Nottingham City Council

The Oaks Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected the service on 25 January 2017. The inspection was unannounced. The Oaks Residential Home is registered to provide accommodation for up to 42 older people, some of whom live with a dementia related condition. The home is owned and managed by Nottingham City Council and is split into six different units with each unit having lounges and dining areas. On the day of our inspection 40 people were using the service.

The service had a registered manager in place at the time of our inspection. 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.

People felt safe in the service and they were supported by staff who knew how to recognise abuse and how to respond to concerns. Risks in relation to people's daily life were assessed and planned for to reduce the risk of harm.

People received their medicines as prescribed and received care and support when they needed it from staff who had the skills and knowledge to provide safe and appropriate support.

People were supported with decision making and had their rights protected if they lacked the capacity to make certain decisions.

People were supported to maintain their nutrition and staff had the information they needed to monitor and respond to people's health conditions.

People lived in a service where staff treated them as an individual and encouraged them to maintain relationships. People were supported to follow their hobbies and interests.

People had the opportunity to give their views and make suggestions about how the service was run and there were systems in place to monitor and improve the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People lived in a service where there were systems in place to minimise the risk of them coming to harm.

Risks in relation to people's care and support were assessed and there were plans in place to minimise the risks.

People received their medicines as prescribed and there were enough staff to provide care and support to people when they needed it.

Is the service effective?

Good

The service was effective.

People were supported by staff who received appropriate training.

People made decisions in relation to their care and support and where they needed support to make decisions they were protected under the Mental Capacity Act 2005.

People were supported to maintain their nutrition and healthcare needs were monitored and health intervention sought when needed.

Is the service caring?

Good

The service was caring.

People lived in a service where staff treated them as an individual and encouraged them to maintain relationships.

Staff respected people's rights to privacy and treated them with dignity.

Is the service responsive?

Good

The service was responsive.

People had the opportunity to be involved in planning their care and support and to follow their hobbies and interests.

People were supported to raise issues and there were systems in place to deal with any concerns raised.

Is the service well-led?

Good

The service was well led.

People had the opportunity to give their views and suggestions on how the service was run.

The management team recognised the value of learning from best practice and there were systems in place to monitor and improve the quality of the service.

The Oaks 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.

We inspected the service on 25 January 2017. The inspection was unannounced. The inspection team consisted of two inspectors 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We sought feedback from health and social care professionals who have been involved in the service and commissioners who fund the care for some people who use the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with nine people who used the service and three visiting relatives and friends. We also spoke with a health and social care professional who was visiting the service, three members of support staff, two team leaders, the cook and the registered manager. We looked at the care records of seven people who used the service, medicines records of ten people, staff training records, as well as a range of records relating to the running of the service including audits carried out by the registered manager and registered provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People were protected from avoidable harm and felt safe in the service. All of the people we spoke with told us they felt safe living at The Oaks Residential Home. One person spoke to us about feeling safe and told us, "Well, it means that there are people around me. I am not on my own and I don't have to worry." Minutes of meetings held for people who used the service showed that people were given guidance on what they should expect from the service and what to do if they did not feel safe. There were posters on display around the service giving people information on what to do if they did not feel safe or they wanted to report any concerns.

People were supported by staff who recognised the signs of potential abuse and what action to take to minimise the risk of people coming to harm. The provider told us in their PIR that competent, trained staff recognised and responded to the signs of suspected abuse. They told us that they used a safeguarding system which was monitored by the provider to track any incidents and ensure the required action was taken. Records showed that staff had received training in protecting people from the risk of abuse. The staff we spoke with had a good knowledge of how to recognise the signs that a person may be at risk of harm and to escalate concerns to the registered manager or to external organisations such as the local authority. Staff were confident that any concerns they raised with the registered manager would be dealt with straight away. One member of staff told us, "I would tell my manager and they will sort it out. If it was about my manager, then I would tell their manager but there's also a whistle blowing line I can call." Another member of staff told us, "We do safeguarding training every year. I would not tolerate people being abused and would report it immediately."

