of staff. We observed staff interaction with people was kind, friendly and patient. People told us Oaklands Nursing and Residential Home was a safe place, was free from abuse and free from any bullying. People told us they could tell someone if they felt unsafe about anything or anyone. They said, "I am very safe and well cared for." Relatives said, "The care is excellent and [family member] is kept safe. We can leave here knowing she is cared for safely" and, "There are enough staff and the majority have been here a long time. I am confident [family member] is safe; I can walk away without any worries."

Staff had safeguarding vulnerable adults' procedures and whistle blowing (reporting poor practice) procedures to refer to. Safeguarding procedures are designed to provide staff with guidance to help them protect people from abuse and the risk of abuse. Staff were clear about the action to take if they witnessed or suspected abusive practice and would have no hesitation in reporting concerns to the management team or to other agencies.

We looked at how the risks to people's health, safety and wellbeing were being managed. Risk assessments were in place including those relating to falls, moving and handling, skin integrity and nutrition and hydration. Assessments included information for staff about the nature of the risks and how staff should support people to manage them. They were updated regularly and information about any changes in people's risks or needs were communicated between staff during shift changes.

Records were kept in relation to accidents and incidents that had occurred at the service, including falls. Appropriate referrals were made and information shared with local commissioners. The registered manager carried out a monthly analysis of falls, incidents and accidents occurring in the service; we discussed how this could be improved to identify any patterns or trends.

The registered manager was clear about their responsibilities for reporting incidents and safeguarding concerns to the appropriate agencies. Action to be taken and lessons learned from incidents had been discussed with staff and shared with the provider. Arrangements were in place to respond to external safety alerts to ensure people's safety.

Financial protection measures were in place to protect people. Staff were not allowed to accept gifts or assist in the making of, or benefiting from people's wills and there were systems in place to respond to concerns about staff ability or conduct.

We looked at how the service managed people's medicines. The service employed a professionally qualified pharmacy technician to manage people's medicines and to ensure systems and practices were safe. We found there were safe systems in place to order, administer, store and dispose of people's medicines and everyone had an adequate supply of their medicines to ensure they could be administered as prescribed. The stock level of medicines was under control and clear records were maintained. However, we found the directions to support staff with the application of external and internal creams were insufficient to guide

staff. The registered manager was aware of the shortfalls and action was being taken to address this.

Appropriate arrangements were in place for the management of controlled medicines, which are medicines which may be at risk of misuse; we checked one person's controlled drugs and found the amounts to be correct. Nursing staff administering medicines had undertaken medication training and assessments of their competency were completed and had access to a full set of medicines policies and procedures. There was a system to ensure people's medicines were reviewed by a GP that would help ensure people were receiving the appropriate medicines.

We looked at the numbers, availability and deployment of staff. We looked at staffing rotas and found a registered nurse with eight or nine care staff throughout the day, a registered nurse and five care staff in the evening and a registered nurse and four care staff at night. There were sufficient ancillary staff such as cooks, kitchen assistants, activity coordinator, administration, maintenance and domestic staff. A pharmacy technician was available four days each week to support the nursing staff. The registered managers worked flexibly in the home and provided out of hours support as needed. A dependency tool was used to provide guidance about the recommended numbers of staff. We noted the number of care hours provided regularly exceeded the assessed number of hours required. We were told any staff shortfalls were covered by existing staff or by agency staff. Records showed the same agency nursing staff were used to provide some consistency for people. We observed that staff were patient and person centred in their interactions with people. They had the time to sit with people and have conversations about things of interest to them.

We looked at two staff recruitment records and found all the necessary checks had been completed before they began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. However, a full employment history had not been obtained and health records were completed prior to an offer of employment; the registered manager addressed this following the inspection. Regular checks on the registration status and fitness to practice of all nursing and professional staff had been completed. When agency staff were used, confirmation was received that they were fit and safe to work in the home.

