

Crosscrown Limited

Mile Oak Rest Home

Inspection report

2 The Acorns
Wimbourne
Dorset
BH21 2EW

Tel: 01202885225

Date of inspection visit:
19 May 2018

Date of publication:
06 July 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Mile Oak Rest Home is a residential care home for up to 20 older people. The building offers accommodation over two floors with lift access to the first floor. People have access to communal lounge and dining areas, a conservatory and accessible garden. There were 19 people living at the home at the time of inspection.

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

People and relatives told us, without exception, that staff were extremely kind and that they could not wish to live at a better home. We were given several examples of the difference that the support from Mile Oak had made to people who lived there and everyone spoke with great warmth about the staff and the management. Professionals told us about the exceptional care that people received at Mile Oak and told us that they recommended the home to others. People were offered choices about how they spent their time and were supported with respect by staff who protected people's dignity and promoted their independence. Visitors were welcomed whenever they wished to visit and were encouraged to feedback through regular meetings and annual surveys.

People were protected from the risks of abuse because staff understood the potential signs and how to report concerns. There were sufficient numbers of safely recruited staff available to meet people's needs and staff knew people well and understood the risks they faced and how to manage these. Accidents and incidents were reported, recorded and learning shared with staff. People received their medication safely and these were recorded accurately.

People were involved in pre-admission assessments which identified their physical, religious, emotional and mental health needs to ensure that these could be effectively met. There were assessments of capacity and decisions made in people's best interests where required. People had a choice of meals and drinks and spoke positively about the food. Staff received regular support through supervision and had access to relevant training opportunities to provide them with the correct skills and knowledge for their role.

People's care records were reviewed regularly with their involvements and was therefore responsive to changing needs. People were supported by staff to engage in a range of social opportunities both in group settings and one to one time. People and relatives were aware about how to raise concerns if needed and felt that these would be listened and responded to. End of life care was person centred and planned with people to ensure that wishes and preferences were understood and respected.

Feedback from people, relatives and staff was that Mile Oak was well managed. Everyone spoke positively about the registered manager who placed an emphasis on ensuring they worked with staff on shifts and was

available and approachable. Feedback was gathered and used to drive changes at the home and audits were used to identify any gaps or trends to continually improve the service people received.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service has improved to Outstanding	Outstanding ☆
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Mile Oak Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 19 May 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority to obtain their views about the service.

We had requested and received a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information prior to the inspection.

During the inspection we spoke with eight people who used the service and four relatives. We also spoke with four members of staff and the registered manager. We gathered feedback from three professionals who had knowledge about the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked at a range of records during the inspection, these included five care records. We also looked at information relating to the management of the service including quality assurance audits, health and safety records, policies, risk assessments and meeting minutes. We looked at three staff files, the recruitment process, training and supervision records.

Is the service safe?

Our findings

People were protected from the risks of abuse by staff who understood the potential signs and told us that they would be confident to report any concerns. One staff member explained that they would be aware of "mood swings, (people being) shy towards you when they aren't normally." Another member of staff told us that they would "look for bruising, maybe (people) becoming more timid or withdrawn". Staff told us how they reported any concerns and there was a safeguarding policy in place which included details of the procedure for staff and contacts for external agencies.

People's individual risks were understood by staff and recorded. Risk assessments included details of how risk affected people and what actions were needed to manage these. For example, one person had a catheter. They had a risk assessment which detailed signs of possible infection for staff to be aware of and what actions to be taken. There were similar assessments in place for risks other people faced including falls, diabetes and pressure area care. Where one person was at a high risk of falls, we saw that they had a sensor mat to alert staff if they stood from their chair or bed. This was used in their room and in the communal areas and we observed staff responding quickly when the sensor mat alarmed to support the person safely.

People received safe care and treatment. Examples included a member of staff reminding a person to use their walking aid, a person being supported to walk by staff who offered encouragement and placed a hand on the person's back for reassurance, staff reminding a person to keep their elbows in when they were assisting them to move in a wheelchair to protect them from injury. A relative told us that they had "complete peace of mind – when I walk out that door I know (name) is looked after and safe".

