Meridian Healthcare Limited

# The Oakes Care Centre

## 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

The inspection of The Oakes Care Centre took place on 27 September, 4 October 2018 and 1 November 2018. We previously inspected the service on 27 and 31 July 2017; we rated the service requires improvement. The service was not in breach of the Health and Social Care Act 2008 regulations at that time.

The Oakes Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Oakes Care Centre accommodates a maximum of 60 people; there are accommodation and communal areas located on both the ground and first floor. The home provides care and support to people who are assessed as having personal care and support needs. The first floor provides accommodation specifically for people living with dementia. There were 58 people living at the home at the time of the inspection.

The service had a registered manager in place. 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 told us they felt safe. Risks were assessed and actions taken to reduce the risk of future harm. Regular servicing and internal checks were completed to ensure the premises and equipment were safe and maintained. The home was clean and odour free.

There were systems in place to reduce the risk of employing staff who may not be suitable to work with vulnerable people. People, relatives and staff felt there were sufficient staff on duty to meet people's needs.

Medicines were stored and administered safely by staff who had received appropriate training. Although we identified some improvements needed to be made to staffs recording of the application of creams.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff had the skills and knowledge to enable them to provide effective care. New staff received an induction and there was a programme of on-going training and supervision in place.

Feedback about the food was positive. We saw people were provided with regular drinks and snacks. There was a range of options for people to choose from for breakfast and both the lunch and tea time meal.

There were systems in place to ensure relevant information was communicated within the staff team. Staff supported people to access healthcare services when their needs changed.

The registered manager and each of the staff we spoke with were clearly committed to ensuring each person received a service which was caring and respected their individual values. A culture of treating people with dignity and respect was evident from staff in all roles.

The home had a well-being co-ordinator who ensured people were offered a variety of activities and trips out.

Before people moved into the home, an assessment was completed to ensure the home could meet the person's needs. Care plans were detailed and person centred although care plans were not always updated to reflect information recorded in the review section.

People and relatives were aware of how to complain. We saw evidence complaints were listened to and responded to.

There were systems in place to ensure people received appropriate support as they neared the end of their life.

Feedback from people, relatives and staff regarding the management of the home was positive. The registered manager was clear in their desire to provide a high quality service to people, ensuring staff felt valued and empowered.

There were systems and processes in place to continually monitor the service people received and to gain feedback from people and the relatives.

The registered manager had developed a good working relationship within the community, with an NHS health care provider and the local hospice.

## 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 told us they felt safe.

Risks to people were assessed and their safety monitored and managed so they are supported to stay safe.

There were sufficient numbers of staff on duty to meet people's needs.

The management of medicines were safe.

### Is the service effective?

Good

The service was effective.

Staff had received training and regular management supervision.

People were provided with a choice of appetising meals.

The requirements of the Mental Capacity Act 2005 were being met.

### Is the service caring?

Good

The service was caring.

People were supported by a very caring staff team.

The culture of person centred support was evident throughout the whole staff team.

Staff recognised people's rights to privacy and to be treated with dignity.

### Is the service responsive?

Good

The service was responsive.

The home provided a variety of activities and trips out for people

to engage in.

Care plans were detailed and person centred.

There was a system in place to manage complaints.

## Is the service well-led?

Good

The service was well led.

There was a registered manager in post.

People, relatives and staff were positive about the management of the home.

There was an effective system in place to monitor the quality of the service people received.

There was a strong emphasis on partnership working and developing links with other health and care related organisations.

# The Oakes Care Centre

**Detailed findings**

## Background to this inspection

This inspection commenced on 27 September 2018 and was unannounced. The inspection team consisted of two adult social care 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. The Expert by Experience on this occasion had experience in caring for an older person. One inspector also visited the home again on 4 October and 1 November 2018. This visit was announced, this was to ensure the manager would be available to meet with us.

Prior to the inspection we reviewed all the information we had about the service including statutory notifications and other intelligence. We also contacted the local authority commissioning and contracts department, safeguarding, infection control, the fire service, environmental health, the clinical commissioning group, and Healthwatch to assist us in planning the inspection. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this 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. This information was used to help inform our inspection.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spent time in the lounge and dining room areas observing the care and support people received. We spoke with ten people who were living in the home, six relatives and a visiting health care professional. We also spoke with the area director, registered manager, deputy manager, three senior care staff, four care assistants, two staff from the ancillary team, two members of the catering team and the well-being co-ordinator. We reviewed four staff recruitment files, we looked at four people's care plans in detail and a further three care plans for specific information. We also looked at 10 people's medication administration records and a variety of documents which related to the management and governance of the home. Following the inspection, we received further feedback via email from an external health care professional.