We looked at the arrangements for keeping the service clean and hygienic. We found all areas to be clean. There were infection control policies and procedures for staff to refer to and staff received training in this area. Staff were provided with protective wear to help prevent the spread of infection. There were designated domestic staff; cleaning schedules were in place and monitored by the registered manager. There was a designated infection prevention and control champion who was responsible for conducting checks on staff practice in this area, attending local forums and for keeping staff up to date. The laundry had sufficient equipment to maintain people's clothes.

Equipment was stored safely and we saw records to indicate regular safety checks were carried out on all systems and equipment. There were arrangements in place for ongoing maintenance and repairs to the building. A system of reporting any needed repairs and maintenance was in place. Records showed repairs were undertaken promptly.

Training had been provided to support staff with the safe movement of people. We observed staff using safe practices and offering kind words and encouragement when supporting people to move around the home. Records showed staff were trained to deal with healthcare emergencies and had received fire safety training. Regular fire alarm checks had been recorded to ensure staff knew what action to take in the event of a fire. Each person had a personal evacuation plan in place in the event of a fire, that assisted staff to plan the actions to be taken in an emergency.

The environmental health officer had awarded the service a five-star rating for food safety and hygiene. There was key pad entry to the home and visitors were asked to sign in and out which would help keep people secure and safe.

Good

Is the service effective?

Our findings

People told us they were happy with the service they received and felt staff were competent and knowledgeable. They said, "It's not my home but it comes very close." Professional visitors said, "Everyone is content and very well looked after. It is a lovely home" and, "Everyone works in the residents' best interest to make sure they are comfortable and looked after."

Before a person moved into the home, a thorough assessment of their physical, mental health and social needs was undertaken to ensure their needs could be met. Most people, or their relatives, were enabled to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed them to experience the service and make a choice about whether they wished to live in the home and staff could determine whether the home was able to meet their needs.

We looked at how the service trained and supported their staff. The training plan showed staff received a range of training that enabled them to support people in a safe and effective way and all staff had achieved a recognised care qualification. Registered nursing staff were provided with additional training and support to maintain their professional registration and to meet the specialised nursing needs of people living in the home.

Staff were provided with regular one to one supervision and told us they were supported by the registered managers. Staff were also invited to attend regular meetings and received an annual appraisal of their work performance.

New staff participated in a structured induction programme, which included an initial orientation to the service, working with an experienced member of staff, training in the provider's policies and procedures, completion of the provider's mandatory training and, if new to care, undertaking the Care Certificate. The Care Certificate aims to equip health and social care workers with the skills and knowledge which they need to provide safe, compassionate care. Agency staff also received a thorough induction when they started to work in the home; this helped keep themselves and others safe.

Staff told us communication about people's changing needs and the support they needed was good. There were systems in place to ensure key information was shared between staff; staff spoken with had a very good understanding of people's needs.

We looked at how people were supported with their healthcare needs. People's care records included information about their medical history and any needs related to their health. Appropriate referrals had been made to a range of healthcare professionals and the nurse practitioner and district nursing team regularly visited the service to monitor the care and treatment of people living in the home. Staff accessed remote clinical consultations which meant prompt professional advice could be accessed at any time and in some cases, hospital visits and admissions could be avoided. People considered they received medical attention when they needed.

Detailed information was shared when people moved between services such as transfer to other services, admission to hospital or attendance at health appointments. People were accompanied by a record containing a summary of their essential details and information about their medicines; where possible, a member of staff or a family member would accompany the person. In this way, people's needs were known and considered, and care was provided consistently when moving between services. Visitors confirmed they were consistently informed of any changes to their family member's health.

We looked at how people were protected from poor nutrition and supported with eating and drinking. Everyone we spoke with told us they enjoyed the meals and that they had been given a choice. We observed lunch being served. People were asked for their choices earlier in the day and their choices were confirmed again whilst at the dining table; when the meal was served staff explained what was on the plate. Most people sat at the dining tables whilst others remained in their bedrooms. The dining tables were attractively set with pictoral menus, napkins, themed decorations and condiments. Adapted cutlery and crockery and protective clothing was provided to maintain people's dignity and independence.

