

# Ross Healthcare Limited

# Oaktree Court

## 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Oaktree Court is a care home, registered to provide accommodation for 56 older people who require nursing and personal care. The home has a specialist unit for people living with dementia called the Somerset Suite. At the time of the inspection there were 47 people living at the service.

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

People described a happy, relaxed service, where they felt safe, well cared and respected by all staff. One person said, "This is my home for life now and I am very happy here"; another said, "I couldn't fault anything here. We are safe and well cared for. It is a happy place".

People received exceptionally personalised and responsive care. The attention to people's individual wishes and needs showed the service had developed a highly person-centred approach.

The provider's ethos was to provide opportunities for people to live life to the full, and this was evident during the inspection. People were supported to pursue their hobbies and explore new experiences. People had a varied and interesting programme of activities, ensuring they were meaningfully occupied and stimulated. People living with dementia were supported in an environment which was dementia friendly, interactive and safe and secure without limiting their freedom. The provider used best practice research when developing the environment and activities.

People were at the centre of planning their care. They confirmed routines were flexible and they were free to choose how they spent their time. End of life care plans were in place and the service worked with other agencies to meet people's needs at the end of their lives.

Risks relating to people's individual needs and the environment were identified and planned for. Staff understood how to keep people safe and knew how to respond if any concerns were raised about people's well-being or safety. There were enough staff on duty to meet people's needs. Staff were recruited in a safe way to protect people. The service was clean throughout and staff took precautions to minimise the risk of infection. Accidents and incidents were investigated and reviewed to mitigate further occurrences. Medicines were managed in a safe way.

People's needs were assessed before they moved to the service to ensure those needs could be met. Staff received training and supervision to support them in carrying out their role effectively. The design and layout of the building was suitable for the people using it. People enjoyed the food and mealtimes were sociable occasions. The service worked with other agencies and professionals to support people's health care needs.

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 kind and caring and treated people with respect. Staff had a good understanding of how to promote people's privacy, dignity and independence. The provider sought to meet people's needs in relation to equality and diversity.

The registered manager and deputy manager had made significant improvements at the service. Feedback from professionals was positive about their leadership. They confirmed the management team worked in a transparent and open way and were focused on continual improvement and active working partnerships that met people's needs. The service worked with other professionals and agencies ensure people's needs were met and to help develop best practice.

Quality assurance and monitoring systems were in place to help drive improvements at the service. People knew how to raise concerns and felt confident the management team would address and rectify any problems.

Rating at last inspection -

The last rating for this service was requires improvement (published 18 February 2019).

At this inspection we found improvements had been made.

Why we inspected

This was a planned inspection based on the previous rating.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Oaktree Court

## 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 a medicines inspector, along with an expert by experience on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day was carried by one inspector.

#### Service and service type

Oaktree Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 looked at the information we held about the service including safeguarding records, complaints, and statutory notifications. Notifications are information about specific important events the service is legally required to send to us. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with 11 people, five relatives, 15 care staff, nursing staff, the registered manager and deputy manager and the company's representatives. We also spoke with four visiting professionals. We looked at the personal care and support plans for six people and at people's medicine records. We also looked at two staff files in relation to recruitment and staff supervision. A variety of other records relating to the management of the service, including policies and procedures were reviewed.

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.

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 contacted five professionals who regularly visit the service; we received feedback from two.

# 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 Requires Improvements. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At the last inspection we found the management of medicines was not always safe. Some risks had not been identified and not all staff were aware of how to deal with safeguarding concerns. Improvements were seen at this inspection.