Good

# Is the service safe?

## Our findings

At our previous inspection in July 2017 we found the home was not always safe. At this inspection we found improvements had been made.

People told us they felt safe. One person said, "I feel safe wherever I go here." Another person said, "I feel safe and everything is ok." Relatives we spoke with also told us they felt their family member was safe living at the home.

Staff understood their responsibility in keeping people safe from the risk of harm or abuse. Staff told us they would report any concerns to a more senior staff member. One staff member said, "Any concerns, I'd escalate them to the manager. [Name of registered manager and deputy manager] are really approachable and we have the whistleblowing policy too."

Care files contained a range of risk assessments, which were reviewed at regular intervals. For example, moving and handling, falls and skin integrity. Since the last inspection, improvements had been made to the level of detail recorded where staff needed to use moving and handling equipment to support people with their mobility.

Where people were at high risk of falls, equipment was in place to alert staff to the person's movement, for example, sensor mats. Equipment was also used to reduce the risk of injury in the event of a fall, such as low height beds. A staff member said, "It's a safe home. People fall, we know that so we do everything we can to reduce the falls risk. One person rolled out of bed, so we put in place a crash mat and an alert mat. This was to make the landing soft and to alert the staff in case it happens again. We increased the checks we do on them when they are asleep too."

We saw appropriate action was also taken to reduce the risk of people developing pressure ulcers. Some people had specialist mattresses on their beds and where people had limited ability to change their position in bed, staff supported them to do this. Staff told us they would report any concerns regarding a person's skin integrity to the district nurse team.

The maintenance team completed regular checks to ensure the premises and equipment were safe. This included checking fire safety, water temperatures, beds and wheelchairs. External contractors were also deployed, for example, to complete an annual gas safety check and to ensure all lifting and moving and handling equipment was safe.

The most recent fire risk assessment had been completed in August 2017. A file containing essential information was kept up to date in the event the premises needed to be evacuated. This included staff telephone numbers, emergency contact details for relatives and Personal Emergency Evacuation Plans (PEEPs), detailing the safety plan for named individuals.

Staff received regular fire training. The registered manager told us 71% of staff had completed a practical

drill, which included a simulated horizontal evacuation. This is important as it ensures staff have the knowledge and skills to take appropriate action in the event of a fire.

We checked three random staff personnel files. Each file contained an application form, employment history, two references and evidence they had attended an interview. Although a gap in the previous employment history of one candidate had not been fully explored. Robust recruitment reduces the risk of employing staff who may not be suited to working in the caring profession.

People and relatives told us there were sufficient staff on duty to meet their needs. Comments included; "The staff come quickly. There is enough staff", "They [staff] come whenever I want them" and "I feel there is enough staff from what I have seen."

Staff felt, when there was no last minute sickness or absence, there were sufficient staff to meet people's needs. One of the staff said, "There's enough staff. We know what we have to do and manage our time. We keep going, the managers listen and act if we are short for any reason." Another staff member commented "It's ok [staffing] when we are all here. It is good that there are two seniors, one per floor."

At our previous inspection we identified some areas of medicines management which needed to be improved. At this inspection we found improvements had been made although some records needed to be more robust.

Medicines were stored safely and securely on both floors. We observed two staff administering medicines to people. This was done safely and with kindness.

We saw a GP had made a recent change to one person's medicines. Staff had implemented one of the changes, but they told us the instructions regarding a second change were ambiguous. They explained they had been back in touch with the person's GP and were awaiting clarity. This demonstrated staff understood the importance of ensuring instructions pertaining to people's medicines were easily followed.

Some people were prescribed medicines which were controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines. We found they were stored and administered safely. Regular recorded checks were also completed to ensure stocks tallied with the recorded number of administrations. Some of these medicines were through a transdermal patch being applied to their body. Staff recorded the location of the patch on a body map. This ensured staff were aware of the location of the patch so they could ensure it was removed when required. This also ensured the location of the patch on the person's body was rotated to reduce the risk of their skin becoming sore.