The meals served were nicely presented and looked and smelled appetising; the portions varied in amount for each person. The meals were served on contrasting coloured plates to improve the dining experience for people with a sensory impairment. We overheard friendly conversations and banter during the lunchtime period and we observed staff patiently supporting and encouraging people with their meals. Hot and cold drinks were offered during the meal. People confirmed they were offered a supper and we observed cold and hot drinks being served between meals.

Information about people's dietary preferences and any risks associated with their nutritional needs was maintained on people's care plans and shared with kitchen staff. Food and fluid intake charts had been implemented for those people deemed at risk; records were monitored to identify any deficits in people's dietary intake and any gaps in the records. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. There were policies and procedures to support staff with the MCA and DoLS and records showed staff had received training in this subject. We noted applications had been submitted to the local authority for consideration and were kept under review.

People's overall capacity had been assessed and their capacity and consent to make decisions about care and support was referred to in the care plans. Staff understood the importance of gaining consent from people; we observed staff asking people for their consent before they provided care and treatment.

We noted people had 'do not attempt cardiopulmonary resuscitation' (DNACPR) decisions in place. Each person's doctor had signed the record and decisions had been taken in consultation with relatives and relevant health care professionals. A DNACPR decision form in itself is not legally binding. The final decision

regarding whether or not attempting CPR is clinically appropriate and lawful rests with the healthcare professionals responsible for the patient's immediate care at that time. Where possible, we found people's care plans reflected their decisions and preferences in relation to this.

We looked at how people's individual needs were being met by the adaptation, design and decoration of premises. We found the home was comfortable and warm; aids and adaptations had been provided to help maintain people's safety, independence and comfort. People told us they were happy with their bedrooms and some had en-suite facilities; bathrooms and toilets were located within easy access of bedrooms. The gardens were safe and maintained.

Good

Is the service caring?

Our findings

People were more than happy with the care and support they received. Without exception, they told us they were treated with care and kindness and were treated equally and fairly. They said, "I love living here. Staff are like my little family" and, "I love this place. The staff are fantastic and care for me well. I am lucky to be in this home; it is something extra. I think it's because they really care about me." Relatives were very complimentary about staff and said, "They treat them like family", "My [family member] is not treated like an old lady; she is treated with respect" and, "The care can't be faulted." A professional visitor said, "The registered manager is a great advocate for people and is determined to get the very best care and treatment for them."

People made very positive comments about the staff. They described them as amazing, kind, professional, pleasant, friendly and caring; one person described staff as, "The most amazing team of caring people." Everyone we spoke with told us they would have no hesitation in recommending Oaklands Nursing and Residential Home to others and would be more than happy for any family member to be cared for in the home.

We saw many compliment cards that highlighted the caring approach by staff. They included, "Staff went above and beyond to make us comfortable" and, "You make such a difference to so many lives." A specialist health care professional had described staff as helpful and accommodating and said they had been impressed by their experience during their visit to the home.

We observed a strong, family-orientated service where staff were encouraged to display their affection and care towards people. During the inspection, we observed staff were motivated to consistently provide the highest possible care and demonstrated highly respectful and caring attitudes towards the people they supported. They were constantly asking people what they wanted to do, how they were feeling, if they wanted anything and what support they required. We observed staff interacting with people in a caring, affectionate and respectful manner; we observed lots of smiles, hugs and laughter. We observed one person who had recently been admitted to the home; without exception, each member of staff that passed the person, introduced themselves and offered kind, encouraging and reassuring words to make them feel at ease. We overheard staff saying, "You'll like it here, we're a good bunch" and, "Try not to worry, we will look after you."

People were encouraged to maintain relationships with family and friends. Friends and relatives confirmed there were no restrictions placed on visiting; we saw they were made welcome and some could dine with their family member and join in with the activities. We also noted that families and friends of deceased family members maintained contact with the home and continued to participate in events. We observed visitors being given affectionate hugs as they entered the home. One visitor said, "I come back every year; we are part of the same family."

