

Forest Care Limited

Oak Lodge

Inspection report

Rectory Road
Oakley
Basingstoke
Hampshire
RG23 7EL

Website: www.forestcare.co.uk

Date of inspection visit:
10 October 2019
15 October 2019
16 October 2019

Date of publication:
09 January 2020

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Oak Lodge is a residential nursing home providing nursing and personal care to up to 60 people in a specially adapted set of connected buildings.

There are 60 bedrooms spread between three defined areas of the home, all with private toilet and sinks with shared showers and bathrooms. There are shared living areas, dining room, kitchenettes and a large kitchen.

People's experience of using this service and what we found

People received high quality care which supported them to have an outstanding quality of life and maintain their health and wellbeing as long as possible. People's freedom and happiness was valued by staff most highly and support was personalised to meet and exceed people's expectations.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were proactive and confident to minimise restrictions and give people freedom.

The home had a calm, friendly, warm and welcoming atmosphere which was reflected by staff at all levels. Staff were exceptionally kind, compassionate and patient in their approach. People's individuality and dignity was held in high regard at all times which meant people received an extraordinarily caring service.

The home was outstandingly well-led with a leadership culture of inclusivity and empowerment to staff and people. People, their relatives, healthcare professionals and other stakeholders consistently fed back how the high quality of leadership in the home promoted continuous improvement and consistently high standards.

There were a wide range of activities in and out of the home and staff were particularly skilled at encouraging people to participate and to minimise social isolation. The home was safe and ensured people's needs were met in a way which was highly personalised and reflected their culture and personal backgrounds. People and their relatives felt particularly engaged and involved. The home had very good links with the local and wider community.

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

Rating at last inspection

The last rating for this service was outstanding (published 14 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Outstanding ☆

The service was exceptionally effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

Oak Lodge

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Oak Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed the provider's website. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care

provided. We spoke with 11 members of staff including the nominated individual, registered manager, head of care, nurses, senior care workers, care workers, the maintenance person and the chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed the home's facilities and made observations of staff interaction with people in communal areas of the home, including observing a lunch service.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We sought feedback from the local authority and professionals who work with the service and gained feedback from four, including two GPs who work with the home.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We emailed people's relatives to gain their views and received feedback from 28 of them.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their families told us they felt confident in their safety. One person's relative said, "I do not worry about them, and I am confident that they are safe and well looked after." Another told us, "All of the staff should take credit for providing a safe, caring and loving environment."
- Staff had training in safeguarding and understood signs of abuse, such as changes in people's behaviour or physical signs, such as bruising. One staff member said, "We know people, we spot when they are not themselves." Staff felt confident to report any concerns they had and felt confident that any concerns they had would be taken seriously.
- The provider had systems, policies and processes in place which meant that any concerns were reported appropriately to relevant authorities and investigated.

Assessing risk, safety monitoring and management

- People's risks were assessed relating to their safety and wellbeing. People had robust support plans which outlined how staff should best support people to reduce these risks where possible.
- People's risks were proactively monitored, and the approach of staff was regularly reviewed and updated based on people's changing needs.
- Risks in the home were reviewed and the home had a robust management process for monitoring and maintaining safety, such as fire, health and safety and infection control.

Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. Staff told us there were always enough staff and that they had time to spend providing people's care and support in a personalised way.
- Staff recruitment procedures were robust. Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records. These included references to evidence the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- People were supported to manage their medicines safely. People were asked if they wanted support with their medicines, and their ability to manage their own medicines and how much support they required was assessed.
- Where people were supported with their medicines, there were safe procedures in place to ensure people received their medicines as prescribed. Where people were prescribed 'as needed' (PRN) medicines, there

were clear protocols for their use.

- The service had implemented an electronic prescribing system since the last inspection. This used barcode scanners and electronic medicines administration records (MARs) which automatically confirmed the medicine given and any issues, such as having medicines too soon. Records showed people consistently received their medicines as prescribed.
- People told us they had the help they needed with their medicines, which they received on time, and felt able to ask for pain relief when they needed it. Staff took time to explain people's medicines to them and followed safe practices. Staff had training in medicines management and had their competency to administer medicines checked.

