Hollow Oak Nursing Home Limited

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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

The inspection took place on 13 August 2018 and was unannounced. At the last inspection in November 2015, the service was rated Good.

Hollow Oak Nursing Home (Hollow Oak) 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.

Hollow Oak provides nursing care for up to 27 older people and is an established family run business. The home is in a period house that has been adapted and extended for its present use, including two conservatories and a modern extension. The bedrooms in the home vary in size and layout, are individually decorated and retain many original features. There is car parking available and well kept lawns and gardens to the side and rear with outdoor seating for the people living there. At the time of the inspection there were 22 people living there.

There was a registered manager at the home. 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.

At this inspection we found the service remained good overall. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. At this inspection we also found the service was continuing to improve and demonstrated some characteristics of 'outstanding' and that they were continuing to develop the service for the future. The service was particularly skilled at caring for and supporting people and their families at the end of life and responding quickly to people's changing needs.

People told us they were happy and felt safe at the home. People told us that the staff were "so very, very good" and "kind" and they supported them when they needed it. People who lived there told us, "The staff are marvellous and speak to me and my family with genuine feeling and that "Nothing is too much trouble, they always have time to listen." Relatives told us their loved ones' care had been "exceptional" and "outstanding" and that staff responded "quickly and compassionately" to people's needs. We saw staff showed real concern and compassion for people's wellbeing and responded quickly when people required their help. Professionals who visited the service spoke very highly of the service provision and said that it was "very responsive" and "person centred" in the care provided.

People told us they were happy with the variety and choice of the home cooked meals being provided and that there was always a choice at meals. We observed regular snacks and drinks were provided between meals to help make sure people received adequate nutrition and hydration.

The service had an effective safeguarding policy and staff had undertaken safeguarding training and could explain the process. Staffing levels were consistent and flexible to meet changing needs and staff recruitment procedures were robust. The staff team worked well together and had the skills, knowledge and experience required to support people with their care and social needs. Registered nurses were available to support people's day to day nursing needs.

Medicines management systems were safe and staff had undertaken appropriate training in medicines administration. Staff were being appropriately trained for their roles and well supported by the registered manager. Systems were in place to give staff the opportunity to discuss their work and have appraisals.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they worked within the law to support people who might lack capacity to make some of their own decisions. People living in the home were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and the policies and systems in the service support this practice.

Risk assessments had been developed to identify and minimise the potential risk of harm to people during the delivery of their care. These and detailed individual assessments and care plans had been developed and were kept under review and updated when necessary to reflect people's changing needs and to make sure their care preferences had not altered. Hollow Oak supported people with life limiting illnesses and as they approached the end of life. Staff were knowledgeable about this important area of care and had received end of life care training on supporting people and their families.

The registered provider continued to improve the environment for the people who lived there. The building was being well maintained and was a clean and homely place for people to live. We saw that equipment in use was regularly cleaned and had been serviced and maintained as required.

Systems were in place to deal with any complaints or concerns raised about the service. The registered manager treated complaints as an opportunity to learn and improve the service.

People had access to a range of organised and informal activities. Relatives told us that they were welcomed in the home and their views and feedback were encouraged. Quality assurance surveys and regular meetings were used to seek the views of people who used the service and there were a number of audits being carried out to monitor systems and to focus on continually improving the service for the people who lived at Hollow Oak. The registered provider was in the home daily to oversee this.

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 remains Good.	**Good**
Is the service responsive? The service has improved to Outstanding.	**Outstanding** ☆
Is the service well-led? The service remains Good.	**Good**

Hollow Oak Nursing Home Limited

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.

This comprehensive inspection took place on 13 August 2018 and was unannounced. The inspection was carried out by an adult social care inspector.

Before the inspection we reviewed information available to us about this service. We looked at information we had from those who commissioned the services, professionals who visited the home and the local authority. This was to help us in gaining a clear picture of the service provision. We also reviewed safeguarding information and notifications that had been sent to us. A notification is information about important events that the provider is required to send us by law

The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with people about the service. This included six people who lived at the home, four visiting relatives, the registered manager, three care staff, a member of nursing staff, the cook and the maintenance person. We looked at the care records of five people who lived at the home and at the risk assessments and daily notes relating to those plans. We also looked at records relating to the management of the service. These included audit records, policies and procedures, accident and incident reports We looked at the recruitment, induction and training records of staff recently employed to work in the service. We looked at the records of medicines and we checked on the quantity and storage of medicines in the home. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

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 easily talk with us.