Risks to individuals were assessed and staff had access to information about how to manage the risks. For example, one person was at risk of falls and there was a risk assessment in place detailing how staff could minimise the risk of them sustaining further falls. There was a care plan in place guiding staff on the safest way of using equipment such as a chair sensor and we observed staff had followed this guidance. Another person was at risk of falls when they were in their bedroom and there was a risk assessment and care plan in place. This detailed that when the person was in bed, it should be set to the lowest position and a sensor alarm activated to alert staff if they got out of bed. We saw the person was having bedrest in the afternoon and staff had followed the guidance in the person's care plan. This meant the risk of these two people falling or injuring themselves was minimised. One person wanted to retain independence over an aspect of their life and this presented some risk to them and to others. The risk assessment for this was not robust and we discussed this with the registered manager who took immediate action to address this and told us it would be subject to stricter monitoring in the future.

People were living in a safe, well maintained environment and there were systems in place to assess risks associated with the environment. One person told us about some issues with the inconsistent temperature of the water from a shower which had been an issue since the recent refurbishment. We spoke with the registered manager about this and they assured us they were acting on this and work was being undertaken to remedy the fault. There were systems in place to assess the safety of the service such as fire risk and the risks related to equipment in the service. Records showed there was ongoing checks and maintenance to

assess the safety of equipment and the environment. The checks were then looked at as part of the monthly health and safety audit. Staff had been trained in relation to health and safety and how to respond if there was a fire in the service.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Checks were undertaken prior to staff being employed to determine if staff were of good character, including obtaining criminal records check, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

People received the care and support they needed in a timely way. People we spoke with told us they received assistance from staff when they needed it. People described the service being 'short staffed' at times but felt this impacted on staff being busy rather than them having to wait for assistance. One person told us, "I have never had to wait very long to get help. The most I have waited is 10 minutes and they usually pop their head round the door and tell me they are coming back so I don't think they have forgotten me. They are short staffed sometimes, but they always come." Another person told us, "I really don't worry about calling them. They come as soon as they can, but if they are really busy, I do feel guilty ringing sometimes." A third person told us, "They are pretty good really. If they can't come straight away to sort stuff out, they are at least able to tell you it will be a while. You don't mind if you know." On the day of our visit we observed there was a sufficient number of staff available to meet the requests and needs of people. Call bells were answered promptly and there were staff available to support people at mealtimes.

The staff we spoke with told us they felt there were enough staff on duty each day to meet the needs of people who used the service. They described a pager system which linked to the call bell system that alerts the staff via a pager they carry. They told us they could use this system to get support from staff on other units within the service if they needed this. The registered manager told us that there was a set number of staff on duty in each unit of the service but that if people's needs changed and they needed more support then they could request additional staff. They told us they had recently had a long term vacancy and they were recruiting to fill the post. The provider employed a casual pool of staff who could be called in to work in the service if there were staff vacancies or absence from work and the registered manager told us this was working well. This meant there were systems in place to ensure there were adequate numbers of staff deployed in the service.

People were given their medicines as prescribed and at the right time. People we spoke with felt their medicines were managed appropriately and said they received them when they should. One person told us, "It comes like clockwork, morning, noon and night. I get them in a little pill pot and they wait while I take them." Another person told us, "I don't really know what time I am supposed to get it, but I just take it when they bring it. They know best." We asked if staff kept them up to date with any changes to their medicines and they said, "They are pretty good here. They do tell you about changes, but I don't always remember." We observed one person being offered their medication and the staff member explained what the tablets were and sat with the person whilst they took them.

Staff had information available detailing how people preferred to take their medicines. We saw that medicines were being stored safely and were being administered as prescribed. The team leaders were responsible for the administration and management of medicines. We saw that they had received training in the safe handling and administration of medicines and had their competency assessed. The team leader also carried out routine audits of medicines to assess if they were being managed safely.

Good

Is the service effective?

Our findings

The last time we inspected the service we found there were some improvements needed in relation to monitoring and managing tissue viability to minimise the risk of people developing pressure ulcers. The registered manager told us during this visit that they had addressed this issue and had undertaken research to improve how this was monitored. Following this they had implemented a new system to increase staff awareness of the risks and prevention and management of pressure ulcers.