People were supported by sufficient numbers of staff to meet their needs and spend time with them. We observed that call bells were answered without delay and that where people needed two staff to assist them safely, this was available. A staff member explained that when new people had moved to the home, a particular time of day had become more pressured for staff. The registered manager had listened and an additional shift was put into place to provide extra staff at this time. People told us that they did not have to wait for support. Comments included "they (staff) come quickly" and "when I've had an accident the staff come quickly".

People were supported by staff who had been recruited safely, with appropriate pre-employment checks. Staff files included identification checks, application forms and interview records. Checks with the Disclosure and Barring Service (DBS) were in place before staff started in their role to identify whether staff had any criminal records which might pose a threat to people.

People were involved in the recruitment of staff and the registered manager explained that applicants spent time with different people in the communal areas of the home. People were able to ask questions and were then asked for feedback. The registered manager explained that they recognised that it was important for staff to have some control about who would be providing them with support. People were also involved in monitoring infection control and encouraged to monitor whether staff used appropriate disposable gloves and aprons and highlight if there were any issues.

Mile Oak had received certification as a disability confident committed employer in 2017. The registered manager explained that this ensured that they focussed on providing equality in their recruitment processes and ensured that no-one was discriminated against on grounds of any protected characteristics under the Equality Act. They gave examples of how they had supported staff to ensure that they were treated fairly and a staff member told us that this had been a supportive process and had enabled them to work effectively in their role.

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. There were regular checks of the fire alarms, fire doors and fire safety equipment.

Staff ensured that people received their medicines as prescribed and we saw that recording and disposal systems were in place. We observed that staff administering medicines explained to people what their medicine was for and sought consent before administering. Some people had medicines prescribed 'as required' and there were protocols in place for each of these medicines detailing what was required and how the person needed this to be administered. Where some medicines required additional checks, these were in place. The medicines room was warm on the day of inspection. Some medicines needed to be stored under 25 degrees and the temperature was 26 when we checked this. The registered manager explained that they had already considered an air cooling system and had a fan in place but told us that they would discuss with the provider again to consider ways of ensuring that the temperature stayed below the safe storage temperature.

Infection control audits were carried out regularly and staff had access to appropriate disposable gloves and aprons which we saw being used during the inspection. Staff told us that these were always available and that this was used when serving food or assisting people with personal care. All staff had received training in infection control.

Accidents and incidents were reported by staff, recorded and used to identify any learning or actions needed. Staff understood how to report any incidents and these were recorded and monitored regularly to identify any trends or patterns. The registered manager explained that any learning was shared with staff through meetings, supervisions and information discussions.

Is the service effective?

Our findings

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.

People were asked to consent to their care and records included signed consent forms. Where people lacked capacity to consent, assessments were in place in line with the MCA. These included details about the decision which was being made and evidence about why the person lacked capacity. Decisions in the best interests of the person were then recorded and included views of those important to people and consideration of whether the decisions was the least restrictive option.

Where DoLS were in place, these were monitored and applications made when the authorisations were due to expire. One person had conditions attached to their DoLS, the registered manager explained what the conditions were and what steps they had taken to meet these.

People had assessments in place which were completed before they moved to Mile Oak and used to identify whether the service would be able to meet their needs. This information was also used as the basis for the person's care plan. We saw that these assessments covered all areas of the person's life including their cultural and spiritual needs and views of those important to them. People and relatives told us that they had been involved in these assessments and comments included; "comprehensive pre-assessment and information about day to day routines...this was respected and followed" and "(registered manager) came to see (name) to ask about what we needed and I liked them straightaway".

Staff had the correct knowledge and skills to support people and received relevant training and development opportunities for their roles. Staff told us that they received enough training to provide them with the knowledge they needed to support people. Topics included moving and assisting, first aid, MCA and safe handling of medicines. Staff explained that they were offered additional training which was relevant for people living at the home. For example, staff had undertaken breakaway training when a person at the home had exhibited behaviours which were challenging. Staff explained that they had not needed to use restraint with the person but had been confident about what to do if this had been needed.