People were treated with dignity and respect and without discrimination. Staff had access to a set of equality and diversity policies and procedures and had received training in this area. Staff demonstrated a

good knowledge of people's personalities and individual needs and what was important to them. Through our observations and discussions, we found that care and support was delivered in a non-discriminatory way and people's rights were respected. There was a mixture of male carers, female carers and people from different cultures and backgrounds. This enabled people who used the service to have a choice of being supported by a staff member they felt comfortable with.

There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting. People were fully supported to wear clothing of their choice; ladies had been offered make up and some were wearing jewellery and perfume if required. We observed staff supporting people in a manner that encouraged them to maintain and build their independence skills. People told us the staff respected their privacy. We observed staff ensured personal care interventions were carried out behind closed doors.

People were able to express their views by means of daily conversations and during residents' and relatives' meetings. We noted the meetings had been poorly attended and people told us they preferred to engage in day to day discussions with staff and management. Everyone we spoke with confirmed they were informed of proposed events, were consulted and involved in making decisions about their care.

People were supported to be comfortable in their surroundings. People told us they were happy with their bedrooms and they could spend time alone if they wished. All staff were aware of how to respect people's confidentiality. People's records were kept safe and secure and there was information available to inform them on how their rights to confidentiality would be respected.

Useful information was displayed on the notice boards and included, complaints and concerns, safeguarding, planned activities inside the home, events in the local community and information about advocacy services. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

People were provided with a brochure on admission to the home, which provided an overview of the services and facilities available in the home. We were told the information could be made available in other formats to ensure it was accessible to everyone. There was also information available on the website; this was currently under review.

Good

Is the service responsive?

Our findings

People were happy with the personal care and support they received and made positive comments about the staff and about their willingness to help them. People told us, "I only have to ask and they do their best to sort things out" and, "Nothing is too much trouble for them. I am spoiled here." Relatives said, "I know if I had a problem the management would listen and act accordingly" and, "The staff take time to get to know people and what they want."

We looked at how the service supported people at the end of their life. Oaklands Nursing and Residential Home had achieved accreditation in the Gold Standards Framework (GSF). GSF is a systematic, evidence based approach to optimising care for people approaching the end of life which is delivered by frontline care providers. The service provided outstanding end of life care to ensure people's end of life was as comfortable, dignified and pain free as possible. There was advance care plan documentation which provided a framework for staff to ask the difficult questions, enabled people to express their choices and make informed advance decisions. Regular meetings were held with other healthcare professionals to ensure the right support was in place at the right time. An end of life dignity in care plan was started for people nearing end of life to ensure consistent support was available always; people and their families were very much involved in this process.

Families were supported following the death of a family member. We saw many cards indicating people's grateful thanks. Management and staff always paid their respects at funerals; staff were provided with appropriate and timely support as needed.

People were provided with a wide range of activities which met their diverse needs and interests. The service employed an activities coordinator who had taken time to find out about people's interests and aspirations. During our visit, we observed people chatting to each other, visitors and staff, reading newspapers and watching TV. One person had brought in her piano and played this providing much enjoyment for everyone. They said, "I love my music and the home let me bring my piano here and I play it every afternoon. They made a special place for me. I don't know what I would do if I couldn't play." People and their relatives told us about the upcoming Christmas party and how they were appreciative of the opportunity to celebrate Christmas with their loved ones. Records showed people also participated in concerts, quizzes, gardening and reminiscence sessions.

People were supported to maintain links with the local community. Children from local schools and people living in the home were involved in writing letters to each other. The letters included information about each other and provided people with an insight into the children's lives and helped develop new relationships. There were plans for the local school children to visit the home during the Christmas period.

We looked at four care plans and associated records to determine whether people received personalised care that was responsive to their needs. People's needs had been assessed before they started living at the home, to ensure that the staff were able to meet people's needs. The care plans were organised and included information about people's likes, dislikes, preferences and routines which would help ensure they

received personalised care and support in a way they both wanted and needed. Information about people's changing health needs and specialised care needs were recorded and the advice given by health care professionals was documented and followed.