Staff spoke about how much they had learned about supporting people to prevent them developing a pressure ulcer since we last visited. One member of the staff told us, "I completed tissue viability training and learnt BEST SHOT (which refers to eight areas of the body that can be prone to developing ulcers). I didn't realise that ulcers could develop on people's ears and sometimes when people go to sleep, their ear might fold between their head and the mattress. Now when I do checks, I make sure people are lying and sitting in the correct way to minimise the risk of getting sores." Another member of staff told us that they had the opportunity to shadow a district nurse on some calls in the community to understand more about pressure sores. They had also attended a seminar and said there was e-learning provided to staff too.

We spoke with a visiting health professional on the day we visited and they told us that staff were proactive in calling them if they had any concerns about a person's skin integrity. They told us that if they made any recommendations these were followed by staff.

People were supported with their day to day healthcare. People we spoke with described having regular visits from the optician, podiatrist and chiropodist and said that they were supported to attend dental appointments. If people needed to see their GP staff made arrangements for this.
Records we looked at showed that if people's health care needs changed staff ensured referrals were made to external health professionals such as the occupational therapist and the falls and bones team. People's care plans contained information about their health conditions and how staff could recognise the condition was deteriorating and health care support was needed. For example, one person had a health need associated with their breathing and we saw there was information in their care plan to guide staff on how to recognise the condition was deteriorating and how to respond to this.

People were supported by staff who were trained to support them safely and to provide effective care. People who used the service and relatives we spoke with commented positively about the work the staff undertook. One person told us, "Oh the staff here are lovely, they just get on with the job without fuss." We observed staff supporting people and saw they were confident in what they were doing and had the skills needed to care for people appropriately.

People were cared for by staff who were supported to have the skills and knowledge they needed when they first started working in the service. Records showed an induction was given to staff when they first started working in the service. The registered manager told us that staff employed would be given an induction based on the care certificate if they did not already have a recognised qualification in health and social care. The care certificate is a recently introduced nationally recognised qualification designed to provide health

and social care staff with the knowledge and skills they need to provide safe, compassionate care. Both of the care staff we spoke told us they had a recognised qualification in health and social care.

Both of the care staff we spoke with commented positively on the training they received and told us they had been given the training they needed to ensure they knew how to do their job safely. They told us they felt the training was appropriate in giving them the skills and knowledge they needed to support the people who used the service. Both staff told us they had undertaken training in areas such as; food hygiene, fire safety and assisting & moving people. One said they felt the variety of training was, "Excellent." We saw records which confirmed staff were given training and that refresher training was given on a regular basis to update staff knowledge.

People were cared for by staff who received feedback from the management team on how well they were performing and to discuss their development needs. Staff told us they had regular supervision from the registered manager and were given feedback on their performance and we saw records which confirmed this.

People were supported to make decisions on a day to day basis. One person described how they managed part of a health care need independently and told us staff enabled them to do this. It was clearly important to the person that they had control over this aspect of their support. We observed people decided how and where they spent their time and made decisions about their care and support. Throughout the day people decided how they spent their time. For example, after lunch we observed people were asked what they would like to do next so that they could be supported to the relevant areas, such as their bedroom or the activity area. We observed staff asked people whether they needed help and explained what they were going to do prior to supporting people.

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 were supported by staff who had an understanding of the MCA. Staff we spoke with were able to describe what the MCA was and how they used this to ensure people who needed support with decision making were supported. One staff member told us, "It's about promoting independence and letting people decide and do as much as they can for themselves. If they can't, we have to decide and make sure it's in their best interests."

The provider told us in their PIR that care plans for each person addressed the MCA within the assessment of activities of daily living. They told us that if capacity issues were identified from this assessment it would trigger the need for the two stage test and best interests meeting. We found this to be the case when we looked at care plans, which contained clear information about whether people had the capacity to make their own decisions. We saw that assessments of people's capacity in relation to specific decisions had been carried out when their ability to make their own decisions was in doubt. If the person had been assessed as not having the capacity to make a decision, a best interest's decision had been made which ensured that the principles of the MCA were followed. For example, in the care plans of two people which we looked at it stated both people had a motion sensor in their bedrooms and one had a sensor on their chair, as part of their falls protection plan. Both plans contained MCA assessments detailing they did not have the capacity to understand and consent to this. There was a best interests decision recorded and the person and their significant others had been consulted as part of the process. We discussed with the registered manager the

importance of recording the discussions which had taken place to ascertain if the person had capacity and they assured us this would be implemented in any future decision making process.