Preventing and controlling infection

- The home was cleaned to a high standard. All areas of the home were clean and tidy throughout the inspection. People and their relatives consistently commented on how clean the home was and how it always smelt pleasant.
- One person's relative commented, "The cleaners are always working hard to keep the home spotless." Another told us, "Oak Lodge stood out especially for the high levels of cleanliness. The registered manager runs a tight ship and her standards are impeccable."
- There were adequate hand washing facilities for staff and there was personal protective equipment available throughout the home.
- The kitchen was maintained to a high level of cleanliness. The home received a rating of five out of five following a Food Standards Agency inspection on 17 December 2018, this indicated there were consistently high standards of cleanliness and effective management systems in place.

Learning lessons when things go wrong

- The home consistently recorded incidents or events which could affect people's health or wellbeing, such as falls, infections or when people became agitated. These were documented with possible causes and actions taken.
- There were monthly reviews of incident information which could highlight any themes or trends, such as a particular person or people involved, or with the timing or location of people's falls. Incidents were also used as a way of measuring the impact of any intervention and as a measure of quality and safety.
- Staff told us they had no concerns reporting any incidents that took place and these were treated as a learning opportunity in order to improve people's care. Staff received feedback about incidents and events that occurred in team meetings and handovers and were kept up to date with information relevant to them, such as changes in people's support plans.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- The service assessed people holistically, and considered their physical, emotional and social needs. Staff ensured these were met during the delivery of people's care to achieve good outcomes and quality of life for them. Assessment tools used were evidence-based and reflected best practice.
- Using these tools, the service was able to anticipate people's risks and needs and support them to maintain their health and wellbeing to a high level. For example, the service utilised assessment tools and installed specialist equipment and accessed support to manage people's skin. As a result, the service had achieved better than expected results, with no pressure ulcers in more than a year and had very low numbers of other injuries or wounds.
- The service had identified a gap in support for people around their mobility, particularly when they first moved into the service or following a hospital stay. The provider had recruited a physiotherapist and had adapted an area in one of the lounges to be used as a gym. People were reviewed for their suitability to join in exercise classes or one-to-one sessions.
- Staff and relatives praised the success of the new physiotherapy support and reflected on the improvement in people's mobility and independence. One relative fed back, "We are all in agreement, you are miracle workers." Another told us, "The staff have provided excellent care for my [loved one] effectively nursing him back to better health and general mobility."
- The registered manager gave examples of people who had benefitted, such as one person who was supported with a hoist to transfer when they moved to the home. After working with the physiotherapist and staff doing exercises for some time, they were now able to walk with a frame. Another person, who also moved to the home using a hoist to transfer, wanted to be able to get in and out of a car to go out with family more easily. With exercises and classes, they were able to support them to be able to transfer using a specific stick which has enabled them to use vehicles and access the community more easily.

Staff support: induction, training, skills and experience

- Staff had a thorough induction when they started work with the service. Staff and people's relatives told us newer staff worked with more experienced staff to gain the knowledge and skills needed. The service had a number of very experienced staff who had worked in the service for many years.
- Staff at all levels were extremely knowledgeable, they had a very good level of understanding of a range of conditions and support strategies relevant to their role, such as managing anxiety, symptoms of dementia and monitoring people's physical health. This meant staff in all roles, including administrative and domestic staff, care workers and nurses were extremely effective in identifying changes in people's needs, calming their anxieties and seeking support when needed.

- Staff training was procured and offered based on people's changing needs. Where the home had increasing numbers of people living with dementia, the provider had organised "dementia tour" training, where staff could experience symptoms of dementia and gain empathy for those they supported. Staff reflected on how this had changed their perception and helped them adapt their approach to better support people. One member of staff said, "It helped me understand why people respond the way they do." They described how they now took more time, kept things simple and used visual cues to help with questions to help people respond.
- Different training styles and bespoke training was available for staff based on their learning needs, style and to support them with any disability or language barrier. One member of staff said, "She gives wonderful support to all, with training also, making everyone feel safe and valued."
- Appraisals were carried out regularly and proactively reviewed staff performance, what they did well, what they could improve on and any learning or development for the future. Staff were supported to access career development and continuous professional development opportunities.
- The management team set high standards for staff and ensured they had the skills to maintain the high quality of care provided. Staff told us they were supported to professionally challenge each other and take a collaborative approach to drive continuous improvement in the quality of care.