People's care and support had been kept under review and records updated on a regular basis or in line with any changes. People said they were kept up to date with any changes and involved in decisions about care and support.

Daily records were maintained of how each person had spent their day and of any care and support given; these were written in a respectful way. There were communication systems in place to ensure staff could respond to people's changing needs. Staff told us communication was very good.

We looked at how the service managed complaints. People were clear that they did not have any complaints but told us they would feel confident enough to speak with a member of staff or to the registered manager if they were unhappy. The service had a policy and procedure for dealing with any complaints, which was displayed in the entrance and available in the service user guide. The complaints procedure did not include the process for sharing complaints with the local commissioners or local ombudsman. The registered manager assured us this would be reviewed.

There had been no complaints made about this service in the past 12 months. Minor concerns had been recorded to help determine any themes, demonstrate that people's concerns were taken seriously and show that appropriate action had been taken.

We looked at how technology and equipment was used to enhance the delivery of effective care and support. We noted the service had internet access to enhance communication and provide access to relevant information for staff. E-learning formed part of the staff training and development programme. Sensors or pressure mats were used to alert staff when people were at risk of falling and pressure relieving equipment was used to support people at risk of skin damage. One person used audio newspapers to keep up to date. Staff could access out of hours professional advice and training with the electronic telemedicine services.

There was a policy to support management and staff to meet the accessible information standard ensuring people with a disability or sensory loss are given information in a way they can understand. The registered manager told us information could be provided in different formats to meet people's communication needs. We found there was information in people's initial assessments about their communication skills to ensure staff were aware of any specific needs. Communication cards were available. We found one person could only communicate by texting; all staff were aware of the importance of ensuring their mobile phone was charged at all times.

Outstanding ☆

Is the service well-led?

Our findings

At our last inspection in June 2016, this key question was rated as good. At this inspection, the rating had improved to outstanding.

The leadership team at Oaklands Nursing and Residential Home showed a clear commitment to providing a high-quality service which ensured that people could live as fulfilled and enriched lives as possible. The atmosphere in the home was warm and welcoming and people spoken with told us they felt lucky to be living in the home.

Without exception, everyone spoken with made positive comments about the management arrangements at Oaklands Nursing and Residential Home. Comments included, "We heard good reports about this home and we have not been disappointed" and, "We have no hesitation in recommending your excellent services." A visiting professional said, "There is nothing too much trouble for any of the staff. It is run like a tight ship. I would recommend this service." Staff said, "The manager is strict but fair" and, "We have set rules, methods and actions to follow. It works."

People spoke very highly about the staff and the management team. The registered managers led by example, and people spoken with felt the registered managers were a strong, visible and approachable presence in the home; we observed good relationships between the registered managers, staff and visitors to the home. We were told that, despite their family member no longer living in the home, people continued to visit the home. This showed that management and staff had developed good relationships with people.

At the time of our inspection, there were two registered managers in post; both were registered with the Care Quality Commission. One registered manager was due to retire from the post and intended to forward an application to de register to CQC. They planned to continue in an advisory role as needed. 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 management team were committed to the continuous improvement of the service and were dedicated to making people feel valued and improving people's care and self-esteem. Action to be taken and lessons learned from incidents had been discussed with staff and shared with the provider. Staff were aware of the improvements needed and any compliments received by the home were shared with them. A consistent, dedicated and enthusiastic staff team was in place, led by an excellent management team that followed best practice and pursued opportunities to influence care in order to attain better outcomes for people living at the home. The management team saw the retention of staff to be of paramount importance to build confidence and the feeling of safety.