### Using medicines safely

- There had been improvements in the way medicines were managed since our previous inspection. People received their medicines safely and, in the way, prescribed for them.
- There were protocols available for 'when required' medicines with person centred guidance on when it would be appropriate to give doses to each person.
- If people were given their medicines covertly (without their knowledge or consent) then mental capacity assessments were made and 'best interest' decisions recorded. Staff took advice from the supplying pharmacy on the safest way to give medicines in this way.
- Staff had received further medicines training since our last inspection. Staff had competency checks to make sure they gave medicines safely, and these were being renewed at the time of our inspection.
- There were suitable systems in place for the storage, ordering, administering, monitoring and disposal of medicines.
- Regular medicines audits and checks were completed, and areas for improvement were identified and plans put in place. Any incidents were monitored and reported as appropriate.

### Systems and processes to safeguard people from the risk of abuse

- Improvements had been made to ensure staff recognised abuse and knew who they should contact if they felt someone was at risk.
- Staff received safeguarding training. Those spoken with were aware of who to report concerns to, both internally and externally. Staff were confident the registered manager and deputy would take action to address any concerns. The registered manager reported any concerns to the local safeguarding team and worked with them to investigate concerns.
- Since the last inspection staff had been issued with "Pocket Pals", a set of cards staff carried with them. Each card had a reminder about best practice and included safeguarding.
- People said they felt safe. One person said, "Yes I am safe. It is warm and cosy, and staff are really very nice to us all". Another said, "Yes, it is more than safe. If you need to be somewhere, here is the place to be". Relatives were equally confident their loved ones were safe. One said, "The quality of care is brilliant."

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- A sensitive and least restrictive approach had been taken to the management of risk associated with

people's health and well-being. Where possible, identified risks were discussed with the person, to ensure they fully understood, and to agree actions to try to reduce their risk. Clear guidance was provided for staff to help reduce any identified risks.

- External professional advice was sought to ensure specific risks were safely managed. For example, where a person had been identified as having a risk of choking, a referral had been made to the speech and language therapist (SALT). Their recommendations had been recorded and were followed by staff.
- Incidents and accidents were reviewed and investigated by the registered manager to ensure all necessary action had been taken to reduce future risk. They also monitored records of accidents and incidents to identify any developing trends that might indicate further changes were needed.
- There was a programme of ongoing repairs, maintenance and redecoration of the premises. Potential health and safety hazard had been addressed.
- The laundry was in a dilapidated state and in need of refurbishment to ensure it was a safe working environment. This had been identified by the provider as a high priority and plans were in place to ensure significant improvements were made by 31 March 2020.
- The maintenance person had effective systems in place to ensure equipment at the service was safe and in good working order. For example, fire safety equipment was checked and serviced regularly. Hoists were serviced regularly, as was the passenger lift. Gas and electrical checks were carried out at the required intervals.
- Fire evacuation procedures were in place and each person had a Personal Emergency Evacuation Plan (PEEP) which included details of what support they would need to evacuate the premises safely.

#### Staffing and recruitment

- There were usually enough staff deployed to meet people's assessed needs in a timely way. Most people said staff were on hand when needed and that they did not need to wait more than a few minutes for staff to respond to call bells. Comments included, "If I need them or if I get into difficult they come really quickly".
- Three people said they had experienced a wait for staff, usually at busy times in the morning or evening.
- The registered manager monitored call bell response times and investigated anything that was over 10 minutes. We reviewed the call bell response times, which confirmed most bells were answered with five or 10 minutes. We saw response times had reduced since April 2019.
- We observed that call bells were answered quickly throughout the inspection and when an emergency bell sounded, staff responded immediately. Staff said they had enough time to be able to work in an unrushed way.
- There had been a significant improvement to staff retention at the service, which had improved the consistency of care provided. Two visiting professionals commented on this; one saying, "The staff team is much more stable, and it is easy to find them now, it wasn't like that previously. We are seeing the same staff, we know staff by name and they know us. We are here less as continuity of care is much better".
- The service continued to recruit new staff safely, ensuring they were suitable to work with people using the service.