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. The application procedures for this in care homes and hospitals are 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 were being met.

The registered manager had made applications for DoLS where appropriate. For example, two people had been assessed as requiring support from staff if they went out into the community and they were not free to leave the service alone. Applications had been made to ensure these people were not having unnecessary restrictions placed on them. The granting officer from the local authority had recorded two conditions on one person's DoLS authorisation and we saw the conditions had been acted on. The registered manager had also made further DoLS applications for other people to ensure that they were not being deprived of their liberty unlawfully.

People were supported to eat and drink enough. We spoke with people about the food and they told us they had enough to eat and that they enjoyed the food. One person told us, "The food here is really tasty. It's all cooked fresh and we have a choice. I have never gone hungry." Another person told us, "The food is hot and tasty and I can always have more." We observed this to be the case at lunch time when staff asked people if they wanted a second helping of food. Two people asked for more fish pie and this was given and they were offered more vegetables too. We observed staff offered frequent drinks to people whether they were in communal areas or in their bedrooms. We observed a carer check in on a person and ask if they wanted their jug of water/juice topped up or refreshed. They asked if the person wanted another flavour of squash, "for a change."

We observed lunch being served and staff were present and supported people where this was needed. The mealtime experience was a positive one with some staff sitting and eating with people who used the service and people were chatting with them. The dessert was served from a dessert trolley with options for people to choose. The registered manager told us this had been requested by people who used the service as they felt seeing the options available would enable them to make a better choice. Some people had special diet and we observed this was given as detailed in their care plan. For example, one person had a blended diet and another had a soft diet and these were provided. Staff ensured they offered choices such as, "Do you want orange juice or blackcurrant?" and "Would you like some parsley sauce?"

People's nutritional needs were assessed on a monthly basis and there was information in support plans detailing where people were at risk of weight loss and how staff should support them with this. The records of one person showed they had lost some weight and staff had discussed this with the person's GP who had prescribed fortified drinks. Medicines records showed this person was being given the drinks as prescribed. We spoke with the cook and they had a very good knowledge of any specialist diets people needed and the need to fortify people's food with extra calories where this was needed. One person had been assessed as being at high risk of weight loss due to their poor appetite and they were supposed to be weighed on a weekly basis. We saw there were some weeks where the person had not been weighed, however there had been no impact as the person's weight had remained stable. The registered manager addressed this following our visit.

Good

Is the service caring?

Our findings

People were supported by staff who were kind, compassionate and patient. People we spoke with were complimentary of the staff working in the service and the kindness they showed. One person told us, "I only have to ask and they (staff) will try and sort it for me." They described an example of a member of staff getting the daily newspapers for them and said the staff member arranged for someone else to get them if they were not going to be at work on a certain day. Another person told us, "I like being here. People to talk to if I want to talk and a door to shut and be on my own if I don't feel like talking. Best of both worlds. I sometimes got very lonely at home." A third said, "This is a Care Home and I feel I do get just that, good care."

We observed one person was anxious and a member of staff took the time to give reassurance and stayed with the person until they were more settled. We observed staff stopping to speak to people throughout the day, checking if they were ok and taking an interest in their day. There was a calm, friendly and inclusive feeling throughout the service. There were photos displayed of the wedding days of people who used the service and staff. One person had helped to make a wedding dress for a staff member. Staff described enjoying working in the service and one member of staff told us, "I love working with the people living here. No two days are the same. There's not a day where I don't see people laughing or smiling. The staff are great and we get on well together." We observed staff were kind and patient with people and people responded positively to the staff supporting them.

