Carewise Homes Limited

Oak Tree Lodge

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 took place on the 24 and 25 July 2017 and was unannounced.

The service had a registered manager. 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.

Oak Tree Lodge provides accommodation and support for up to 19 older people who may also be living with dementia. This home is not registered to provide nursing care. At the time of our inspection 17 people were living at the home.

The home is located in Ashurst on the edge of the New Forest in Hampshire. The home has two large living rooms, conservatory / dining area and kitchen. People's private rooms are on both the ground and first floors. There is a passenger lift to the first floor. The home has a garden and a patio area that people are actively encouraged to use.

Individual care records were stored electronically. Staff had access to electronic data terminals to access and update records accordingly.

The provider had systems in place to respond and manage safeguarding matters and make sure that safeguarding alerts were raised with other agencies.

People who were able to talk with us said that they felt safe in the home and if they had any concerns they were confident these would be quickly addressed by the staff or manager.

Assessments were in place to identify risks that may be involved when meeting people's needs. Staff were aware of people's individual risks and was able to tell of the strategies' in place to keep people safe.

There were sufficient numbers of qualified, skilled and experienced staff deployed to meet people's needs. Staff were not hurried or rushed and when people requested care or support, this was delivered quickly. The provider operated safe and effective recruitment procedures.

Medicines were stored and administered safely. Clear and accurate medicines records were maintained. Training records showed that staff had completed training in a range of areas that reflected their job role.

Staff received supervision and appraisals were on-going, providing them with appropriate support to carry out their roles.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS)

which applies to care homes. At the time of our inspection applications had been submitted by the managing authority (care home) to the supervisory body (local authority) and had yet to be authorised. The manager understood when an application should be made and how to submit one.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

People were involved in their care planning, and staff supported people with health care appointments and visits from health care professionals. Care plans were amended to show any changes, and care plans were routinely reviewed to check they were up to date.

People were treated with kindness. Staff were patient and encouraged people to do what they could for themselves, whilst allowing people time for the support they needed.

People knew who to talk to if they had a complaint. Complaints were passed on to the registered manager and recorded to make sure prompt action was taken and lessons were learned which led to improvement in the service.

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 is safe. People were protected against abuse because staff understood their responsibility to safeguard people and the action to take if they were concerned about a person's safety.

Risks associated with people's care and support needs had been assessed, recorded and managed.

The provider followed safe and robust recruitment procedures.

Is the service effective?

Good

The service remains effective, Staff had received appropriate training and had the skills they required in order to meet people's needs.

People's mental capacity had been assessed and taken into consideration when planning their care needs.

People were supported with their healthcare needs, including receiving attention from GPs and routine healthcare checks.

Is the service caring?

Good

The service remains caring. People were treated with dignity and respect and their rights were protected.

People were involved in their day to day care. People's relatives were invited to participate each time a review of people's care was planned.

Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements.

Is the service responsive?

Good

The service remains responsive. People's individual preferences and needs were known and respected by staff.

Care plans had been updated to reflect any changes to ensure

continuity of their care and support.

Complaints were investigated appropriately and used to improve the quality of care provided.

Is the service well-led?

Good

Led The service remains well led. The home had a clear management structure in place led by an effective registered manager who understood the aims of the service. Staff told us the morale was excellent and that they were kept informed about matters that affected the service.

Accidents and incidents were investigated to make sure that any causes were identified and action was taken to minimise any risk of reoccurrence.

Staff interacted with people positively, displaying understanding, kindness and sensitivity.

Oak Tree Lodge

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 checked 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 inspection took place on the 24 and 25 July 2017 and was unannounced. The inspection was carried out by one inspector 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, in this case older people and people living with dementia.

Before our inspection we contacted five visiting health and social care professionals in relation to the care provided at Oak Tree Lodge and received three responses. During our inspection we spoke with the registered manager, chef and five members of staff. We also spoke with six people living at the home, three relatives and one visiting healthcare professional.

We looked at the provider's records. These included six people's care records, six staff files, a sample of audits, satisfaction surveys, staff attendance rosters, and policies and procedures.

We asked the provider to complete a Provider Information Return (PIR) before our inspection. 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.

Some people were not able to verbally communicate their views with us or answer our direct questions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We last inspected the home in June 2015 where we identified one breach of Regulation 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risks had not always been assessed when people's needs changed.