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

- All staff in the home had a strong focus on the importance of eating and drinking well and reflected best practice in how they supported people. There were kitchenettes on bedroom corridors to enable people to help themselves to drinks and snacks. Kitchen staff were trained in nutrition and took pride in their work.
- The management took an imaginative approach to ensuring people had a balanced diet, for example they were exploring the use of 'super foods' – foods high in protein and with a high nutrient value so people could receive their benefits from a smaller portion, which some people preferred. Each month a taster option was created of this 'super food' which people could try or have instead of regular menu options, and if people enjoyed it, it was added to the regular rotation of foods.
- People consistently told us the food was of high quality and was presented well. The food was varied and was planned with people, with their views foremost in planning. People's choice and preference was always prioritised. Kitchen staff knew people well, they took time to explore people's likes and dislikes and ensured this was recorded in great detail, such as; "[person] likes bacon, well grilled" or "prefers soup from a mug, not a bowl".
- Menus were planned to reflect people's cultural backgrounds. One person in the home had travelled for work all their life and expressed that they felt "trapped" staying in one place. The home had supported them with the introduction of foods from different cultures to help them feel more at home. People were encouraged to try new things so that their diet remained varied and to boost their appetite as their tastes may have changed.
- People's risks were considered, and people had adapted diets based on their needs. People had specialist equipment to meet their needs, such as deep plates, special cutlery or lidded beakers. The provider had also sought out plates and cups which kept food and drink warm for those who ate more slowly.
- Mealtimes were made into a social event, people were encouraged to sit with others they got along with and who had similar communication and cognitive levels, so that people could form friendships. Staff took pride in preparing the dining room for meals, with tablecloths and napkins folded. Menus were displayed around the home with pictures of the dishes to build people's appetite.

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

- The staff team had pride in their positive relationships with other healthcare professionals to ensure people had access to care and support that achieved positive outcomes and a good quality of life.

- GPs and other professionals gave consistently very positive feedback about the service and how they worked with them. One GP told us, "The registered manager and her team work tirelessly. They know the residents in phenomenal detail; their medical history, medications, and family backgrounds. The weekly ward rounds are a pleasure. Inappropriate admissions to hospital are virtually non-existent and overall admissions to hospital are appropriately low."
- Another said, "They are systematic in their approach to managing their medical conditions and we are regularly prompted to review medications to see whether these can be optimised for the benefit of the patient. They make our job easy!"
- The registered manager told us of ways the service worked with other healthcare professionals to improve people's quality of life. In one example, a person was catheterised due to a medical condition, and since then had experienced regular infections, which made them confused, unwell and required treatment with antibiotics. The registered manager sought to discuss options with the person's consultant and agreed to put in place additional monitoring to allow them to try without a catheter, with staff trained to re-catheterise them if needed. Since then, the person's number of infections had reduced significantly and they experienced a greatly improved quality of life.
- Following this, the staff team felt more confident and tried this with another person who had not felt confident travelling or staying with family since using a catheter. The person has been supported to manage without a catheter and has been able to take part in more visits out of the home.

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

- The service was well decorated and maintained with bright spaces, which allowed in natural light to help orientate people to the time of day and time of year. There was a sensory garden with herbs and scented flowers which was accessible for people of any mobility level. There were planters, so people could take part in gardening activities.
- There were quiet spaces for people to spend with family. One room was set up as a homely family sized living and dining room, which could be utilised for private meals with loved ones, for private functions or for review meetings with families. One person's relative told us, "The home has a number of places where you can sit with your relative without feeling on top of others. We have appreciated using the small dining room for family gatherings."
- People could adapt the décor of their room and bring their own furniture. Staff had adapted people's space to suit their needs and match their previous home environment as much as possible to help people orientate themselves. For example, staff asked people what side of the room their bed at home was on, what side their clock was on and whether they had their bed against the wall.
- There were various walking aids, specialist moving and handling equipment and other equipment available to promote people's independence.
- The home had implemented some elements of 'dementia friendly' guidance. One of the provider's other homes, which was a specialist dementia home, had recently undergone refurbishment to fully reflect best practice with the décor. The registered manager had organised a trip to visit the other home to see the work done with a plan to re-decorate Oak Lodge within the next 12 months.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA.