We used a planning tool to collate all this evidence and information prior to visiting the home.

Good

Is the service safe?

Our findings

People who lived at Hollow Oak, and their relatives, spoke very positively about the staff and the care and support they provided. People told us they felt safe living at the home. We were told, "I am quite happy here, I feel safe and looked after. I would happily recommend this as a home to anyone." Another person told us, "I am happy to be here, I chose it, I thought if I have to be somewhere it had to be somewhere I liked and this is it." A relative we spoke with told us, "It's a lovely safe place for [relative], always so clean and fresh. [Relative] is happy here and really well cared for, the staff are friendly and genuine."

We saw that there were sufficient staff on duty to meet people's needs and that people were cared for by nursing and care staff who knew them well and understood their needs. Staffing levels had been organised around meeting people's assessed needs. We were told by a person who lived there, "They [staff] are so kind, always come when I call and never get cross no matter when I ring them."

Rotas indicated that staffing levels were monitored and dependency tools were used to assess people's care needs. A relative said, "There are always plenty of staff around and they take time with [relative]. I feel totally relaxed and confident with [relative] living here." Staff told us that unless someone went off sick suddenly the staff levels were good. We were told, "There are bad days of course but I feel I am able to give the care people need and I don't have to take short cuts."

We looked at staff personnel files and saw that each file included an application form, proof of identity and a minimum of two references. All potential employees had a Disclosure and Barring Services (DBS) check in place. A DBS check helps to make sure that staff are suitable to work with vulnerable people. The registered manager also checked each nurse's professional registration to ensure they were fit to practice.

The service had an appropriate safeguarding policy and staff had undertaken safeguarding training to recognise and act on any concerns about people's safety. There had been no recent safeguarding incidents in the home. Staff we spoke with understood their responsibilities to keep people safe and how to pass on concerns to the right agencies to protect people. A staff member told us, "We had detailed safeguarding training and [registered manager] made sure we understood." Where safeguarding issues had been raised in the past the service had fully cooperated and worked with safeguarding teams to investigate.

Accidents and incidents were recorded and monitored, including environmental risks, as well as risks associated with health, wellbeing and lifestyle choices. There were individual risk assessments, such as, skin integrity, falls, nutrition and for the use of equipment, in people's care plans and general and environmental risk assessments. A health care professional who visited the home commented, "All risk assessments are carried out monthly and updated accordingly."

Staff were trained in, and followed, infection control practices by wearing gloves and aprons when providing personal care. We found the environment to be clean and free from unpleasant odours. Relatives told us, "It is spotlessly clean" and "It's always very clean and smelling nice." A health care professional commented "There is a lovely clean smell when entering the home, no evidence of uncleanliness at all."

The home's safety certification was up-to-date, such as fire, gas, electrical, equipment and legionella testing. This meant the registered manager monitored the environment was safe for people to live in. Maintenance staff in the home were responsible for ensuring the home was well maintained and safe. People had personal emergency evacuation plans in place (PEEPS), so their individual needs were known to staff and emergency services in the event of a fire. Service contracts were in place to ensure equipment was regularly serviced and remained fit for purpose. A fire risk assessment was in place and regular checks had been undertaken on fire safety equipment. All staff had received training in emergency evacuation procedures and the use of emergency equipment.

Medicines systems were safe and staff had undertaken appropriate training in medicines administration. Medicines were stored and disposed of safely. Arrangements were in place for the return and safe disposal of medicines and excess stock was kept to a minimum.

Good

Is the service effective?

Our findings

People who lived at Hollow Oak only received care and support with their consent and according to their wishes. People who lived there told us, "The staff are a great group and ask me what I want to do or where I want to go" and "If I want anything they get it and always ring the doctor when I want them." We were told that the food was "very good" and that "They do all their own baking you know; the cakes are lovely- I can't resist them." One person said, "The cook asks what we like and so I get what I like."