Staff had a good knowledge of people's likes and dislikes and their past histories, relationships and achievements. We saw in care plans that there was a great deal of information about people's achievements and how they had lived their life. Members of staff and the management team sat and ate their meal with people who used the service and clearly had a good knowledge of them and the people who were important to them. There were discussions held about visitors who might be arriving and activities that were going on that day.

Staff also worked hard to ensure people who used the service maintained relationships with their families and friends and visits were always welcome. The provider told us in their PIR that they worked with families and people who used the service to maintain family links and regularly had families join their relatives for meals. People confirmed this and told us their visitors were made welcome and one person told us, "Oh yes, the staff know my daughter and my grandchildren. They often ask how they are or when they are visiting. Sometimes they seem to know before I do."
Another said, "My family can visit anytime because some of them work, but they do ask them to avoid lunch time if they can, which I understand." A further person told us, "My relatives and friends can visit anytime they want I think." Visitors we spoke with confirmed this with one saying,
"We can visit most times, but they do ask us to avoid lunch time if we can. They (staff) are always friendly and have a smile, which is not the case everywhere."

A team leader also described a recent event called a 'pop up restaurant' which had been trialled and had been a great success. This had been a themed event and people who used the service and their friends and

relatives had been invited to attend. There had been a high attendance of relatives and we saw one relative had written following the event saying, 'It was a huge team effort and it all went very smoothly' and 'It was lovely for the residents to enjoy a meal with their families.' People we spoke with described the event and commented positively. One person told us, "It's a long time since I had a meal with my brother. It was good and we talked. Probably more than we normally do." Another said, "It really encourages families to stay in touch and not just dash in and out." A relative told us, "It was a real surprise to get the invite and I really enjoyed the evening. I would come again."

People were supported to make choices in relation to how they spent their time. There were regular meetings held for people who used the service and the minutes of these showed that people were encouraged to give suggestions for the food menus and activities offered in the service. Staff recognised that people should be treated as individuals who should be empowered to choose what they did. One staff member told us, "It's about not taking over and encouraging people to do as much as they can for themselves. We observed people's choices were respected on the day of our visit. We saw that some people visited other units in the service and this was respected. Other people chose to spend time in their bedroom or in different communal areas.

People had a variety of communal areas in the service where they could chose to spend their time including a main lounge/dining area and smaller dining and sitting areas. We saw that people had bedrooms which had recently been refurbished and had been personalised to their tastes. All of the areas we saw were clean and designed to create a warm, homely environment for people to live. Records showed that people were able to make suggestions about the menu and activities on offer through regular meetings held in the service. Care plans reflected people's preferences and choices and where people needed support to make choices this was recorded in their care plan.

The registered manager told us that one person was using an advocate and that the use of advocacy was discussed with people. There were information leaflets on display in the service detailing how people could contact an advocate and the service they offered. An advocate is a trained professional who supports, enables and empowers people to speak up. We received positive feedback from an advocate who had recent involvement in the service. They told us, "I find The Oaks to be proactive when it comes to advocacy. Staff at all levels from the managers to carers are always happy to support our advocacy work. Whenever I visit the home I am made to feel welcome and able to approach staff for any help I may need. I feel the positive approach is because the staff understand the role of the advocate and are open to working with us. When I have approached the manager by email to raise any concerns he has always responded very promptly."

People were supported to have their privacy and were treated with dignity. People we spoke with told us they felt staff were respectful and they said they could have privacy whenever they wanted it. One person told us, "Staff always knock before they come into my room and when they help me wash, I never feel awkward. They just seem to know what to do and get on with it." Another person told us, "They know I don't want a male carer helping me shower and dress." They went on to tell us this was respected. A third said, "Male or female, they all have a job to do. I have never been embarrassed but I would say if I was." Staff knew people's preferences for having a certain gender of staff supporting them. One member of staff told us, "People are able to choose the gender of their carer and we will accommodate this. We did have a man who preferred dealing with male carers, and that was never a problem. We currently have a female resident, who prefers female carers."