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.

- Staff had an excellent understanding of the principles of mental capacity and how to promote maximum choice and control in people's everyday lives. People were offered suitable choices in all aspects of their care. Staff knew, for each person, the relevant people who needed to be involved in decisions about their care and understood how each person communicated their wishes and preferences. As staff had a good understanding, the service was able to be extremely responsive and flexible to changes in people's capacity on a daily basis.
- Communication difficulties were not considered a barrier to people being able to express their wishes. Staff understood how people expressed positives and negatives and how they displayed that they were happy or unhappy, in pain or upset.
- People's families and loved ones were involved appropriately in best interest decisions and were involved regularly. A number of people in the home were living with dementia. One member of staff told us, "Dementia affects everyone so differently. Here we try to see the person as they were – consider their whole life and experiences." Staff saw families as part of the support team for people and utilised their knowledge of people to better communicate and be able to offer relevant choices in their care.
- Restrictions to people's freedoms and liberties were minimised. People were enabled to leave the home as they wished based on a risk assessment. Some people had the door code and could come and go as they wished, others could go with staff, another person or family based on their individual needs. Any restrictions were supported with applications and authorisations to the relevant authority.
- The home took the least restrictive approach with risk management and had a very flexible approach. For example, one person was at risk of falling due to their confusion and older age. The home had responded to their increase in falls by maintaining closer supervision by staff. This was reviewed a short time later and was felt not in the person's best interests as it limited their freedom and sometimes caused them to become agitated. The home had reviewed the support plan and staff were then to observe the person from a distance, remind them to use their walking aid, but give them space.
- Where people refused their medicines and did not have capacity to understand the risks; staff considered and discussed options with people, their relatives and GPs to agree the approach which would be in people's best interests.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Respecting and promoting people's privacy, dignity and independence

- The service promoted the highest levels of privacy and dignity, which was reflected through the service values and the approach of staff at all levels. People and their relatives told us they were treated well. One person's relative said, "They treat her with dignity and the utmost respect as they do with all of their residents." Another person's relative reflected on the staff approach, saying, "The caring attitude of the staff is really amazing. I cannot speak too highly of the way that they deal with her."
- People's relatives consistently told us staff promoted people's independence and quality of life. One relative said, "Last time I visited my [loved one] I asked her if she still had quality of life, and she instantly said YES, and how happy she was." Another person's relative told us, "Oak Lodge do all they can to give her the best quality of life possible."
- All staff were mindful of promoting people's independence. Staff supported people to participate in activities and functions in the home. One person liked to feel useful and did not like to sit still. Staff supported them to help with household tasks, particularly ironing, which was important to them.
- Staff encouraged people to walk, if they were able, and to do as much for themselves as they could. The registered manager told us of one person, who wished to walk upstairs, rather than take the lift. They assessed the person and provided a chair at the mid-point of the stairs to allow them to rest and be able to safely continue using the stairs as long as they wished to.
- People's support plans reflected what they could and wished to do for themselves, and what they needed staff to help with. Staff offered support to people in a sensitive fashion and gave them choices about the support they wished to receive. For example, at mealtimes; staff would offer each person support, such as assistance with cutting up their meat, so no-one felt unable to ask and all could have a choice.
- The service had identified that clothes protectors were not always the most dignified way of preventing spillages of food on clothes and some people chose not to wear them. In addition to napkins, the service worked with some people to make special scarves in different styles people could wear at mealtimes, these could easily be removed and washed. Some people chose to wear these, others used napkins or clothes protectors during meals. The registered manager told us the scarves were particularly popular when eating outside of the home, at restaurants or cafes, as people did not feel they stood out or feel undignified.
- Staff were mindful of people's privacy. Confidential or sensitive information was kept securely and not discussed in public spaces. People were spoken to with respect and an appropriate tone. Staff spoke with people, not about them. People could spend time in their rooms if they wished. One relative said, "She is happy and well looked after when she wants to stay in her room."