#### Preventing and controlling infection

- The home was clean and fresh throughout with no malodours. People said it was always liked this. People said, "It's beautifully clean. The cleaner is very pleasant" and "It is exceptionally clean".
- Staff were trained in infection prevention and control. They had access to personal protective equipment such as disposable gloves and aprons to reduce the risks of cross contamination when providing personal care or when preparing and serving food.
- The service had been awarded a five-star food hygiene rating by the Food Standards Agency at their last inspection. This meant people were receiving a high standard of food, from premises that had taken the necessary precautions.

# 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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved into the service. This was completed to ensure the service had the necessary facilities and resources to meet people's needs and expectations. One person said about their move, "It was a difficult decision but the best decision for me. This is the right place for me."
- A relative explained they had visited several services but decided that Oaktree Court would best suit their loved one. They added, "I liked it immediately here and (the registered manager) was so reassuring."
- Staff followed best practice guidance, to promote good outcomes for people. For example, they used nationally recognised tools to assess the risk of malnutrition and the risk of skin breakdown. Action was taken to address any concerns.

Staff support: induction, training, skills and experience

- People, their relatives and professionals expressed confidence in staffs' skill and competency. Comments included, "The staff are on the ball the whole time" and "Staff know what they're doing." A relative said, "As far as I am concerned, they know each individual. They even know which ear to speak into too."
- Staff received training and support to help them work safely and meet people's needs effectively. The provider offered a wide range of training, provided in different formats. The training matrix showed the service was 82% compliant with the provider's training requirements.
- Action had been taken to improve the up-take of training. Where refresher training was due, emails and messages were sent to staff to remind them. A training and development mentor had been appointed recently with the aim to further support staff training and induction.
- Internal and external trainers were used to support staff's learning and development and promote good outcomes for people. For example, the deputy manager was a trained mental health first aider. She described some of the support she had provided to one person with mental health needs. A number of staff were booked to attend training to explore the health and social care challenges faced by lesbian, gay, bisexual and trans communities as they approach older age. Two staff working were attending training about sexual relationships within care home, to help them understand more about the issue.
- Staff working on the Somerset suit had completed a dementia training pathway.
- Trained nurses were supported to maintain their clinical skills and their professional registration.
- New staff were supported through their induction by the training and development mentor. Staff new to care completed the Care Certificate, a national recognised set of standards for care staff. Competency frameworks were being developed to ensure learning was imbedded into practice.
- Staff had regular opportunities to meet with their line manager to discuss their work, training and performance.

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

- People continued to be supported to maintain a balanced diet which met their needs and preferences. Nutritional assessments had been completed and people's dietary needs, preferences and allergies were recorded and known to the chefs and staff.
- The standard of catering and meal time experience was good. The atmosphere was sociable and unrushed. Tables were set with tablecloths, cruet sets, menus and flowers. Two main meals were offered daily, along with a light bite menu. Staff were on hand to assist people where needed.
- People said they enjoyed the food. They were provided with a varied and nutritious diet and had been involved in developing menus to ensure they reflected people's preferences. Comments included, "The food is very good. Always a choice; nothing I don't like, and I love my food. I am never hungry" and "The food is very, very nice. Chef even got beetroot in for me." A relative said, "I have eaten here. It's fantastic, excellent. They can have cooked breakfast every day."
- A variety of special diets were provided, including diabetic and vegetarian meals, and soft or pureed meals if required.

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

- The staff team worked effectively with other professionals to ensure people's health needs were met. Two senior care staff had completed a comprehensive training course to help develop their clinical skills to 'care home advanced practitioner level', which is nationally recognised. The Care Home Assistant Practitioner (CHAPs) aims to enhance the health care assistant role that will enable them to provide care and clinical interventions to enhance people's experience. Several other staff were booked to complete the course, which would increase the staff team's skill, knowledge and confidence.
- People were supported to access a variety of health care professionals. For example, GPs; community and specialist nurses; physiotherapist; speech and language therapist.
- Staff were vigilant about any changes to people's health and wellbeing and ensured they received timely support from health professionals. Feedback from professionals was positive. Comments included, "They are responsive to our advice and they (staff) all know the service users really well" and "They are very good at contacting us in a timely way. They listen to our recommendations absolutely".
- People were supported to maintain their oral healthcare and assessments had been completed. People could access local dental services, but the service had been unable to find a visiting dentist due to a general shortage in the area. During the inspection several staff attended an oral health training session with an external trainer. The trainer said the staff group were "very engaged".