Staff were given guidance and information on the dignity values to promote awareness of what dignity meant. Staff told us they were given training and guidance on privacy and dignity values and there were

posters displayed in the service detailing the dignity values. Staff described the importance of valuing people's privacy and dignity with one saying, "When doing personal care, I always ensure the door is locked, curtains are closed and when assisting people to wash, I cover them up." Another told us, "I make sure the windows and curtains are closed. If they are on the toilet, I will close the door and wait for them to tell me when they need help." We observed throughout the day that people were treated as individuals and respected by the staff.

Good

Is the service responsive?

Our findings

People and their relatives were involved in planning and making choices about their care and support. The people we spoke with knew about their care plan and said they had been involved. One person told us, "My key worker explains it so that I can understand." Another said,
"I don't understand it all, but they tell my daughter. They keep her informed of anything that needs knowing. I don't have to worry. They are always telling me things that are happening and why." A third person told us, "They (staff) do tell me if there is going to be a change in my care plan and I am always asked if I am ok with that or if I have understood what they mean."

Staff described the importance of people being involved in reviews of their care plans where possible. One staff member told us, "I always sit with people and talk to them. If I find out important information, then I ensure it's updated in their care plan." Another staff member told us, "We also talk to people's family and visitors to find out as much as we can about the person." Records showed that people had been given the opportunity to be involved in their care plan and where people did not wish to be involved and wished staff to review their care plan for them, they had signed records to this effect. There were also annual care reviews held and people and their significant others were offered the opportunity to contribute towards the review.

Upon admission to the service people were given a 'keyworker' who was a named member of staff who held responsibility for overseeing the person's care. This resulted in people feeling they had a link person to speak with if they had any issues and was an opportunity to develop positive relationships. We saw one relative had written to the service complimenting this system saying, '[Staff member] has been [relation's] key worker for quite some time and is brilliant with [relation].' Staff described getting to know people when they first moved into the service. One member of staff told us, "When a new person comes to live at the home, there is snap shot which tells us what their needs and preferences are." Another staff member said, "Every carer is a key worker for one or two people. So we know all about their preferences and ensure these are recorded in care plans."

People were supported by staff who were given information about their support needs. The provider told us in their PIR that comprehensive care plans used in the service were person centred focused, with a lot of emphasis on individual preferences, needs and wants. We saw this to be the case and each person had a care plan 'snapshot' in place which was designed to give staff an overview of people's support needs in a quick reference guide. This enabled staff to have an understanding of people's needs and preferences without having to read the whole care plan. If staff wished to find out more detail about a certain area of a person's support needs they could then refer to a full risk assessment and care plan.

Care plans were written in a person centred way, giving detail about individual needs and preferences and tailored to the individual they were written for. They were easy to navigate and gave staff a good understanding of how individuals liked and needed to be supported. There was also information about what and who was important to the person and what they had achieved in their lives. There was a plan in place for each area of people's physical and mental health needs and this guided staff in how to support them. For example, one person lived with dementia and sometimes communicated through their behaviour.

There was a care plan in place detailing how this affected the person and how staff should respond. Another person was at high risk of developing a pressure ulcer and there was a care plan in place detailing how staff should support the person and reduce the risk of an ulcer developing. Records showed staff were following this guidance, such as assessing the person monthly and supporting them to change their position when seated or in bed.

People were supported to follow their interests and take part in social activities. We observed there was painting and artwork available for people to take part in during the afternoon of our visit. This was well attended and one person joined the group half way through the session and they were welcomed and settled quickly. We observed staff encouraging another person to gather things together which were needed to complete a painting activity. The person was given choices of what they wanted to colour, the paint colours they wanted to choose and was given extra encouragement such as reminding them what wonderful pictures the person had created in the past. We saw the person was very animated whilst engaging in this activity and became very chatty with other people and staff. One person we spoke with told us, "I love to do jigsaw puzzles and I am allowed to sit at the big table on the landing and do them quietly, which I love. Sometimes someone (another person who used the service) might come and help but they don't stay for long as they get bored." The person smiled and said they didn't get bored of puzzles and went on to say, "Staff are always finding me puzzles to do and do try to help if I get stuck with one."