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

- The home had a very strong culture of truly person-centred care. Staff were highly motivated and worked well as a team to uphold the highest standards of quality. All staff from the support workers, kitchen staff, the maintenance person and the administration and management team took responsibility for ensuring people experienced compassionate care.
- There was a positive, cheerful atmosphere in the home, which was noted consistently by people's relatives. One relative said, "The care my [loved one] receives is second to none and everyone is very polite to her, addressing her by her preferred name. Nothing is ever too much trouble and staff and management really run the home -like it was the patient's own home - all this with an air of happiness pervading."
- People and their relatives told us they felt well treated. One person's relative told us, "My [loved one] has always received the best care from the nursing and caring staff." Another relative said, "I go home after each visit with [my loved one] knowing she is well looked after and also loved by the staff at Oak Lodge."
- We saw staff treating people respectfully. One person's relative told us, "She is really very happy, much loved and respected and I couldn't wish for her to be anywhere else." Another said, "It has a lovely, friendly, positive atmosphere. All of the staff, without exception, are smiley and go out of their way to help both the residents and their family and friends in whatever way they can."
- Staff had built positive, open relationships with people and their families. Families were made to feel welcome in the home. One person told us, "It's a wonderful place. My daughter comes all the time, she can come whenever, morning noon or night. It's not like that everywhere you go." Staff were encouraged to spend time with people and truly get to know them. It was plain to see some staff had formed close bonds with people and their loved ones.
- Staff were particularly sensitive to people's emotional needs. Staff used caring touch and a gentle tone of voice to calm people's anxieties. We saw one example, where a person became extremely distressed after their relatives left. Staff took a calm, sensitive approach, spending twenty minutes one-to-one gently calming the person and re-directing them to make them feel better. Senior staff gave them space but checked the member of staff was alright and managing, reflecting a very effective approach by the team with a positive outcome.

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

- Staff put people at the centre of all the home did. People could make decisions about all aspects of their care and their choices were respected by staff. Staff advocated this approach. For example, one member of staff told us about inducting new staff to the home. They said new staff tended to ask more experienced staff the best way to support someone, they told us they would always say to the new member of staff, "Why don't you ask them [the person] what they like."
- The provider was exploring new technologies to allow people's next of kin and legal representatives to have access to parts of their care records which were relevant to them and remotely communicate with staff. This would be where people give their permission or where it was deemed in their best interests, if they did not have the capacity to consent.
- Staff understood people's communication needs and supported them to be involved in decisions wherever possible. The service had communication aids available, such as pictogram books, which people could use if they wished. One person's relative told us, "My [loved one] is unable to communicate [verbally], but every individual [member of staff] takes their time to try and understand her needs."
- Some people in the home had impaired communication and staff were skilled at working with them to allow them to express their wishes. A speech and language therapist told us, "There is one resident I have seen with complex communication needs. All of the staff I have seen interact with her, from housekeepers to carers to administrators, have interacted in an appropriate, inclusive and patient way following them using support strategies required."
- People and their relatives fed back that their wishes and needs were met and their choices were respected by staff. One relative said, "The staff bend over backwards to ensure the residents are happy and

their wishes fulfilled."