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 protected people's human rights by following the Mental Capacity Act, 2005 (MCA). They understood

the need to gain people's consent to care and we saw they involved people in decisions about their daily care and support.

- Individual mental capacity assessments had been completed to determine a person's ability to make specific decisions about their care and treatment.
- When a person was considered to lack capacity to make a specific decision, best interest decisions had been made with advocates, relatives and health and social care professionals.
- Two professionals described the work the service had done to ensure decisions were made in people's best interest. One said, "The deputy has been very good advocating for (person)"; another said, "The service organised this best interest meeting today for one person...they have dealt with this in a really inclusive way."
- Appropriate applications for DoLS had been made to the local authority where necessary. This was because people required continuous staff support and supervision to ensure their safety.

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

- The adaptation, design and decoration of the premises meet the needs of people using the service. The premises were well maintained and in good decorative order throughout.
- The Somerset suite, based on the lower ground floor, provided care and support for people living dementia. The environment provided a safe, attractive and interactive space for people. There was an abundance of tactile and visually interesting points of interest positioned around.
- Easy to read pictorial signage was used to guide people to communal areas, such as the lounge, dining room and toilets and bathrooms. The signage assisted people to navigate round independently.
- People's bedroom doors were numbered, and some had memory boxes and photographs of objects or places important to people. This made it easier for people living with dementia to identify different rooms and orientate themselves.
- A new café area had been built since the last inspection. It provided hot and cold drinks and snacks, for people and their visitors to enjoy. This area was well used, and several people spent time in the café with family and friends. People said it had been a "big hit" and that it felt like a real café. One person said, "I used the café area last week with (visitor). It is a lovely space."
- People said they found the premises and grounds very pleasant. The building was surrounded by well-kept gardens and countryside. Several people said how much they enjoyed the views and watching the various wild life.

# 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 Good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People continued to receive a caring service. People were supported by staff who were kind, considerate and respectful towards them. Comments from people included, "Very kind and helpful"; "The girls treat me like one of their family" and "It is lovely here. The staff are marvellous".
- Relatives and professionals were equally positive. Comments included, "Staff are very friendly and polite" and "I feel that the staff have an understanding of my patients...they are looked after and cared for and listened to and respected".
- Staff were attentive to people's needs and there were warm interactions between people and staff. Staff had time for people and understood the importance of supporting people's well-being and promoting their self-esteem. For example, staff were tactile with people, using a small hug, a pat on the arm, or an arm round the shoulder to reassure people. Staff spoke kindly to people in a respectful manner. One person kissed a member of staff on the cheek when they were being assisted to eat lunch. Another person said, "There is lots of laughter here. It is very relaxed and happy place".

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

- People were supported to be as involved in decision-making about their care as they could be. They were encouraged to live according to their wishes and values. A professional said, "People here have choices and they are respected." During the inspection staff consistently offered choices to people and decisions were respected.
- People and their relatives were given the opportunity to express their views and opinions through regular meetings and reviews of care. Relatives confirmed they were informed of any changes. One said, "There are monthly reviews, but they always ring if there is a problem. I get an insight into what's going on with the person)."
- Advocacy support was available if this was needed. An advocate acts to speak on a person's behalf who may need support to make sure their views and wishes are known.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff supported people discreetly, being mindful of their privacy.
- Some staff had become dignity champions. A dignity champion is someone who believes being treated with dignity is a basic human right and that care services must be compassionate and centred on the person receiving the care. Our observations and discussions with people, relatives, professionals and staff confirmed the service was delivering on the principles of the dignity in care initiative.