We heard staff asking people if they required help and respecting their wishes and choices. Staff told us that they always asked for people's permission before they did anything for them and asked them about choosing their clothes, what they wanted to eat and what activities they wanted to do. People who lived in the home confirmed this was the case. A relative told us, "They [staff] always involve [relative] in choosing clothes for the day."

The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When a person lacks the capacity to make a particular decision, any made on their behalf must be in their best interest and be the least restrictive. 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 application procedure for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The home had a designated DoLS coordinator who managed the application process and had oversight of mental capacity assessments.

We saw that staff sought verbal consent for all interventions during the day. There were appropriate consent forms within care files that were signed by the person who used the service or, where appropriate, their representatives. We saw evidence of MCA assessments and where the person lacked capacity best interest's decision making processes were followed, for example, when completing a Do Not Attempt Resuscitation (DNAR) form for an individual. We could see that discussions and meetings had taken place to involve people, relevant others and medical professionals in decisions made in someone's best interest.

The registered manager carried out assessments with people before anyone came to live in the home to help to be sure they could meet their needs. These assessments were used to start planning care and were updated as staff got to know the person. Care records we saw confirmed visits from GP's and other health care professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. People's health care needs were carefully monitored and discussed and agreed with the person and if appropriate their relatives. A relative told us, "[Relative] really is so well cared for, they do everything well as far as I can tell."

People received care and support from staff who knew them well and had the skills and training to meet their needs. Nursing staff undertook a range of training to help maintain their professional practice and make sure they could effectively meet people's needs including end of life care, verification of death and the use of syringe drivers in end of life care. This training was evaluated and staff understanding checked. There

was evidence of a thorough induction in place for new staff who were required to complete the Care Certificate. [The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life]. There was also a period of 'shadowing' experienced staff to help make sure that new staff were confident and had been assessed as competent in their roles. We saw evidence of regular staff supervisions which included discussions around general work issues and training needs. There was a strong emphasis on training and helping staff to develop including on leadership courses and supporting people to extend and develop their roles to improve care.

People were supported to have a good diet which met their needs and preferences. Each person had a nutritional risk assessment, which included guidance for staff about people's specific dietary needs, risks and preferences. Risk assessments had been completed for some people with referrals to the Speech and Language Team (SALT) and where risks had been identified information was provided to guide staff about how to support the person safely.

We saw that the service had worked collaboratively with other agencies and made the referrals appropriately. Information about joint work with agencies such as dieticians, speech and language therapy team (SALT), the tissue viability nurse, occupational therapists, physiotherapists and district nurses was clearly documented in people's care plans.

Good

Is the service caring?

Our findings

People told us they were happy and received excellent care. Everyone we spoke with told us all the staff were very kind, compassionate and respected them. Surveys and written compliments showed staff were very caring. The comments we received from people who lived in the home included, "They [staff] are so very kind and understanding, it's not easy to look after so many people who rely on you but they do it with good humour and patience." We observed care throughout the day and saw that staff were respectful, friendly and kind. There was a lot of friendly chatter and banter and people in the home were at ease with the staff who supported them.

Staff and management recognised the importance of family and friends. Relatives told us that were kept updated about significant events when appropriate. We were told their views were listened to and taken into account when planning what their relatives might want included in their care. People told us that their friends and family were made welcome when they visited and relatives confirmed staff were welcoming and made themselves available should they want to speak with them. People's personal relationships, beliefs, likes and wishes were recorded in their care plans and staff we spoke with knew about these and respected people's family and personal relationships.

A professional who visited the home made the comment, "I feel the staff give extra effort to make the residents feel special. I once witnessed the entire available staff congregate to go and see a resident to wish them happy birthday and sing for them. They did not rush off afterwards but remained engaging in pleasant conversation, taking the time to make them feel individually valued." We heard staff complimenting people about how they looked and about the things they were doing and this supported people's sense of well being. We saw that people's records were safely stored and had been written in a way that protected their dignity and individuality.

The service was continuing to develop the role of 'champions'. Champions are staff who have a specific interest and additional training in particular subject areas and are central in bringing best practice into a home, sharing their knowledge, acting as role models and supporting staff to provide people with good care and treatment. This helped to increase people's well being and overall quality of life. The home had champions in dementia, mental health/ Mental Capacity Act, safeguarding, infection control, end of life care and moving and handling.