- Families and those important to people were involved appropriately in making decisions. People's relatives told us they felt fully involved. One said, "I regularly converse with both [the home administrator] and [the registered manager] concerning his progress and am always updated without delay if any issues occur." Another relative told us, "Initial contact by management with relatives during the moving-in stage is very good. Ongoing and day-to-day contact is also very good – be it a telephone call to advise about health, or by a brief face-to-face "catch-up" chat with a nurse."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives told us they felt staff had an outstanding understanding of people's needs and were particularly skilled at adapting their approach based on people's personal preferences, cultural background and individual needs. One relative said, "The staff could not be more helpful, and her individual needs are always met, with patience, tolerance and good humour." Another relative said, "[My loved one] loves reading, so they've got a selection of books from a local library, changed regularly and in big print for her to read. She is never without a book to hand."
- The home took measures to help orientate them and keep a regular routine. Staff made particular efforts to understand people's existing routines and to continue these when they moved into the home. One person's relative said, "My [relative] needs routine and all of the schedules for entertainment are published and discussed with the residents so that they have things to look forward to." The home décor was adapted to the time of year with décor to orientate people, with autumn decorations being made by staff with people to decorate the hallways.
- People and those important to them were highly involved in developing support plans to meet their needs, which reflected their preferences and choices. All staff saw it as their responsibility to work with people, to include and engage them as much as possible as this was "their home".
- One person's relative said, "What Oak Lodge does well is to provide a valuable sense of community for all residents, where everyone is not only known by name (and by all staff, it seems, no matter what role) but where everyone is encouraged to participate in the planned activities." The maintenance person told us how they had built a sleigh with one person for the Christmas party, they consulted with people regularly about planting in the garden and had entered a gardening competition with people in a local community fete; and won.
- People's changing physical and mental health needs were regularly assessed to ensure that support provided met these needs. People's cultural and religious needs were explored with them and the service ensured these were met. One person's relative told us, "The access to a minister [my loved one] appreciates, having been a regular church goer."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service ensured people received information in a way they could understand and process, allowing for

disability or impairment, such as poor eye sight. Information was provided in large print and could be produced in other languages if needed. Pictures were used for information, such as menus and activities, to make this more accessible for people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us there were regular, organised, varied activities which were culturally relevant and reflected people's interests. One person said, "There are a lot of activities and entertainment organised by the care home, but I still spend time in my room reading. I recently enjoyed many activities from making cards to baking biscuits and cakes."
- Staff went the extra mile to support people to prevent social isolation. Staff were mindful of supporting people to move into the home and to make friends. The registered manager told us that when people move in, they spend time getting to know them. They would then organise small group activities, such as afternoon tea, with the new person and others who shared interests or similar backgrounds to help them get to know one another.
- People and their relatives reflected on the positive, enthusiastic and proactive approach of staff at getting people involved in activities or interests. One person's relative told us, "Previously, [loved one] barely left her room, but now she is at Oak Lodge, every afternoon she takes part in the group activities, which is so good for her mental wellbeing."
- People who were less keen to participate in group activities had access to one-to-one support from staff who would reminisce, read to them, talk about the news, listen to music, craft or chat. People were also offered to have tea or coffee in the room where activities were taking place so they could enjoy the atmosphere. Activities staff were supported by volunteers who befriended people who tended to spend time on their own.
- The service played a key part in the local community. The service had regular visits from school and nursery children who spent time with people. The home organised events and celebrations with the children throughout the seasons. During our visit the school children visited for poetry week with both children and people living in the home reading poetry. One person commented afterwards, "I loved watching all the little children."
- People were supported to go on trips out of the home with staff or with their family. One person's relative said, "Staff are aware that my [relative] loves going out, and they take her at every opportunity. It might be tea or lunch locally, or visits to the local schools or shopping centres, I know it means a great deal. The outings are stimulating and an opportunity to mix with all ages, in all situations, and my [relative] thrives on it."

End of life care and support

- The service regularly supported people at the end of their lives if they wished to stay in the home. The staff worked closely with other healthcare professionals to ensure people had the support in place ahead of when they needed to enable them to have a dignified death.
- The home had strong links with Macmillan nurses and providers of the 'Six Steps' training, which is a nationally recognised training course in best practice in end of life care. Staff embraced the principles of this and ensured people's cultural and spiritual needs were met.
- The service explored people's wishes around death and dying, as well as what treatment they would wish to have, on a regular basis to give people space to consider their wishes and talk about them when they felt ready. These plans were always re-visited when someone's needs changed, and discussions involved people's families and those important to them as appropriate.
- We saw positive feedback from relatives of people who had passed away at Oak Lodge thanking staff for their support. One of the GPs that worked with the home described the end of life care as "excellent." One

relative fed back, "It was always a comfort to me to know she was in such kind hands."