Staff received regular supervision every eight weeks and an annual appraisal. Supervisions were a mixture of

face to face sessions, observations and group supervisions. Staff told us that they provided an opportunity to discuss any issues or concerns and discuss any learning or development needs. Staff were encouraged to undertake national qualifications and told us that they felt supported and encouraged to progress their learning. New staff completed an induction and undertook the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.

People were supported to eat a balanced diet and had choices about their meals and drinks. The home used a four week menu and asked people for their choices daily. Menu's had been discussed at a residents meeting and feedback had indicated that people were happy with the choices available. People told us that the food was good and comments included "it's very good food, they come round with menu's and tick off on the following day (what we want), they know what I don't eat", "I'm a picker and they give me food I like" and "the food is very good here".

People were supported to receive person centred, consistent support when they went to hospital or transferred between services. People's care plans included transfer information which would be given to emergency services to ensure that relevant information about people was shared so that they could receive appropriate care.

People were supported to receive prompt access to healthcare services when required. People's care plans included details about health professionals involvement and detailed input from GP's district nurses, podiatry and audiology. One person had a short term care plan in place because staff had noticed that they had an area of skin which was pink and could have developed in to a pressure area. The district nurse had been called and had given guidance about how often to assist the person to move and pressure relieving equipment. This was in place and staff were assisting the person as advised. Professionals were positive about how staff worked with them to support people. One told us staff "really listen to the advice and see it through". Another explained staff were "very receptive to anything we suggest...they do what we suggest and more".

People were able to access all areas of the home and go out if they wished. People had items to personalise their rooms and the registered manager explained that they encouraged people to bring things from home and enabled people to use their own furniture if they wishes. We saw one person had their own furniture and others had pictures and ornaments in their rooms. People had access to the communal areas of the home and the conservatory was available for people to use to spend time with their loved ones if they wished. The registered manager explained that people were able to lock their own bedroom doors if they wished to have private time with their loved ones. Each person also had their own phone number in their room which meant that they could receive direct calls and could call friends and family in the privacy of their rooms if they wished.

Is the service caring?

Our findings

People and relatives told us, without exception, that staff were extremely kind and that they could not wish to live at a better home. People spoke about their fears of moving into a residential home but told us how the staff had helped them to settle and ensured that their support was personalised and respected their wishes. One person was reluctant to accept support but told us "This place has been a godsend to me because it hasn't taken away my independence". They explained how staff enabled them to do what they wanted and explained "it's as near to being in your own home as you can get it.they (the staff) make you feel special somehow". Another person explained "if you are going in a home, this is one of the very best, they (staff) are kind, they'll do anything for you". Another explained that they were "very pleased I made the decision to come here (to Mile Oak), I've made friends with residents and staff".

Relatives told us about the exceptional service they felt their loved ones received from staff and were eager to explain how this had impacted on them. One person had lived alone and had very little social contact. Their relative explained that prior to moving to Mile Oak "(name) would sit for two to three hours and never say a word". They explained the difference in their loved one since they had moved and told us "when (name) came here it was like a light bulb had switched on...I feel I'm getting my old (name) back". They explained that staff accepted their relative for who they were and provided individualised care and support. The impact of this was that the person wanted to spend their time in the communal areas of the home, they had made friends with other people living there and enjoyed all the games and activities. Their relative told us that these changes were "only through being in here (Mile Oak)."

Another person had several health conditions and had limited communication through sensory loss. Staff had spent time with them and found that they often talked about the dogs they used to have as pets. They had arranged to get a toy dog which mimicked breathing and the registered manager told us "(name) says they love it and asks who will be feeding it". The person told us "I've always had a dog, always used to have a retriever.....he's (the toy dog) as good as gold at night...I take him to bed and he sleeps on the bottom....he's such a good little chap". The person clearly cared for and had great enjoyment from the little toy dog and was animated when they spoke with us about it.