Examples of this included, the home was consistently well staffed. The registered managers told us that by providing good staffing levels this ensured good standards of care, gave staff time to spend with people and

their relatives without being rushed and helped to maintain a stable, enthusiastic and happy workforce. Staff and people spoken with told us how it made a difference to spend quality time with people and not to feel rushed. In addition, the management team recognised the importance of making staff feel valued in order for them to deliver high quality care. To drive improvement and reward staff, the service recognised the long service of staff by holding award ceremonies that involved people using the service and their relatives.

A pharmacy technician had recently been employed to support nursing staff with medicines management. The registered managers had identified this would reduce risk factors, provide more monitoring and enable more people to be supported with managing their own medicines in a safe and controlled manner. This showed the management team were proactive in identifying and actioning areas of risk.

People's lives had been enhanced in a number of ways by following best practice guidance. Examples included, developing good links with the local community. The registered manager described how relationships had developed with local school and nursery children and how people looked forward to hearing from them. Coloured plates had been introduced at mealtimes following discussions about people with sensory and perception difficulties at recent training sessions. For one person this had restored his interest in food and had improved his health and wellbeing. Corridor flooring and lighting had been improved following falls training, following discussions with people and following a review of falls incidents.

The management team were active in supporting and working in partnership with other services, a variety of other agencies and healthcare professionals to keep up with current legislation, guidance and to share best practice. For example, the registered managers were working in collaboration with hospital and community healthcare professionals to improve clarity around people's roles, to improve awareness of the risks of out of hours discharges and ultimately to improve and provide consistency with discharge processes. Strong links had been developed with the local commissioners to access appropriate guidance and training. Staff attended local infection, prevention and control meetings, dignity meetings and safeguarding meetings. Some staff had been encouraged to become designated 'champions' in these areas which helped increase staff awareness and involvement in the development of the home and improved standards and practice.

The registered managers worked in collaboration with other local registered managers. They had set up and attended local network meetings to share good practice and to provide support for each other. Subjects of interest and information from CQC inspections were discussed with the group. This showed the management team were open, honest and transparent with others and committed to improving care for people.

The home had achieved the Gold Standard Framework Accreditation in End of Life Care; evidence showed they were dedicated to providing excellent support and care to people and their relatives at the end of their lives. People's comments were overwhelmingly positive about care provided at end of life. Good relationships had been developed and we noted families continued to be involved in the home many years following the death of their loved one.

The provider had oversight of the service and regularly visited the service to monitor quality of the service, the effectiveness of the registered manager's practice and to speak with people about their experiences. The registered manager told us the provider only wanted the best care for people and this was reflected in the way the home was managed. There were systems in place to assess and monitor all aspects of the quality of the service. Records showed that shortfalls had been identified and discussed with staff for improvement; we noted timescales for action had been set and actions were monitored by the provider. This ensured the service continued to provide safe and effective care to people.

People were encouraged to share their views and opinions about the service by talking with management and staff and by completing feedback forms. An annual satisfaction survey had been undertaken in December 2018; the very positive results had been shared with people so they knew what action was being taken to respond to their comments. We saw people had been listened to; for example, new flooring, furniture and lighting had been provided following discussion with people. A post bereavement survey was also undertaken to ensure family's needs were met throughout the end of life process.

We found staff morale was high and they felt valued. Staff spoke positively about their work and felt supported to carry out their roles; they could raise any concerns or discuss people's care with the nursing staff or registered managers. We observed an excellent and respectful working relationship between the management team and staff. Regular staff meetings had taken place; staff told us they discussed a range of issues and had been kept up to date. We found there were no minutes available to determine the detail of the discussion or to share with staff who had been unable to attend the meetings. The registered manager assured us this would be addressed. Staff were provided with job descriptions, contracts of employment, policies and procedures and the staff handbook, which outlined their roles, responsibilities and duty of care. All staff spoken with were clear about their roles and responsibilities and what was expected of them.

People's care records and staff records were comprehensive, clear and up to date. They were appropriately stored and only accessible by staff to ensure people's personal information was protected. The records we requested were promptly located and well organised.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that appropriate notifications had been submitted to CQC and other agencies. We noted the service's CQC rating and a copy of the previous inspection report was on display in the home.