- Staff offered support to families after their loved ones had passed away. People's scrapbooks were filled with photographs of them and were given to families when they passed away. One person's wake was taking place at the home during the inspection, staff took great care to prepare food and drinks and were welcoming relatives. Staff had prepared a slideshow of photographs to play of the person in the home as they had lived there for some time.
- Staff spoke passionately about supporting people well at the end of their life and ensuring they experience a comfortable, pain-free death. One member of staff told us about a person who had become unwell and been taken to hospital. They had told the person's relatives that if the person was not going to be treated, to ensure the hospital knew they would receive the person back for end of life care. The home had ensured the hospital transferred the person back to the home, who then lived some time more before passing away in the home with staff who knew him well.

Improving care quality in response to complaints or concerns

- The service had an appropriate, inclusive complaints policy and procedure, as well as information which was provided to people and their relatives when they moved in.
- People and families felt able to make complaints if they wished. People and their relatives knew the registered manager and senior staff by name and saw them regularly. One person said, "I would talk to [first names of both the Registered Manager and the head of care] if I had a complaint".
- The registered manager spent time each day with people, so they felt confident to approach them if they had any concerns. The staff proactively sought feedback from people and relatives to ensure that any concerns were responded to.
- The home had not received any complaints or concerns in the previous 12 months and people and their relatives told us they had no complaints.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has now remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a strong caring, person-centred culture in the home which was reflected in all staff. This culture was promoted through all levels of management. Comments from people and relatives included; "All her needs are met every day with love and commitment."; "The compassion and level of care shown to date has been exemplary," and "He is so cared for. The atmosphere around the place is just lovely and homely."
- People and their relatives consistently told us that the leadership of the home was exceptional. One person's relative said, "The registered manager has my utmost respect. She is so knowledgeable, hardworking, approachable and authoritative yet supportive of her staff. It is great that the management staff are the first people one sees on entering the care home, and they are more than happy to spend time discussing my aunt's progress."
- Staff were passionate about what they did and put people first in all aspects of their care. One member of staff told us, "It's like being in heaven. It's a wonderful place to work." Another said, "I love it, I love coming to work." This was reflected by people and relatives, one commented, "The friendly staff - absolutely everyone says hello and smiles, and you can sense that they are happy staff, and that makes a happy environment."
- The staff reflected the workforce's diversity and there was an open, inclusive approach where people of all cultures and backgrounds were welcomed and appreciated for the value they brought to the staff team. The director and senior team were proud of the diversity in their workforce and strove to support every member of staff to feel valued.

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

- There were extremely robust measures in place to monitor quality, safety and experience of people within the service. Quality assurance was embedded within the running of the service and each member of staff had clear responsibilities relating to this.
- The governance structure ensured there was oversight at every level, with the head of care and other specific staff responsible for regular audits, further reviews were carried out by the registered manager and an annual review by the provider with an inspection which reflected the CQC standards and regulations. Each review had a clear set of improvement actions with deadline dates which were completed.
- There was a strong sense of leadership from the registered manager and the senior team which set the expectation and approach for all staff, leading by example. The registered manager had extremely good oversight of quality in the home and spent each morning around the home with people and staff.
- The confidence in the registered manager was reflected by staff, people and their relatives. One person's

relative said, "In particular, I suggest that the [registered] manager has her finger on the pulse of the whole home. If I call her with a question about my father, she never has to say, 'I'll find out and get back to you' - she always knows what is going on, bang up to date."

- Staff described the registered manager as "wonderful" and "amazing". One member of staff said, "The best thing [about working here] is the management of the home. They are so proactive. When they brought out the electronic records, they gave us tablet computers. I asked the director if we can have laptops that are a bit bigger and three days later we had them."

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

- People and their families told us they felt engaged with the staff and managers. They consistently reflected that this was due to the warm, open and friendly approach of the staff team. One relative said, "Everyone at the Home is always very welcoming, friendly, caring and helpful – management, nurses, carers, cleaners and maintenance staff." Every staff member felt able to spend time with people and talk with them, to form relationships with them based on trust.

- The home sent newsletters and kept an active social media presence with events and activities going on in the home to keep families up to date. They also emailed news and developments to stakeholders and other healthcare professionals to build relationships. The registered manager sent personalised emails with photos to relatives who lived further away and supported people to keep in touch. One person was supported to video call their relatives to keep in touch.