The service employed an activity co-ordinator and they told us they spent time with people to find out what their likes/dislikes and hobbies were before undertaking one to one activities of people's choice, as well as group activities. They described activities such as reminiscence which included tea being served from bone china cups and saucers as part of the reminiscence work. Cake baking sessions took place and the organiser told us these were used for people who used the service to have afternoon tea with their relatives. The organiser had set up a shop where people could buy snacks and toiletries. The activity organiser told us they had access to a minibus each week but only for a short time and so generally took people out for a drive. They said that sometimes they had volunteers to support and this was something they would like to develop so that people could get off the minibus more regularly and take people into venues. We also discussed with the activities organiser and registered manager the value of people being supported to follow their hobbies and interests. Activities were offered to people in the unit but not as much time was spent getting to know their hobbies and interests. They told us they would ensure that more person centred activities were extended to this area of the service.

We discussed activities with staff and they told us they felt people had enough to do. One member of staff told us, "I like the variety, I can assist people to go out to town or to the café. We are able to borrow a mini bus from a coach company every Wednesday for a couple of hours and we take people to town to go shopping or to a café, or we might drive to the riverside and have an ice-cream. If there's something happening on the market square like the Christmas market, we will take them there too." Another staff member described activities organised and supervised by the activity coordinator, with staff support. They described activities such as painting, crafts and card making. There were also activities to keep people active such as 'Olympic armchair exercise' competitions. We saw there was an activities schedule on display in various areas around the service which showed activities which were planned.

The management team and staff had developed a new incentive to encourage relatives and friends of people who used the service to get involved. This was called a 'pop up restaurant' themed evening where friends and relatives were invited to have a meal with their relations living in the service. There had already been one event and we saw posters for a Valentines themed dinner which friends and relatives were again invited to.

People knew what to do if they had any concerns. The people and relatives we spoke with told us they would speak to the management team or the staff if they had a problem or concern. They told us they felt they would be listened to. One person told us, "The staff here are very friendly, even the manager, so I would not worry if I was unhappy about anything, I would just speak to him." Another person described raising concerns in the past and told us that the issue they had concerns about had not happened again lately.

The registered manager had a system in place to deal with concerns and complaints. There was a compliments and complaints record book in the entrance of the service so that people could record if they had any issues and feedback. The registered manager used this as one method of capturing concerns as well as other methods such as feedback forms and information submitted via the website. The registered manager captured the information and entered this onto the providers centralised complaints system at their head office. The complaints were then investigated and tracked through the system to ensure the person raising the complaint was given an outcome. We looked at two complaints which had been raised and saw these had been addressed and the people raising the concerns had been given an outcome to the investigation. Staff we spoke with were aware of how to respond to complaints and understood the importance of recording any concerns and passing them to the registered manager.

Good

Is the service well-led?

Our findings

People commented positively on the service and the way it was run. One relative described how much their relation had improved since they had first arrived at the service. They told us, "[Relation] looked pretty poorly, but looks like [relation's] old self now and is raring to go home again." We saw there had been a number of compliments received by the staff with positive feedback on the service. Recent comments received from relatives were, 'It would be impossible for me to find an alternative home as good as The Oaks' and 'You made it [relation's] home. So grateful to you all.'

There was a registered manager in post, who was supported by team leaders and senior care workers. We found the management team were clear about their responsibilities and they had notified us of significant events in the service. Staff we spoke with felt supported by the management team and told us they enjoyed working in the service. One member of staff told us, "My team leader is brilliant, I can talk to [team leader] about anything and [team leader] will give me advice if I need it." Another member of staff said, "If I felt my team leader wasn't sorting issues out, I could tell the registered manager." Staff were given the opportunity to have a say about the service during regular staff meetings. We observed staff looked happy in their role and worked well as a team. They were efficient and communicated well with each other. This created a calm and happy atmosphere for people to live.

The service had an interim unit which was used to give short term care to people who had been discharged from hospital and were waiting to go home. The registered manager told us this was a short term measure for the next few months and that the unit was not intended to provide people with a rehabilitation service. However, some people we spoke with had been expecting to be given input to provide them with the skills to return to their own homes. We also found that when people were discharged from the hospital into the service a care plan which gave staff details about their needs, likes and preferences was not always set up in a timely way. We discussed this with the registered manager and they acknowledged more could be done to support people to regain and maintain their independence, such as encouraging people to manage their own medicines and prepare meals, if they would need to do this independently when they returned home. The registered manager sent us a plan of how they would address this following our inspection.