Everyone we spoke with said their privacy and dignity were respected. We saw that staff knocked on people's doors and that doors to bedrooms and bathrooms were kept closed whilst support was given or when people saw their doctor. We saw that people who lived in the home had been consulted and involved in making decisions regarding their environment and in any redecoration of their own rooms. Bedrooms we saw had been made personal with people's own belongings, such as photographs and ornaments. All bedrooms at the home were used for single occupancy. This meant that people could spend time in private if they wished to and see their relatives in private.

Staff respected people's rights and individual choices and people's care plans contained clear information

about people's preferred daily routines. Staff demonstrated a good understanding about people's likes and dislikes as well as important information about their past, interests and relationships before they came to live there. Staff we spoke with displayed affection about the people they supported and cared for. Staff spoke of people who lived there and who had passed on and about their time living in the home and the things they had done in their lives.

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People had access to advocacy support when required. We could see that the home had recently used this service for one person who had required it. Each person living in the home had a keyworker, who had a responsibility to ensure they were listened to and had their voice heard. This helped to make sure that people's interests could be represented and they could use appropriate external services to act on their behalf if they wanted this.

People's preferences, cultural and spiritual needs were made clear in their care plans and were respected. Religious services were held on religious festivals and people could go out to religious services or have visits from their own ministers or priests whenever they wanted. At the time of the inspection no one in the home followed another faith other than the Christian one. However, the registered manager told us they would support anyone to maintain and follow their faith and beliefs. The policies and procedures of the home indicated that people should be protected from discriminatory practices, irrespective of their beliefs, gender or race.

Outstanding ☆

Is the service responsive?

Our findings

Hollow Oak was a very responsive service. People who lived at the home and their relatives confirmed this. We were told by the people who lived at Hollow Oak that staff were responsive to their care needs, were "really on the ball" and that they were "always available" when they needed them. A comment from a person who lived in the home was, "The care is truly resident centred, the staff are marvellous and speak to me and my family with genuine feeling, nothing has been too much trouble and they always have the time to talk with me."

Comments about the service from relatives were also consistently positive, including, "My [relative's] care has been exceptional, mental health issues have been so well managed with care and understanding, they [relative] are no longer distressed and so anxious as before." Another comment was, "They [staff] know how to deal with [relative's] fears and anxieties, they give so much reassurance and time to them." One relative told us "I am surprised this home is only rated as good, such good loving care should be rated outstanding." We looked at cards and letters that families had sent to the service and these also confirmed how person centred and responsive the service was. One said, "I have always been impressed by the genuine care that staff show and the interest they take in each resident." Other relative's highlighted how the home had helped improve their relative's social engagement and alertness. "[Relative] is so much more alert and interested in things around them" and another wrote, "[Relative] was so well when they came home- it would never have happened without you and your wonderful team."

One relative told us how impressed they had been with the speed of the service's response in identifying the need for, and ensuring the supply of, an item of specialist equipment for their relative. They told us their relative had moved to Hollow Oak from another home and felt Hollow Oak was "a lovely happy place." The relative told us that the need for the equipment had not been pursued at the previous home, which they said, "Just shows how good a place this is to live when they recognise what you need and get it so quick."

We received positive comments from medical and healthcare professionals who visited the service and these included, "I find that they [staff] are very responsive to the advice I pass on and that the information is disseminated throughout the staff effectively." Another stated, "I have absolutely no issues with the treatment of people at Hollow Oak and I feel they deserve an outstanding review." Other comments included," The staff take time to understand individual needs and personalities, this is exceptionally useful for me as when I am asked to assess a problem I can be sure that the issues raised are having a significant effect upon the resident's well-being. They [staff] are well placed to recognise changes that might point towards a medical condition."

Care plans we looked at gave an accurate picture of people's individual needs and had been regularly reviewed to help make sure they were kept up to date and allowed people different options on their support. A healthcare professional involved in the care of people in the home said, "The quality of the care planning is excellent and is person centred based on the individual's needs." Staff spoken with were very knowledgeable about the emotional support people in their care required and about their lives, interests and their families. We saw care planning strategies for therapeutic interventions to help reduce one person's

anxiety. This used appropriate communication strategies, music therapy and engagement about the person's interests to help manage behaviours and respect their individuality.