Some creams were applied by care staff when they supported people with their personal care. Care staff were then responsible for recording their actions. From speaking with staff, it was clear they regularly applied people's creams but we found the records relating to this were sporadic. Although regular medicines audits were completed, these had not identified these shortfalls. We shared our findings with the registered manager at the time of the inspection, they assured us they would act to address this matter.

The home was clean, tidy and free from odour. People and relatives commented positively about the cleanliness of the home and their individual rooms. Infection prevention and control audits had been completed during 2018. This demonstrated there was a system in place to monitor the cleanliness of the home and to ensure staff were taking appropriate steps to reduce the risk of infection.

When things went wrong, we found there were systems in place for reviewing and investigating safety and

safeguarding incidents, learning was shared with staff.

It was clear from discussions with all levels of staff, they felt confident to report any safety incidents or concerns to senior staff or the registered manager. Accidents and incidents were reported and recorded on the registered provider's electronic management system. We saw the registered manager had instigated a number of initiatives to reduce falls at the home, including regular meetings to discuss falls and falls prevention. Records showed the number of falls at the home had recently decreased.

Good

# Is the service effective?

## Our findings

At our previous inspection in July 2017 we found the home was not always effective. At this inspection we found improvements had been made.

People's care and support needs had been assessed and care plans included guidance and information to provide direction for staff and ensure care was provided in line with current good practice guidance. Care plans included information on health conditions people were living with and how to minimise their impact.

Staff had the skills and knowledge to enable them to provide effective care. One person told us, "The staff are very much well trained."

New employees received an induction. We spoke with two members of staff who had recently commenced employment at the home, they both told us they had received an induction and training. The registered manager told us new employees completed a programme of induction and received a minimum of three supernumerary days. They said this could be extended if required. This process helps to support new staff to learn the necessary knowledge and skills to meet the requirements of their role.

The registered provider had a system in place, which enabled the registered manager to have oversight of staff compliance with training. Staff completed training in a range of topics, the majority of which was e-learning with some subjects, for example, moving and handling, including a practical element. Overall training compliance for the home was 75% at the time of the inspection. We asked why the training compliance was not higher than 75%. The registered manager told us the training statistics were generated by their on-line management system. When new staff commenced employment or further courses were added for staff, the percentage dropped but would increase as the assigned training was completed.

Staff who were responsible for the administration of medicines told us they received regular training along with an assessment of their competency. The registered manager told us some staff who were not employed as senior care staff had also received training and support to enable them to be able to administer people's medicines in the event senior staff were not available. This was confirmed when we spoke with the well-being co-ordinator. This not only enhanced their skills but also ensured the home had sufficient staff to be able to ensure people always received their medicines, even in the event of last minute staff sickness.

Staff told us they received regular supervision. The registered manager was responsible for completing the supervision for heads of department and senior staff. Senior care staff had delegated responsibility for the completion of other staff member's supervision. We reviewed the registered provider's online management system, this showed 41 of the 44 staff listed had received a supervision within the previous three months.

We asked the registered manager how they had addressed any identified shortfalls in staff practice, "I lead by example, I have stayed here at night, I have observed practice. I try to open staff's minds to different ways of managing situations."

The registered provider's management information system recorded 32% of staff had received an annual appraisal. The registered manager was aware and we saw action was being taken to address this, A regular appraisal of staff's performance from an appropriately skilled and experienced person helps to identify training, learning and development needs and to enable the registered provider to plan training and support the person to develop.

Feedback about the meals at The Oakes was positive. People told us, "The food is very good", "It is very nice food, we get a good choice", "There are drinks and food everywhere" and "The food is nice, there are enough snacks for me."

There was a restaurant room on each floor. Tables were nicely presented with cutlery, crockery, napkins and a small vase of flowers. People could choose where they wished to eat their meals. The main meal of the day was served in the evening.

On the first day of the inspection we observed breakfast, lunch and the evening meal being served. At breakfast time there was a member of staff in the restaurant room on both floors. People were not rushed, some people sat drinking tea and coffee after they had finished their breakfast.

Lunch on the first floor was served promptly. Staff supported people to make their own choices, where people needed support to eat, this was provided in a caring and discreet manner. Meals were individually plated up by a member of the catering team, ensuring people received a meal appropriate to their needs and preferences.