- People appeared well cared for, groomed and appropriately dressed. This helped to improve people's self esteem.
- Staff supported people to be as independent as possible. We observed staff reminding people to use walking frames and sticks throughout the day, to promote their independence and safety.

## 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 now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People received care and support that was highly responsive to their needs and we found several examples of how the responsiveness of the service had impacted positively on people's quality of life.
- For example, one person required an invasive daily test to monitor their diabetes. A specialist professional told us how staff had worked with them to obtain a special mechanism that meant daily needle pricks were completely avoided. This significantly reduced the person's distress and anxiety. The professional said, "My impression has been that they are very caring for their residents...the monitoring device has improved the quality of (the person's) life."
- Another professional described how the effective and responsive care had vastly improved the physical and mental health condition of one person, to the point they had regained their mental capacity and were able to make decisions for themselves about their future. The professional added feedback from the person, family and other professionals had been extremely positive about the person's progress. They added, "Everyone has been singing the praises of the service."
- The additional staff training in relation to the care home assistant practitioner role, equipped the staff group to be more effective in responding to people's clinical changes and supported the nursing staff to deliver a high standard of clinical care. For example, staff were trained to recognise the signs of sepsis and had acted quickly when one person required hospital admission.
- The deputy manager had completed a mental health first aid course and explained how this had helped to pick up on any mood changes and ensure that referrals to mental health professionals were timely. They were also available to support people by setting up "conversational groups", providing opportunities for people to discuss their concerns. Support was also available for staff and visitors and the deputy was confident when signposting people to relevant mental health support services.
- The provider was promoting an inclusive and responsive service. They were implementing the "Safe to be me" guidelines published by Age UK. The safe to be me resource guide offers practical advice on providing the kind of service in which older lesbian, gay, bisexual or transgender (LGBT) people can feel safe to be themselves. The provider had pledged three promises to achieve this. This included acknowledging attitudes, acquiring knowledge and responding to prejudice. To this end, a number of staff had been booked on LGBT training to help them understand the health and social care challenges faced by older LGBT people. Our conversations with staff confirmed they were open and non judgmental and keen to learn more about how they could support older people from the LGBT community.
- The provider recognised that people living with dementia required specialist support and they had a dementia strategy in place.
- People living with dementia were cared for on the Somerset Suite. The registered manager and staff were

exceptionally respectful, referring to people living on the suite as the "memory care community". A professional said, "It is a small personal dementia unit; it's really nice. Very calm there."

- The environment on the Somerset Suite was dementia friendly, interactive and safe and secure without limiting people's freedom. For example, people had direct access to a secure garden. They could come and go as they pleased. One relative explained how important access to the garden was for their loved and how it decreased their anxiety. They added, "(The person) goes out most days. They really enjoy the garden".
- Doll therapy based on best practice research was used at the service with positive effect. Doll therapy promotes relaxation and pleasure and can reduce anxiety. The Somerset Suite had a corner with dolls; soft toys, prams and doll's clothes. One person enjoyed pushing a pram around and another was folding a basket of baby clothes, giving them a sense of purpose.
- Staff were skilled and knowledgeable about people, what was important to them and what their preferred routines were. People said the routines within the service were flexible and suited their needs. Comments included, "Staff let me do what I want. I get up and go to bed when I want" and "I am showered daily. I have a routine and they have picked up on that." Throughout the inspection, staff responded to people's requests and suggestions in a positive way, ensuring people's wishes were met. One person said, "I would recommend it to anyone. I couldn't praise it enough. I consider myself lucky to be here."
- Care records contained very personalised and up to date information including people's life histories and interests, which helped staff to provide exceptional person-centred care. Staff were confidently able to describe people's needs and preference to us. One member of staff sensitively explained and demonstrated how they responded to person's repetitive requests. Their approach was calm, reassuring and friendly.
- Care plans were detailed about people's needs. These were shared with staff through a hand-held device, all staff were able to review details and input the real time interventions provided. Health care professionals were positive about the electronic system giving them accurate information which was valuable in assessing people's ongoing needs.