Another person told us that they had previously worked in a medical library and explained that they had suggested that Mile Oak start a library. The person's relative had brought a bookcase in and other relatives and staff had provided books. Mile Oak had bought a date stamp and record pad and a librarians badge for the person which they were wearing when we visited. The person spoke with pride about their role and explained how the library worked. They and staff laughed as they told us that one of the senior managers had borrowed a book and not returned it. The person explained that they had sternly told the manager that they would incur a hefty fine if the book was not returned! A different person told us "we report to the librarian...there's some good books there....staff borrow them also". The 'librarian' explained that they were trying to encourage another person to assist them to run the library and said "I enjoy using it and there are some good books in there". They were eager to tell us about what they did and spoke with pride about the range of books available and that people enjoyed these.

At a residents meeting, some people had asked for a diary to be started and kept with people's and staff birthdays because people wanted to recognise these. The registered manager explained that a person had been supported by staff to set this up and now managed this for Mile Oak residents and staff. The person had cards provided for them and when it was someone's birthday, they wrote a card for them and passed this to the registered manager to share with others. This gave the person a sense of purpose and responsibility and they enjoyed taking control of this and ensuring that birthdays were recognised.

On the day of inspection, Mile Oak were holding a celebration for the royal wedding and had invited people's relatives and friends. We observed that people's families, staff and staff's children attended and that there was a relaxed and informal atmosphere. A buffet lunch was provided and a cake had been ordered in the same flavour as the royal wedding cake so that people could experience this taste in the same way as the people attending the royal wedding. People spent time inside and outside the home and there was constant chatter with lots of laughter and jokes. People chatted with staff who had come in on their day off and relatives chatted with staff and other people whilst sharing drinks and cakes.

The registered manager explained that a person had invited their family to enjoy their birthday with them. Staff had decorated the conservatory and provided a buffet for the person and their family. They had also provided drinks and sherry as this was the person's favourite alcoholic drink. The person and their family had been able to use the conservatory as a private space for them to hold their family celebration.

Compliments from families also evidenced the exceptionally caring support people received at Mile Oak. Comments included '(Name's) time here was full of joy and laughter! Not to mention singing and dancing', 'I was given many words of recommendation and praise for Mile Oak before (name) became a resident. All those words have rung true' and 'the many kind gestures by all the staff were just lovely'.

One family had written about the exemplary care and explained how the staff had made a difference to their loved one. They stated 'you (staff) visited them, charmed them, humoured them, indulged them and made sure they were never alone. You (staff) pampered them, you brushed their hair, you made them up, you dressed them how they liked. You knew them. You knew the things that made them feel they were the indomitable (name).....you were their world'.

The registered manager was proud to show us the compliments they received and explained that they worked hard to ensure that support for people was individualised and meaningful for each person.

Professionals told us about the exceptional care that people received at Mile Oak and told us that they recommended the home to others. They commented "I can't recommend it enough, If I had to put my Mum or dad somewhere it would be at the top" and "I would put a relative of mine there". One professional explained that they had advocated strongly for a person to be placed at Mile Oak from home because "they (staff) just go the extra mile to meet someone's needs... they are phenomenal". The other professional told us about a person who had been struggling with extreme anxiety at home. They explained that due to the approach and support of staff at Mile Oak "within two days (name) was 'this is where I need to be and where I want to stay". They felt that this evidenced the impact of the extremely individualised care people received.

People were offered choices in ways which were meaningful for them. We saw that one person had stayed in bed on the day we visited. Staff told us that they had supported them to stand to relieve pressure on their sacrum but had enabled them to spend the day in bed, assisting them to change position regularly. The person told us that they did get up but that they had wanted to stay in bed today. Another person explained that staff had asked them about how they wanted to spend their time and said "if I want to go to bed, I can

go to bed.....they never object to me staying in my room". Staff explained how they offered people choices. Comments included "I ask where would you like your breakfast today.....what do you want to wear" and "people make their decisions day to day about how they spend their time."