Service at lunchtime on the ground floor was slow. There were 19 people sat at the dining tables but staff gradually left the dining room leaving one member of staff to serve 19 people. The single staff member was unable to attend to everyone's requests simultaneously. We spoke with the registered manager about our observations, they assured us this was not normal practice. When we visited the home on 1 November 2018 we saw staff were available in both restaurants and people received appropriate and timely support.

At the tea time meal on the ground floor some people had a glass of sherry. One person asked for a second glass, "Filled to the top and not watered down" staff provided this. As staff began to serve the meal, they asked each person what they wanted and served their meal, a table at a time. On both floors, where people needed assistance, for example to cut up food, this was done promptly.

Drinks and snacks were readily available on both floors.

Both members of catering staff expressed a good knowledge of people's needs and preferences. One of the catering team told us a member of the catering team always supported staff with serving meal on the floors, "It is really good coming to the units. We can see what people are eating, what they are enjoying, if people's needs are changing."

Each of the care records we reviewed contained information about people's eating and drinking needs and preferences. People were weighed at regular intervals and an assessment of their nutritional risk completed. There was a system in place which provided the registered manager with oversight of people's weight. This helped to ensure unexpected weight loss or gain was identified at an early stage, enabling prompt action to be taken where needed.

It was very clear from our observations during the inspection, staff from all departments worked together as one team. Relevant information was communicated within the staff team. Staff received a verbal handover

at the beginning of their shift where they received an update on people's needs and daily jobs were allocated. A written handover form was also completed by the senior care staff on each floor which included key points to handover to the next shift.

People had access to other health care professionals when required. Peoples care records evidenced they received input from a range of health professionals. This included, GP's, district nurses, speech and language therapists, opticians and chiropodists.

A healthcare professional told us, via email, "I have worked with The Oakes for the past two years, medically reviewing residents within the home in the aim of enhancing their quality of life and preventing inappropriate admission to hospital. Much of our joint work has centred around medication review in order to reduce the burden of poly-pharmacy and the side-effects that this can bring. We have put together many advance care plans where patients have a clear plan of care should their condition deteriorate in order to prevent an admission to hospital which ultimately could have led to them dying in hospital." This demonstrated staff commitment to working with other health care professionals to improve people's quality of life.

The Oakes provides care and support to people on both the ground and first floor. Both floors provide en-suite bedrooms and a restaurant room. There were a number of communal lounges and seating areas throughout the home. The registered manager told us seating had been re-arranged to make it easier for people to talk to each other and so people could sit and look out of the window if they wished.

The floor which supported people living with dementia, items of interest designed to help people reminisce where situated in the corridors and communal areas. There was a shop where people could go to purchase items such as toiletries, coffee mornings were also held in there. The variety of communal areas gave opportunity for people and their families to have privacy if they wished.

There was a garden area to the front of the home, the registered manager showed us how a path had been created for people to walk on. The garden area was not secure but they told us they were looking at how the garden could be adapted to increase security for people. Photographs in the home clearly evidenced how people had made use of the garden in the summer months.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. DoLS authorisations had been applied for appropriately to ensure people's rights were protected.

At our previous inspection we found records relating to capacity assessments and best interest's decision making were inconsistent. At this inspection we found improvements had been made but further work was needed to ensure record keeping was robust. For example, we reviewed two care plans containing decision specific capacity assessments. The assessments recorded they lacked capacity however there was no record

of the assessment, which had enabled staff to reach that outcome. We saw evidence in one file of the family member involved in the best interest's decision making process. However, the views of other interested parties were not recorded in the second file we reviewed. Following this process demonstrates openness and transparency in providing services for people who lack capacity as prescribed in the Mental Capacity Act 2005.

It was clear from our observations, staff were working within the principles of the MCA. People were offered choices and staff respected their decisions. The registered manager demonstrated a thorough understanding of the MCA and how it had to be applied in practice.

Good

# Is the service caring?

## Our findings

Staff were all caring, kind and attentive. One person said, "I am very well looked after." Another person commented, "The staff are very nice and I have no concerns." A comment from the relative's survey conducted in June 2018 noted "[Relative's] health has improved due to the excellent care here. Staff showed care, compassion and empathy but above all [relative] was treated as a special person and with dignity". A comment received from an independent review website quoted "Blown away by the quality of care provided to me [relative], way above expectations. They treat [relative] as though the [person] is their relative… I have complete trust that my [relative] could not be looked after any better in their final months". A further comment noted, "All the staff are exemplary in their care, kindness and compassion".