- There were residents' meetings regularly where people could express their views about the care provided and make suggestions for improvements. The service worked to meet people's wishes, such as getting a certain type of jam, having marmite in the kitchenettes or playing classical music in the reception area. People also created the list of excursions out of the home, such as visiting local gardens, and requested activities and external entertainment.

- The home hosted regular reviews of people's care with families and utilised open events, such as the summer fete, to speak with them and gain their views. The service gave experience questionnaires to people and families as well as stakeholders to get feedback about the quality of care. The registered manager took on board any feedback and implemented suggestions, such as events, activities or meal ideas.

- Staff felt empowered and engaged and that they were working with the management team for the benefit of the people living at Oak Lodge. One member of staff told us, "The best thing about working here is the management team, there is no "matronly" approach. It's a joint approach. We can try new things, we can work out how best to support people." Another member of staff said of the provider, "Anything they can do to make residents lives better they do. Very responsive and approachable."

Continuous learning and improving care

- Since the last inspection, the home had continued to seek out new innovations, ways of working and improvements. A number of new improvements had been implemented. The home had implemented electronic prescribing, which had assisted in reducing medicines errors and had improved oversight of medicines administration.

- The home had procured a new electronic records system for care plans, risk assessments and daily records of care. Staff fed back that this change had been managed well by the provider with training for staff. The management team felt the quality of records had improved, which allowed closer monitoring of people's mood, their physical health and care support activities.

- The home had continued to strengthen links with the local and wider community, with regular visits from a nursery, primary school and the local Brownies group. They hosted events for other organisations, such as the local Commissioning Group as well as hosting Macmillan coffee mornings. There were regular events at the home which were open to the local community, people's families and friends and staff member's

families, which created a very clear community culture.

- The management team had reviewed suitability and new innovations in activities for people living with dementia, as an increasing proportion of people living in the home had dementia. The service had trialled different interactive screens and had piloted the use of one with people living in the home. Following positive feedback from people the service had procured one for the home.
- The service had developed links with two universities in Hampshire to offer placements to student nurses and to students of the new Nursing Associate role. This aimed to help secure the future workforce and inspire them to work in nursing homes. Training for staff was constantly reviewed, with their feedback, further training or alternative formats were offered and a new online system was being rolled out. Some staff had enrolled in the Nursing Associate course and some planned to enrol in future.
- Further improvements and innovations were planned for the home, including renovations to implement the latest best practice standards in dementia friendly décor.
- The management team had recognised that they were admitting increasing numbers of people living with dementia, and as they were living longer, their dementia was progressing more whilst in the home. As people's dementia progressed their needs changed, and they were less able to engage in activities with others. The provider and registered manager had trialled a smart screen with people, which was designed for sensory stimulation for those with more advanced dementia and had ordered the device for the home.

Working in partnership with others

- The home worked with other healthcare professionals, charitable organisations and stakeholders to ensure they shared best practice, gained up to date knowledge of new innovations and learned from others. Staff participated in training events held by other organisations, such as Macmillan or the Nursing and Midwifery Council to keep up to date with changes in practice.
- The registered manager and team were active participants in local quality forums and had developed links with other providers of social care to share learning. Staff from all levels had visited other homes to learn about what they did differently and bring back ideas and share learning.
- The home maintained positive working relationships with others, and we received consistently positive feedback from other healthcare professionals involved. One healthcare professional said, "Everyone is welcoming and they will go out of their way to accommodate us, our visits, our updates on residents and the clinical admin required."
- The home had been shortlisted for two categories in two national caring awards for both the registered manager and the care team as a whole, with testimonials from professionals, people living in the home, their relatives and staff contributing to this. Since the inspection, it was announced the registered manager won the award for 'Care Home Manager of the Year'.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities to inform people, or their relevant representative, when things went wrong. The management team took an open and honest approach to work with people and their families.
- People's families reflected this, one said, "If ever there is a problem or when my [loved one] had suffered urine infections they are straight on the phone to me to inform me."