We also made a recommendation that the provider seeks guidance about improving the location and accessibility of people's evacuation plans to ensure they minimise the risk relating to the health and welfare of people using the service and others.

Good

Is the service safe?

Our findings

At our inspection in June 2015 we identified one breach in relation to Regulation 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. Care and treatment was not provided in a safe way for people because the provider had not done all that was reasonably practicable to mitigate such risk.

We also made a recommendation that the provider seeks guidance about improving the location and accessibility of people's evacuation plans to ensure they minimise the risk relating to the health and welfare of people using the service and others.

Following our inspection the provider sent us an action plan detailing the improvements they would make. These actions have now been completed.

People relatives and health care professionals told us people were safe at Oak Tree Lodge. One person told us, "When I need assistance they are there for me, I lost confidence because I had falls at home and ended up in hospital, they are helping me get my confidence back. I feel safe with them. There is nothing I would change to make things better". A relative told us, "Mum was getting quite drowsy. The staff asked the Doctor to review her medication. She is better now, they kept us informed at all times and what the outcome was". A health care professional told us, "I visit the home regularly to see patients. I have always found the home to be a safe haven. I have never seen or had any concerns in respect of people's welfare".

The service had taken appropriate steps to protect people from the risk of abuse. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to.

At our previous inspection we found that care and treatment was not provided in a safe way for people because the provider had not done all that was reasonably practicable to mitigate such risk. At this inspection we found that the registered manager had assessed the risks associated with each person's care and support needs to keep them safe. Care plans were developed to manage these risks and were kept under regular review. These plans took into account a range of factors, including the individual's physical and mental health, their mobility, any risks of falls and pressure care management. People were supported to take positive risks to enhance their independence, whilst staff took action to protect them from avoidable harm. Where risks were identified, there was guidance for staff on the ways to keep people safe in the home. Staff gave examples of this such as checking the environment for trip hazards and supporting people with mobility needs to access the gardens. One person told us, "Staff help me when I want to go for a walk in the garden. They make sure I am safe and come with me if I want them to". Individual risk assessments were personalised, current and regularly reviewed.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

There were enough skilled staff deployed to support people and meet their needs. Staff provided care and one-to-one support in a kind and compassionate manner. Staff were not rushed when providing personal care and people's care needs and their planned daily activities were attended to in a timely manner. Staffing levels had been determined by assessing people's level of dependency and staffing hours had been allocated according to the individual needs of people. People, their relatives and staff told us there were enough of them to meet people's needs. One relative told us, "I like to help mum as much as I can when I visit, the staff never assume I'm ok they will always ask if I need them to help me. I told them that mum needs to always have her feet up when she is sitting down because her feet can swell, they have listened to me because every time I visit if she is sitting in her chair her feet are up".

Staff responded to call bells quickly. People who were unable to use this system were checked by staff at regular intervals to ensure their safety but also monitor their needs. One person told us, "I don't get up too much because I have bad mobility. I have my buzzer clipped to my pillow. If I press it they come in minutes".

There was a clear medication policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. People's medicine was stored securely in medicine cabinets that were secured to the wall within a locked room. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Medicines that were required to be kept cool were stored in an appropriate locked refrigerator and temperatures were monitored and recorded daily. Regular checks and audits had been carried out by the registered manager to make sure that medicines were given and recorded correctly. Medication administration records were appropriately completed and staff had signed to show that people had been given their medicines. We checked the quantity of medicines held against quantities administered for 12 people and found these to be correct. Staff were trained to administer medication and they did so in a safe way, making sure people had taken their medicine before they moved on to the next person. The home used a monitored dosage system with names, medicine details and details of each person with their photograph. Each person had a record of homely remedies that could be given. The list had been authorised by the GP and was reviewed annually or as needs changed. This ensured that medicines were handled and given to people safely.

The provider had plans in place to deal with foreseeable emergencies in the home. At our previous inspection we found Personal Emergency Evacuation Plans (PEEPs) were located in peoples care plans which were kept securely in the registered manager's office. In the event of a fire in this part of the home these records would not have been accessible and therefore safe evacuation of people could be compromised. At this inspection PEEPS were located at the entrance to the home together with an emergency grab bag containing contingency plans, torches and evacuation procedures and were easily and readily accessible in the event of an emergency.

During our inspection we found the home was clean and free from odours. The home had effective systems in place to ensure the home maintained good hygienic levels and that the risk of infection was minimised.