There was a strong person-centred culture within the home. This was evident from staff working in all roles within the home. The staff we encountered clearly knew peoples likes, dislikes and valued their opinions. A thank you card recorded, "Thank you to all the wonderful people who took [relative] as the person they were and embraced [name of person]". A comment received from an independent review website quoted "The staff were brilliant with [relative], from the office staff, cleaner and laundry staff to the kind and professional carers who met all [person's] needs".

The registered manager was clearly committed to ensuring a person centred, caring culture. A comment received from an independent review website quoted "The manager does an excellent job of creating the right culture in the home". They led by example, on the second day of the inspection a person who lived at the home entered the office. The registered manager promptly stood up, held their hand and asked them how they were feeling. They left the office, chatting with the person, showing empathy and genuine concern for how they were feeling.

Staff spoke about people with knowledge, understanding and respect for their individuality. One staff member said. "We're not here for the money, we're here to make the residents' quality of life better. One person gets up each day at 4;30am, they always have done. We don't tell them to go back to bed. That's when their day begins, the staff will sit and have a coffee with [name of person]." Another staff member said, "Making people feel that they matter to me is important."

Staff had gone out of their way to improve people's quality of life. One of the staff we spoke with told us about a person who had to wait for specialist support to enable them to bathe, this had made the person feel unhappy and uncomfortable. They said, "We did some training and learned how to bathe [person] and change their dressings. [Person] is much happier now, they can bathe when they want. Just the way it should be."

The registered manager told us about a safeguarding incident which had resulted in a person no longer being able to take a daily walk on the street around the home. The person's general health and mental wellbeing deteriorated when they were unable to take a daily walk. A member of staff told us how the person had been more unsettled. Records evidenced the action taken by the registered manager alongside the person's relative to implement a plan of care which enabled the person to continue to take a daily walk,

while reducing any risks to their safety. This demonstrated the registered manager's commitment to positive risk taking, ensuring people were provided with appropriate support to enable them to do the activities which made them happy.

People could watch films and classic television shows on a large screen via a projector. Part of a communal area had been transformed with seating rearranged to reflect the layout of a cinema. One of the staff told us, "They love it when we put a film on." Another staff member said, "It's been fabulous. The other day they were watching Only Fools [and Horses], they were really belly laughing watching it." The registered manager told us, during a casual conversation a person who lived at the home had mentioned 'having something in the communal area to pass the time'. The registered manager said, following this conversation they had organised for a screen and projector had been purchased. This showed the registered manager's ability to listen to people and take prompt action in improving the quality of people's lives.

Gentlemen living at The Oakes were able to enjoy a wet shave and a hot towel as a barber has been visiting the home on a fortnightly basis since April 2018. One of the people we spoke with told us, "The staff are lovely but they can't shave you. [The barber] put a hot towel on you and they applied cream. It's the best thing I have had done in ages".

A traditional free standing white fridge was in the serving area of the restaurant on the floor where people living with dementia lived. We saw a person accessing the fridge, re-arranging the items inside. The registered manager told us a traditional fridge had been purchased and not an integrated appliance, to enable people living with memory problems to easily identify the fridge.

One person told us, "I am independent here and very happy." We saw a person washing up crockery and cutlery and another person making them self a drink.

All staff clearly respected people's privacy and dignity. One person said, "They respect my privacy and knock on my door" and another person commented, "They always knock on my door." A relative told us, "The staff treat [person] with respect."

A member of care staff said, "Dignity and respect, that is definitely important. I always knock before going into a room. We give personal care in rooms alone, with the door and curtains shut. If someone has an accident you don't shout about it, you talk quietly and get another staff discreetly if you need to." A member of staff who worked on the ancillary team said, "I don't interfere with people's things. I ask before going in their drawers to put their washing away, or, if they are not in their room, I'll tell them I've been in and what I've done. If they are in their room when I go in, I'll talk to them. Let them choose whether to put things away themselves, or I have me do it for them."

We observed staff knocking on doors prior to entering, speaking to people discreetly and ensuring people were appropriately covered, for example while they were being hoisted or sitting with their legs elevated on a buffet.
Staff understood people may have different needs dependent upon their culture or religious beliefs. One of the staff spoke with us about a person whose faith was important to them and how they supported them with this aspect of their care. Another staff member told us how they had supported a person who had spent time at the home for a period of respite. They explained about their dietary needs, beliefs and the personal items they wished to have close to them.