People who used the service and their friends and relations were given the opportunity to have a say about the quality of the service. There were bi-monthly meetings held for people who used the service. We saw the minutes of the last two meetings which showed people had been given the opportunity to give feedback and make suggestions about the meals and activities offered. Relatives were also invited to attend quarterly meetings and give their views of the service and make suggestions for improvements. One relative told us, "I can't always get to the meetings as I work full-time, but if there is anything important I need to know, there is always a letter for me when I come to visit [relation]. I know I could talk to them about anything and they would sort it out."

We saw that feedback forms were sent to people who used the service and their relatives each year and these were based on the five key questions, is the service safe, effective, caring, responsive and well led. The results of these were analysed and shared with people and any areas where improvements were identified

were dealt with via an action plan.

The provider recognised the value of continuous improvement. Since our last inspection the service had undergone a complete refurbishment with all communal areas and bedrooms refurbished, which had created a fresh, modern and homely feel. We saw one relative had written to the registered manager following the refurbishment saying, 'The Oaks has always been maintained to the highest standards and the refurbishment, which looks great, can only enhance the level of excellence.' A relative we spoke with told us, "The home is lovely, especially since all the refurbishment happened. I wouldn't mind coming here myself." We discussed with the registered manager the lack of signage which would support people who lived with a dementia related illness to orientate themselves. The registered manager told us that this had already been identified following the refurbishment and discussions were being held to decide what type of signage would be used.

The management team had also been involved in various projects and pilots intended to assess the quality of the service and to feed into bringing about improvements in care services based on research. One of the projects was the involvement in work streams rolling out in the Vanguard programme. This resulted in them being selected to be involved in the Clinical Commissioning Group (CCG) evaluation project called, Experience Led Care project (ELC). This involved an advocacy service evaluating The Oaks through discussions with people who used the service, their families and staff working in the service. We received feedback from one of the professionals involved and they told us, "The programme was commissioned by NHS Nottingham City CCG to undertake discovery work with The Oaks Residential Care Home. Chosen by the CCG team, (The) Oaks was responsive from the start. The Area Manager engaged quickly with us and assigned a Care Team Leader as our main point of contact." They described work the care team leader had done, over and above what was expected to ensure the team were able to talk to a wide range of staff and people who used the service. They told us, "The Oaks team were all very supportive of this work."

The service had also been involved in the first stage of the National Prevalence Measurement of Quality of Care (LPZ) which is an annual, independent measurement of care quality in the healthcare sector. We received feedback from a health professional involved in the pilot and they told us, "My experience was that all the homes that took part were pro-active in their desire to improve the quality of care delivered and this was why they signed up to be involved. When I went out to meet with the staff from the Oaks they were all extremely courteous and interested in their data and keen to look internally at how they would use the findings to drive quality improvement."

People could be confident that the quality of the service would be monitored. The provider told us in their PIR that the Nottingham City Council had a robust internal auditing system which included health and safety, quality assurance audits and peer audits. They told us that these all in turn identified any issues that are evident and to give an opportunity to recognise good practice and to improve services. We saw these systems were in place to monitor the quality and safety of the service. This included a quality systems and compliance officer from Nottingham City Council undertaking regular visits to the service to undertake themed reviews in areas such as nutrition and hydration, learning from complaints and consent to care and treatment. Any areas for improvement were dealt with via an action plan. A service provision manager also undertook a monthly audit into various aspects of the service to assess the quality of the service and to provide improvement ideas. These included care plans, discussions with people who used the service and visiting friends and relatives. Staff were also tested on their knowledge of systems such as safeguarding and their training and supervision was assessed to check it was up to date.

We saw that the management team also undertook regular audits in relation to areas such as assessing the cleanliness and safety of the service. Audits of care plans picked at random were undertaken to assess if

they met the needs of the people they were written for and records such as maintenance checks were audited to ensure they were up to date.