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 had access to stimulating social and recreational activities, which enhanced their physical, mental and emotional wellbeing. Activities were offered throughout the week, including weekends.
- People's previous hobbies and lifestyle had been considered and influenced the activities programme. An activities co-ordinator demonstrated a holistic approach when considering activities saying, "We get to know their character; likes and dislikes; places of interests and what causes them stress or anxiety".
- People were very positive about the variety of activities offered, comments included, "There's always a good cross section of things"; "There is always something going on. I like to get involved with the activities" and "Activities are on offer all the time. It is up to us what we do." A weekly activity programme and newsletter was shared with everyone living at the service. One person, "It let's me know what is going on and provides a bit of news too".
- The provider had introduced "swap the box" to the service, which promoted a monthly theme. For example, celebrating Chinese New Year or Burns Night in January with various activities. In February Valentine's day was celebrated with a 'fine dining experience' and people were supported to invite a family member to attend with me. Events were planned throughout the year.
- The attention given to people's individual wishes showed how exceptional staff were at supporting people to realise their wishes.
- If people had a wish they would like to fulfil, for example, a special place to visit or activity to do, they placed it in a wishing well on the middle floor. As a result, one person was supported to attend the opera to see their favourite singer. Another person wanted to visit their loved one's grave, as they hadn't been able to attend the funeral. Staff helped to locate the grave and accompanied the person to lay flowers and say a prayer. A third person wanted to visit the donkey sanctuary, and so a trip was arranged. Another person had

a surprise visit from their favourite Irish singer. The activity co-ordinator was planning a special wish for one person. They had requested a world cruise with a handsome man! Unable to meet the world cruise wish, staff were arranging for a one of the male carers to dress as 007 and accompany the person on a cruise at Exmouth.

- One person had been a gardener all their life and was particularly fond of the garden and grounds. The gardener visited them regularly to discuss what was happening in the garden. The person said, "She (the gardener) has become my good friend."
- During the inspection we saw people were engaged in a variety of activities, for example, several people attended a poetry reading session in the café area; there was a lively seated dance session, and a meditation session.
- People were involved in daily task which were familiar to them; for example, some light cleaning and folding of clothes. During the good weather, a clothes line was put up for one person as they enjoyed pegging out the washing. This gave people a sense of purpose.
- To encourage intercommunity and intergenerational involvement, the service had arranged regular visits from three local schools and a nursery. School children spent time playing games; reading and chatting. Several people said how much they enjoyed these visits.
- Various community activities were arranged, such as fetes and garden parties. One person told us, "We had a big garden party. All my family and friends came. It was such a lovely day." A "Scruffs" dog show was a big hit with people at the service and people from the local community.
- Regular outings to areas of interest were planned. Several people told us how much they enjoyed trips. One said, "We had a lovely day last week; visited the shops and had coffee".
- Visitors were welcomed at the service. People said their friends and family were always welcomed and offered drinks.

#### End of life care and support

- The service provided end of life care and support to people if this was needed. One person was receiving end of life care at the time of the inspection. Staff regularly spent time with the person, making them comfortable and managing their personal care needs.
- Systems were in place for people's end of life wishes to be recorded and acted upon. This meant people's preferences were known in advance, so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice.
- Two professionals said the service provided a standard of end of life care. The service worked with the local hospice to ensure admissions were fast tracked where the person was in need of end of life care.
- The provider planned to further improve people's experience. They had developed an "end of life promise" which aimed to ensure that every day was the best day it could be. They also planned to introduce 'soul midwifery'. A number of staff were to be trained as 'Soul Midwives'. Soul midwives are non-medical, holistic companions who support people at the end of their life to provide comfort, continuous support and reassurance.
- There were many testimonials to how well end of life care had been managed at the service. Comments included, "Thank you to the team for everything you have done for (person)...heart-warming knowing (person) was in such good hands" and "Thank you for all the loving care you provided to our family during (person's) illness".