Care files contained a section for information about people's life history to be recorded. Where families or friends had provided information, records contained more detailed information. This is important as it

enables staff to have meaningful conversations and encourage social interaction and communication. The well-being co-ordinator showed us some scrap books which they had begun to put together for each person, providing an individual record of the activities people had taken part in and the places they had visited on trips. This built up a picture of the person and their recent history since they had begun to live at The Oakes.

People and families were actively encouraged to be involved in their care plan. A relative we spoke with said, "Yes I have seen the care plan.". Each of the care plans we reviewed included people's comments when staff had completed their reviews with them. On the second day of the inspection a relative arrived for a pre-arranged review of their relative's care plan with the registered manager.

Although people's care files were stored securely, they were accessible to staff. This ensured they were not accessed by people who did not have the authority to do so.

Advocacy services were available for people to access. The registered manager was aware of how to access advocacy support and we saw evidence of the involvement of an advocacy service for a person who lived at The Oakes. An advocate is a person who can speak on people's behalf, when they may not be able to do so for themselves. This helps to ensure people's rights are protected and that their voice is heard when making decisions.

Good

# Is the service responsive?

## Our findings

At our previous inspection in July 2017 we found the home was not always responsive. At this inspection we found improvements had been made.
There was a variety of activities, trips and opportunities provided for people to engage in.

People and relatives told us; "I am not interested in the activities but I like to go on the trips. I went shopping and on a boat", "I maintain my own interests, I go to the club", "I do the exercises" and "[Relative] has been on a trip and sometimes joins in the activities."

We spoke with the well-being co-ordinator. They told us there was a variety of activities provided within the home. There were regular trips out to the library, boat trips, a local park and to the shop. They said a trip to Blackpool, with a mini bus along the sea front and fish and chips had been very popular. There was a visiting hairdresser and an opportunity for spa treatments. The wellbeing co-ordinator said the home also had a 'gentleman's club', where the men could meet up, play dominoes and have a drink.

On the first day of the inspection a party took place on the first floor of the home, which included people from both floors of the home. People clearly enjoyed themselves, we noted the well-being co-ordinator ensured no-one was left out and encouraged everyone, who wanted to, to be part of the fun.

At our last inspection we found the level of detail and information in people's care records was inconsistent. At this inspection a number of improvements had been made to ensure care records were person centred. One of the staff we spoke with said, "We are doing a lot of work with care plans, there is a massive initiative with them."

Prior to people moving into the home, or following a hospital admission for medical treatment, we saw evidence an assessment was completed to ensure the home could meet the person's needs. This meant staff knew how best to support the person, helping them adjust to their new surroundings. This also enabled the home to ensure they had appropriate equipment in place.

Care files included a range of care plans such as mobility, eating and drinking, personal care and sleeping. Each one was person centred, detailing individual needs, likes and preferences.

Care plans were reviewed on a regular basis. However, in two of the seven care records we reviewed we noted where there had been a change to the person's needs, staff had recorded this in the review record, but they had not always transferred this to the care plan. This meant people's current needs were not always clear. For example, some care plans referred to the person mobilising with a frame while others referred to them remaining in bed. The eating and drinking care plan for another person did not include information about their weight loss and actions needed to address this, although this information was recorded in the monthly review section. We shared our findings with the registered manager to enable them to address this. From our observations of staff and speaking with them, we were assured people's needs were met appropriately. It is important care plans are an accurate reflection of people's current needs. We spoke with

the registered manager and the deputy manager about this at the time of the inspection. They accepted our comments and said our feedback would be used to further educate and develop staff's skills regarding care records.

Staff completed a daily record, this provided a brief synopsis of the care and support they had provided for each person.

We checked to see if the registered provider was compliant with the Assessable Information Standard which requires that people who have sensory impairment or a disability have information available for them about their care in a way they can understand. Care plans recorded people's individual communication methods and the registered manager told us information could be provided in alternative formats if required. In April 2018 the registered provider had implemented a policy, 'accessible communication'. This documented the registered provider's commitment to ensuring people were able to access information in an understandable format.