The home focused upon trying to help people achieve their personal goals and the management and staff recognised the importance of people's involvement in their treatment. The home had accessed intensive neurological physiotherapy sessions for one person whose overriding goal was to become mobile again. The person's mobility had significantly improved with the intensive therapy to the extent that they were now able to mobilise independently with a frame. The impact upon that person's quality of life was immense as they had been supported to achieve their goal. A visiting professional confirmed how well the service planned and supported people and their commitment to helping people achieve the best quality of life they could. They had commented "When speaking to relatives I find that they are all so pleased with the care delivered and often in awe of the work that the staff do here to ensure their family member is having the best care possible. I find people show big improvements when they come to Hollow Oak."

Before a person came to live in the home the registered manager made sure that a detailed and holistic assessment was carried out with them and/or their representatives and took information from medical and social care professionals. They also made sure that care staff had any additional training they needed to support a specific need or condition before a person came to live there, for example motor neurone disease. This helped to make sure that all staff had a very detailed picture of the care and support people needed and wanted along with any individual preferences and life style choices. This approach helped the staff team to be sure that they could meet people's individual needs and promoted their safety and well-being.

Detailed assessments were done on activities of daily living for people to make sure the right equipment and aids were also in place when a person came to live at Hollow Oak. This was to make sure people had the right support in place to promote their safety and keep them as independent as possible. For example, raised toilet seats, pressure relieving mattresses and seat cushions, mobile staff call systems and the correct moving and handling equipment for their specific needs. We saw that relatives had been welcomed into the home to help prepare the bedroom for their relative with personal items so they had familiar things and that held significance for them as soon as they arrived. People who lived in the home, and where appropriate, their family had been involved in developing the risk assessments and care plan ready for them to live there.

The registered manager discussed with us how they could use technology to assist independent living, including having a new call bell system that had a range of ways to trigger a call for assistance. Individual assessments of individual's preferences, dexterity, mobility and social choices had been taken into account. This meant, for example, that a person who liked to be out in the garden used the neck pendant that did not interfere with their activities and for a person with little manual dexterity they activated the system using their arm or elbow. The call point was taken anywhere people wanted to be in the home, grounds, even in their bathroom. This gave people who lived in the home reassurance that no matter what they were doing or where they were they could summon assistance. Wireless pagers alerted care and nursing staff to calls so they could respond quickly and be assured that residents could go about their daily lives and activities but could easily and reliably call them when they were wanted.

Hollow Oak supported people with life limiting illnesses and as they approached the end of life. Staff were knowledgeable about this important area of care and had received end of life care training on supporting people and their families. The home was in the process of seeking accreditation for the Gold Standard Framework (GSF) for end of life care in care homes. The well-recognised GSF accreditation focuses on organisational and systems change and leads to improved quality assurance. The home promoted high quality end of life care and used proactive advanced care planning and had reduced hospital deaths when people wanted to stay in their home's familiar surroundings at the end of their lives. Applying such a

framework helped staff to improve the quality of care at the end of life for people living in the home and to deliver a 'high standard of care for all people nearing the end of life. The service had an their own end of life champion and small groups of staff from the home met regularly to discuss issues and share learning with other homes involved in working towards the framework. This helped to make sure best practices were shared. The home's staff had worked closely with their local GP practice on collaborative approach to people's care at the end of life. The home had also developed and maintained strong links with the local hospice to achieve an effective system of training and working with them to support end of life care in the home.

As part of implementing the GSF the home had carried out audits to find areas of weakness and sought feedback from families they had supported during their relatives last days. Relatives comments confirmed the high quality of end of life care and had commented, "We could not fault Hollow Oak, the staff went above and beyond what was required. [Relative] had the best of care before they passed away. I was present when they died very peacefully. The family cannot thank everyone enough." Another had commented, "You are a very special team of people." Several complimentary letters and cards had been received in recent months from the families of people who had used the service and who had passed on. One said, "The patience and attention shown by your staff in what at times were very difficult circumstances was outstanding. You should be extremely proud of their commitment."