#### 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.

- People's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how people should be supported with these. For example, care records identified if a person had a sensory loss and what staff should do to improve communication.

#### Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to raise any concerns or complaints. Two people said when they had raised a concern, it had been dealt with and they were satisfied with the outcome.
- Complaints were investigated and responded to in line with the complaints policy. Any complaints or concerns were analysed and used as opportunities to further improve the service.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection we found some checks were not effective and had not identified the shortfalls we identified during that inspection. For example, the provider had not identified that medicines management was not safe. At this inspection we found improvements had been made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- A new registered manager had been appointed since the last inspection. They were experienced and qualified and had a positive impact on the service. The registered manager was supported by a knowledgeable deputy.
- People, their relatives, professionals and staff described the management team as approachable, professional, supportive and proactive when dealing with any issues. Comments from people included, "I think it's all jolly good"; "I can't think of any improvements" and "I would recommend this place to anyone. You couldn't improve on it really."
- Feedback from professionals was positive about the leadership. They described the management team's commitment to improvement and active partnership with them, working to ensure people received the care and support they required. Comments included, "This is the best it has ever been. There has been massive improvement due to management changes" and "We have had a very positive experience with (the registered manager). I can't think of any criticism of this place."
- There was a clear staffing structure in place and staff at all levels were clear about their roles and responsibilities. They said there was good team work at the service and that they were supported effectively as a team.
- Effective quality assurance and monitoring systems were in place to help drive improvements and identify shortfalls. For example, audits were carried out in relation to medicines, health and safety checks and care plans. Senior managers working for the provider visited the service regularly to carry out additional checks and ensure improvements were achieved.

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

- An open and inclusive culture had been developed at the service. The service supported the diversity and inclusion of those who lived and worked there. People experienced a good standard of care and support, which resulted in good outcomes for them. One person said, "This is my home for life now and I am very happy here. I have made friends here"; another told us, "I consider myself lucky to be here."
- People and their relatives were involved in decisions about the care and support delivered. Regular care

reviews and 'resident and relatives' meetings enabled people to discuss their care and express their opinion. One person said, "I have been to them (meetings). I brought up that I like ox tail soup and now I get it. Good opportunity to raise things." A relative commented, "Residents' meetings are a good opportunity to discuss anything and everything."

- The registered manager had an open-door policy and was available to support staff at any time. Staff said the registered manager would often contact them to say thank you or to check on their welfare. Staff said morale was good and the strong leadership from the management team was responsible for building a strong team. Since the appointment of the registered manager, staff turnover had decreased significantly, which meant the staff team was stable and provided consistent care.
- In recognition of the significant improvements made by the registered manager and deputy manager at the service, they won the provider's "leadership team of the year" award, which was a performance related award covering all of the aspects of management.

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

- Throughout our inspection, the management team displayed a candid and responsive approach. For example, in the prompt action taken to improve laundry area.
- The management team were open and approachable and aware of their responsibilities under the Duty of Candour. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- Relatives described good communication with the service and confirmed they were informed of any incidents or accidents

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

- People and their relatives were able to share their views and experiences about the service through regular satisfaction questionnaires. We reviewed a sample of completed questionnaires and noted a majority of the responses were positive. The registered manager had reviewed the responses and developed an action plan to address any concerns raised. People told us their suggestions were acted on, for example, menus and activities were adjusted to meet their preferences.
- The service promoted staff involvement, information and recognition through regular meetings and awards. Staff felt they could contribute their views and be listened to. An 'employee of the month' scheme had been introduced to recognise and reward outstanding staff members.

Working in partnership with others

- Following the last inspection, the management team worked in an open and transparent way with Somerset County Council's quality team to drive improvements and improve their CQC rating. Feedback from the local council showed the necessary improvements had been made.
- Staff worked in partnership with other professionals to ensure people received the care, treatment and support they required.