Complaints were listened to and responded to. People and relatives were aware of how to complain if the need arose. One person said, "If I needed to complain I would go to the office." A relative said, "I would know how to complain if needed." A log of complaints was kept, we reviewed two of the recorded complaints. We saw information was recorded as to the nature of the complaint and a copy of the outcome letter was retained.

No one was receiving end of life care at the time of our inspection. We saw where people had a do not resuscitate (DNACPR) instruction in place this was kept at the front of their care files to ensure they were easily accessible. A health professional told us a lot of work had been undertaken at the home, speaking with people and their families, to talk about future wishes, including their wishes about end of life care. A comment received from an independent review website quoted 'As my [relatives] health deteriorated the staff met all their needs and were loving and kind with [relative] in their last days. They supported myself and [name of person] when [relative] died'.

We reviewed the care records for one person whose health and well-being was unpredictable. We saw they had an advance care plan in place, this provided information relevant to reduce the risk of them being admitted to hospital un-necessarily. Staff were aware of how to access support from the district nursing service and we saw the 24-hour telephone advice number was clearly visible in the senior care staff's office.

Good

# Is the service well-led?

## Our findings

The registered provider is required to have a registered manager as a condition of their registration. There was a registered manager in post on the day of our inspection and therefore this condition of registration was met.

When we previously inspected The Oakes in July 2017 we found improvements were needed to ensure the home was consistently well led. At this inspection we found sufficient improvement had been made and we rated this domain good.

Feedback regarding the registered manager and The Oakes was positive. People told us, "The manager is lovely, he came to interview me in my home before I came in", "I would not change anything" and "I would not want to go anywhere else. Nowhere would compare with this." Relatives commented; "The manager is approachable", "The manager is very approachable and I am always made welcome" and "[Name of registered manager] tries very hard to make a difference and he is approachable". A relative's comment from the feedback survey conducted in June 2018 noted, "[Name of registered manager] is like a breath of fresh air".

Staff were also overwhelmingly positive about the management of the home; "The home is friendly, we have a fantastic team. We communicate and work well together", "Improvements? Staffing has got better and there are more activities for people. We all work as a team", "If I had a wand – I don't know of anything that needs changing" and "Well led? Yes, the home is well led. We have good team work and that makes a difference."

A health care professional told us via email, "[Name of registered manager] has been exceptional in his support of this work, being passionate about supporting the end of life wishes of his residents. He supports his team leaders by encouraging them to contact him personally with anything that they feel unsure about, in the aim of preventing frail elderly residents being admitted to hospital. [Name of registered manager] always has a "can do" attitude and will endeavour to support his residents and staff in order provide care that is in the best interests of his residents'.

It was clear from our discussions and observations of the registered manager, they were clear in their desire to ensure people received consistently high-quality care. They told us, "It's not about numbers, it's about people. It's about individuals. I want to empower people. I want staff to be multi skilled."

It was evident systems and processes were becoming embedded. This was evidenced with the continuation of tasks and individual responsibilities during the registered managers recent holiday. On the day of the inspection the daily 'flash meeting was initiated by another staff member without any prompt from the registered manager. Audits had still been completed during the registered managers holiday and had been left for them to review prior to being filed.

There was an effective system in place to monitor the quality of the service people received. This included a

daily walk around of the home by a senior person on duty and audits on medicines, infection prevention and control, catering and dining experience and falls prevention. A senior manager, external to the home also conducted frequent visits to the home. The area director told us, if concerns were identified then more frequent monitoring of the home was undertaken. We saw records of visits conducted throughout the year. Concerns identified were acted upon.

There were a number of systems in place to gain feedback from staff, people who lived at the home, relatives and other visitors. There was an electronic 'have your say' feedback system in the reception area. This enabled people to record feedback at the time of their visit, which was submitted directly to the registered providers office. The registered manager received a monthly report on the content of feedback submitted. We saw comments, where appropriate where shared with relevant personnel.

An annual survey was also conducted. We saw the results from the one conducted in June 2018. The response sheet included a summary of feedback and action taken by the registered manager in response to the feedback. Resident and relatives' meetings were scheduled on a monthly basis. We saw minutes from meetings held throughout 2018.

There was a strong emphasis on partnership working. The registered manager had fostered a good working relationship with Locala, an independent company who provide NHS community services to people living in care homes. Earlier in 2018 they had also begun to work in partnership with the local hospice with a small group of people visiting the hospice on a regular basis to attend drop in coffee mornings.