We asked staff how families were involved and supported when a loved one was coming to the end of their lives. Staff told us, "Families are involved in what is happening and relatives can stay with people and be there for them." The registered manager and staff were clear about the importance of the highest standards of care at the end of someone's life. We were told "It's vital to be there for families, include them and allow them the time to be with their relative and to spend time with them when they pass, if that is what they want." The registered manager was emphatic that "We only have one chance to get this right, that moment will be with them forever so it is vitally important." The home had a special pack for supporting people at the end of life, with useful items for staff and family to use, such as mouth moisturising swabs, soft toothbrushes, tissues, wipes, sprays and information to help families understand what was happening. This allowed families to feel part of caring for their loved one.

We saw, from care records, that nursing staff had discussed people's preferences for end of life care where people were comfortable doing so and these advanced care plan discussions were clear in their records. People's condition and preferences were regularly reviewed to make sure they did not want to make any changes in their end of life or resuscitation preferences. For example, a significant improvement had been made in a person's physical and emotional condition and their original choices were reviewed and a different treatment approach decided with the person. This showed a quick response to people's changing care and treatment needs and promoted their rights and individuality. The registered manager told us that since embarking on the GSF programme the home had improved at approaching such discussions and were now more proactive in working with people and families and providing information to try to make sure people had the care they wanted. We saw people had been supported to remain in the home where possible as they moved towards end of life care. This meant people could remain in their familiar surroundings and be supported by staff who knew them well.

The service was very responsive to sensitive areas such as loss and bereavement felt by people who lived in the home. For example,when a person could not attend a funeral of a loved one the staff had arranged a memorial service at that time. This had allowed the person to express their loss and be part of a significant event. This enabled that person to participate in an event of great importance to them. The registered manager and staff displayed great empathy and awareness of each person as an individual within the home as a community.

There was a part time activities coordinator working in the home who was also a care assistant and they had received specific training for the activities aspect of their role. The coordinator had a programme of organised daily activities over the week and at weekends including sensory sessions, music therapy, sing a long, quizzes, craft work groups and library visits. There were trips out in the home's minibus to venues chosen by people who lived in the home including to the coast for ice creams and to the promenade at a nearby seaside town. The coordinator was given additional paid time to plan and organise any large events that involved the local community, such as the cheese and wine night, the weekend barbeque, cake sales and the Summer and Christmas Fayres. Other entertainments and items of interest were brought in from external sources such as singers, exercise and arm chair aerobic sessions, relaxation and massage therapy. The home's mini bus was also used to make sure that people could attend important health appointments where the NHS did not provide transport, for example, with their own dentist or optician. This allowed people the choice to go out into the community easily to see their own preferred dentist or optician.

However, engaging people in meaningful activities was seen by staff as the responsibility of all of them and part of person centred care. We observed staff provided attention on a one-to-one and group basis throughout the day and gave people choices in how and where they spent their time. The home had increased kitchen staffing levels so that after tea the care staff had more time to continue to be with people who might want or need more support to take part in activities that had meaning for them. This was down to the individual, one person liked to play the keyboard, another liked to have a hand and foot spa and massage or play a board game. Staff told us "It's just what anyone fancies doing". This helped to keep people active, stimulated and avoid social isolation even if they had limited mobility or communication. The service recorded all the activities people have chosen to follow or participate in so its value or usefulness to people could be evaluated and this was reflected in individual person centred care plans. Staff then focused upon the activities that the person had especially enjoyed or that had provided a stimulus or renewed interest for a person. Activities were always on the meetings agenda and discussed at 'residents and relative' meetings and this included kitchen staff for menu requests. We saw that requests had always been actioned such as themed menus, a curry night, more fish, afternoon tea parties, a picnic at a local park, pub lunches and barbeques.

People who lived in the home remarked on how well kept the gardens were and told us that they had been involved in planting the begonias out and planting up the decorative pots. They did this as part of the gardening activity that was available to all with an interest. One person told us, "I always loved my garden but can't really do much these days so it's nice to do a bit out there." One person was going out to the conservatory to pick the cucumbers that they had grown and these would be used in the home. The home had a small 'sweetshop' that provided sweets and some everyday items for people. This was a free service and no payment was needed for the items.