People were supported to maintain their dignity and privacy. We observed staff knocking before they entered people's rooms and closing doors before they assisted with personal care. Staff explained how they ensured they respected people's privacy. Comments included; "we ensure the door is shut and curtains drawn...not undress fully and use towels to cover", "I put a towel over while washing...so (name) is not exposed". One person told us about how staff had assisted them with personal care and said "they kept my privacy, they were tactful.....when they had finished I felt like a new bean...I was so grateful".

People were supported to be as independent as possible. Some people had variable mobility and staff explained that they encouraged people to stand and assist to transfer when able and only used equipment to move people where this was needed. One person explained if I can stand they encourage me to stand and only hoist me when needed". The registered manager explained that they "reassure people we are not here to do everything for them – it's about support and making it meaningful for them".

Relatives told us that they were able to visit whenever they wished and were always welcomed. Comments included "Always welcomed when I come in and always very helpful" and "always a smile on the door when you walk in".

Is the service responsive?

Our findings

People had care plans which were person centred and included details about what was important to them and their likes and dislikes. Records reflected monthly reviews and we saw that updates were made where there were changes in people's presenting needs. People were involved in their reviews and records showed where people had requested changes to their support. For example, a person had told staff they were experiencing more pain in one area. This had been recorded and reflected in the person's care plan.

Communication between staff was effective and meant that staff could be responsive to people's changing needs. A staff member explained that they had regular handovers and also used a handover book to share relevant information. One staff member told us "we have handover and see what has gone on and decide as a team who is priority to be seen first". We observed staff verbally updating each other about how people were and what support they required.

People were supported to engage in a range of social opportunities and there were activities staff to provide this support for people. Staff told us that there were sufficient staff to enable them to spend time with people in ways which were meaningful and this meant that social opportunities were understood and provided by the whole staff team. Arranged activities included card games, some external entertainment, manicures and hand massages and film afternoons. People received daily papers or in some cases, weekly magazines of their choice and we saw that these were available on the day of inspection. People had formed friendships within the home and we observed people chatting to each other throughout the day.

People were able to engage with the local community when they wished. One person was supported to go to a local pub by staff. The person told us that this was their preferred pub and was something that they had done regularly before moving into Mile Oak. Another person was supported to attend a local club regularly as this was important to them.

People's spiritual, cultural and religious beliefs were understood by staff and respected. Records reflected people's beliefs and what support they required from staff to support these. The registered manager explained that they were visited regularly by a local vicar and that this was people's preference. One person told us about their religious beliefs and explained "they (people from the church) come and see me here which I prefer... I don't want to go out to church". The registered manager told us that if people wanted support in relation to their religious or cultural preference, this would be provided.

The service met the requirements of the Accessible Information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. People's communication needs were clearly assessed and detailed in their care plans. This captured the person's preferred methods of communication and how best to communicate with them. Staff told us how they communicated with one person in a way which was appropriate for them. Another member of staff told us how they communicated with one person and sometimes wrote things down as this helped staff to communicate effectively.

The service had not received any complaints in the 12 months prior to our inspection, however people and relatives told us that they would be confident to raise any concerns if they needed to and felt that these would be listened to and acted upon. One relative told us "If there was something I wasn't happy about I'd speak to them and I'm sure they would deal with the situation". There was a complaints policy in place which included details of the process, timescales for complaints to be investigated and responded to, and information about external agencies.

Mile Oak ensured that people received person centred end of life care which respected peoples wishes and preferences. Care plans included an overview about end of life information so that staff could clearly see whether they had asked people about any advance medical decisions and whether they preferences and wishes had been discussed. This meant that if people did not want to discuss end of life care at a particular time, staff could consider this at a later date with people. The registered manager told us that they were proud of the end of life care they provided to people. they explained that they ensured that families were able to spend time with their loved one and provided meals and the option for family to stay with a person if they wished. The registered manager and deputy explained that if people did not have anyone to stay with them, that they would ensure that one of the managers were available and would stay with people at the end of their lives so that they were not alone. An involved professional told us that the service "look after palliative clients beautifully, and their families".