There was an appropriate complaints procedure which was displayed around the home and could be made available in different formats depending on a person's needs or preference. The home kept a complaints log so that any complaints or comments could be documented and followed up appropriately and any patterns analysed. There had been no recent complaints received by the service. The registered manager told us they believed this was because they always talked with and listened to people and what they had to say so anything people were not happy with was raised quickly and addressed and so did not get to escalate to a complaint. People who lived at the home told us they were happy and had "nothing to complain about at present." We were told, "If I had something to complain about I would just tell [registered manager]."

Good

Is the service well-led?

Our findings

People living at Hollow Oak, relatives', staff we spoke with and professionals all told us that they were very satisfied with the care and support being provided in the home and the way it was being managed. A relative we spoke with told us, "I would recommend this home most highly, absolutely excellent. There is good manager and such kind staff, it's family run and that makes a big difference, it's not just some faceless company." People we spoke with all thought the registered manager had a very visible presence in the home and everyone felt comfortable to approach her with any concerns or just to have a chat. We observed this during our inspection as the registered manager was highly visible in the home.

Comments from healthcare professionals who came into contact with the home were all positive and included, "There is clearly a very effective management structure in place." Another commented, "I often say to the manager that this is where I or any of my family would like to be in a situation where 24-hour nursing care was needed" and they added "Believe me I see a lot of nursing homes."

There was an experienced 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. Everyone we spoke with spoke highly of the registered manager and the team work within the home. A visiting professional said, "I find the manager to be particularly helpful, our communication is two way" and another commented, "It's a real pleasure working with the team there." The team approach was clearly one of openness and transparency This was supported by our observations during the inspection, as well as from the information and comments provided by those who lived at the home, their relatives, healthcare professionals and the staff members we spoke with.

We received consistently positive feedback from staff members about the registered manager and how the home was managed. Comments from staff included, "I have worked in other homes but this is the best for teamwork, the manager has an open door and I can talk to her anytime as well as in my supervision." Another commented, "The manager gets out and works with us, they set the high standard." One staff member told us, "I really enjoy my job here, I'm very proud of this home and the team. There have been so many positive changes and improvements."

Staff meetings were held to provide an opportunity for open communication and discussion. Staff said daily handover at shifts changes helped to make they had accurate and up to date information about people's needs and about any changes they needed to be aware. Staff said they felt their views were listened to and valued. The home had a 'staff recognition award' to recognise the contributions staff made to the service.

Quality assurance systems were in place to monitor the quality and running of service being delivered and the registered provider was in the home daily to oversee this with the registered manager. Audits were undertaken to assess compliance with internal procedures and against the regulations. This programme included audits on medication procedures and stocks, care plans, safeguarding and infection control. We

could see that issues were picked up quickly and actions were taken quickly to make improvements and learn from any mistakes.

The registered manager and provider considered the quality of the service from the perspective of people who used it. Satisfaction surveys went to people, their families and visiting professionals had been asked for their views on the service. We saw that where people who lived there had made a suggestion it was acted upon. For example, the survey results had a comment made to improve access to some areas of the garden. This was acted upon to make the areas in question fully accessible to wheelchair users. A person who lived in the home told us, "The gardens are so beautifully kept and now I can get to see more of it. It is so good to go outside and feel the sun and get fresh air." There was also a suggestion box in the foyer if people preferred to make a suggestion that way.

Consideration had been given to the long-term needs of people who lived at Hollow Oak and improving the service for them, for example, a full evaluation of the site had been carried out for installing a water mist fire protection system. This was being considered as it could afford the highest protection to people in the event of a fire. The home had a detailed maintenance schedule for the year and planned improvements that would be taking place over the year.

The registered provider, manager and staff worked with other related agencies that ensured people received joined up care, treatment and support. Records maintained at the home showed that people had access to all healthcare professionals as and when required. There were also links with other organisations for guidance to staff and people living in the home, such as a local hospice and physiotherapy services.

The provider had notified the Care Quality Commission of all significant events and accidents that had occurred in line with their legal responsibilities. Where concerns had been raised with them they had taken advice and shared information with the CQC and the commissioners of the service.