Is the service well-led?

Our findings

People, relatives and staff spoke positively about the registered and deputy manager and felt that the home was well run. Comments from people and relatives included "registered manager is very good and deputy also – very helpful", "registered manager and senior staff should be commended for the way they work" and "registered manager and deputy are visible and we can speak to them and get a response immediately". There was an office on the first floor of the home but the registered manager and deputy spent most of their time at a desk in the foyer of the home. The registered manager explained that this enabled them to be available for visitors and helped them to observe and interact with people and staff.

There was a registered manager in post. 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.

Professionals spoke extremely highly about the registered manager with comments including "Registered manager is just brilliant, always goes over and above...has an amazing rapport with people", "Registered manager is amazing, they will bend over backwards to meet a patients needs" and "(registered manager) manages their team efficiently and has a comprehensive knowledge of their clients".

Staff told us that they enjoyed their roles and we observed that they were smiling and interacting with each other and people throughout our inspection. One staff member told us that the staff team were "genuinely caring...all the residents feel at home". Another staff member told us "genuinely I do love it here...it doesn't feel like coming to work". The registered manager spoke with pride about their staff team and told us "I've got a lovely team of staff, they get on really, really well". Both the registered manager and deputy worked shifts with other staff and told us that they felt that this provided better oversight and understanding about practice and culture within the home.

The registered manager told us that they received regular support from their line manager who visited the home a few times each week. They also discussed practice and any issues with other registered managers and had provider level meetings to drive best practice. The service was signed up to a number of national agencies and received newsletters and updates on different areas of practice. For example, a national organisation who send regular information about meaningful activities for older people.

People and relatives were able to feedback through regular meetings. Minutes evidenced that different topics were discussed at each meeting and actions planned where needed. For example, previous meetings had focussed on the food/choice of menu and activities available. Where suggestions were made, these were actioned. For example, people suggested a film afternoon which had been introduced. Staff meetings were also held regularly and enabled staff to discuss practice issues and updates.

Surveys were sent out annually to people, relatives, involved professionals and staff. The last surveys were sent in 2017 and responses had been used to identify further area for improvement or change. There had

been twenty four responses received and a coloured bar chart and explanation of the responses had been prepared for people and visitors so they could see what actions had been taken. All responses received were positive about every question asked, including 'Does the management appear to create a good atmosphere'. All 24 responses stated 'always'. When asked about the quality of social activities, nine responses stated 'very good' but the remaining 12 stated 'good'. The home had put an action plan together to further develop activities for people. This included using an 'activity sheet' to create a pen portrait of what each person enjoys doing and then plan specific activities. For example, one person wanted to go out in the car for a drive.

Feedback was also gathered through an online survey site and information and leaflets were on display in the foyer of the home. Mile oak had received three reviews over the past 12 months and had an overall rating score of 9.1 out of a possible 10. Comments made about the care and treatment included 'I like it so much that I would be happy to live there', 'the care that (name) received at the home was exemplary' and '(name) was charmed, humoured and engaged. We always felt that special attention was paid to how (name) liked to be dressed and made up. We will be forever grateful for the patience and understanding, welcome and love (name) received from all the staff'. All reviewers indicated that they would be 'extremely likely' to recommend Mile Oak.

Quality assurance measures were regular and used to identify gaps and trends and drive improvements. Audits covered areas including accidents and incidents, infection control and pressure area care. Staff received regular competency spot checks and the provider monitored the audits carried out at Mile Oak and discussed these with the registered manager. Actions were then planned to drive changes.

Mile Oak worked in partnership with other agencies and sought advice and guidance where needed. The registered manager gave an example in their PIR regarding the independence of one person whose mobility was deteriorating. Initial professional advice was that the person may need to be hoisted but this was not the persons wish. Mile Oak worked with an occupational therapist to source advice and equipment which meant that the person was able to continue to stand to transfer. The registered manager explained that they had also worked closely with district nurses who had visited the home to provide specific training for staff and with local mental health resources to support the needs of one person whose behaviour could challenge.