There were various health and safety checks carried out to make sure the building and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the environment, fire safety, gas and electric systems. Equipment used to mobilise people safely for example, wheelchairs, hoists and hoist slings were well maintained and checked regularly to ensure they were safe to use and fit for purpose.

Good

Is the service effective?

Our findings

People who were able to speak with us told us they were able to verbally express how they preferred to receive their care and support and were listened too. One person told us, "I have my meals in my room I prefer it .They cater for that and don't try to make me join the others". One member of staff we spoke with told us how they communicated and supported a person whose hearing was impaired. Their preferred method of communication was for information to be written on a hand held write/wipe board. Throughout the inspection staff consistently engaged with the person using this method. Communication was good, the person was happy and laughing with those around her, Throughout our inspection we saw good interactions between people and staff. People we spoke with told us that they were able to speak openly to staff about their care and support needs.

Staff had received appropriate training and had the skills they required in order to meet people's needs. One member of staff told us, "I'm happy with the training I'm getting here". They continued by telling us how they had been supported through their induction period and added, "I had training every couple of weeks. It was good, there was lots of support". Staff were supported in their role and had been through the provider's own induction programme. This involved attending training sessions and shadowing other staff. The induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

There was an on-going programme of development to make sure that all staff were up to date with required training subjects. These included health and safety, fire awareness, moving and handling, emergency first aid, infection control, safeguarding, and food hygiene. Specialist training had been provided to staff in dementia awareness and diabetes. This meant that staff had the training and specialist skills and knowledge that they needed to support people effectively. Staff we spoke with told us that they felt they were provided with the appropriate training to support people effectively. The registered manager responded to training requests made by staff and was aware of the knowledge and skills that they needed to support people living at the home.

Support for staff was achieved through individual supervision sessions and an annual appraisal. Staff said that supervisions and appraisals were valuable and useful in measuring their own development. Supervision sessions were planned in advance so that they were given priority.

The Mental Capacity Act 2005 (MCA 2005) 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, and any made on their behalf must be in their best interests and as least restrictive as possible. For those people who were unable to express their views or make decisions about their care and treatment, staff had appropriately used the MCA 2005 to ensure their legal rights were protected.

People's mental capacity had been assessed and taken into consideration when planning their care needs.

The MCA 2005 contains five key principles that must be followed when assessing people's capacity to make decisions. Staff were knowledgeable about the requirements of the Act and told us they gained consent from people before they provided personal care. Staff were able to describe the principles of the Act and tell us the times when a best interest decision may be appropriate. A health care professional told us, "I only visit this particular care home when one of their residents is referred to by their GP, for a diagnosis of dementia, another mental illness, or behavioural disturbances. Whenever I visit, I am impressed with their warmth and professional care towards their residents. They are also aware of legal requirements such as DoLS".

People can only be deprived f their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals is called the Deprivation of Liberty Safeguards. (DoLs). At the time of our inspection nobody living at the home was subject to a DoLS. The home had submitted 13 applications which had yet to be authorised by the local authority. The manager knew when an application should be made and how to submit one. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards.

We observed lunchtime on the first day of our visit. People were encouraged and supported to eat and drink sufficient amounts to meet their needs. The majority of people did not require support with their meals but staff were available to offer this if it was needed. Staff sat with people who required support to eat and let them eat at their own pace. The dining tables were appropriately set and condiments and drinks were available. Aids to support people to maintain their independence and dignity were available such as plate guards and adaptive cutlery. People were given a choice of meals and drinks. The chef told us people were asked every morning what their choice from the menu was and if people did not like what was on offer an alternative was provided. Lunch time was unhurried and staff offered support and encouragement to people in a sensitive way when they needed it. People we spoke with told us they enjoyed the food served. One person told us, "We always have a choice of meals. I've no complaints". Another person told us, "I'm not a fussy eater but the food is very good. Just like I would cook at home". A relative told us, "(Person) seems to like the food. I've never heard her complain. From what I've seen served, I think it's good".

People's healthcare needs were considered within the care planning process. Assessments had been completed on people's physical health, medical histories and psychological wellbeing. Arrangements were in place for people's healthcare needs to be monitored through a regular review process. Care records demonstrated people had received visits from health care professionals, such as doctors, chiropodists and opticians.

People were supported with their healthcare needs, including receiving attention from GPs and routine healthcare checks. One person told us, "The GP visits every week to make sure we are all fit and well but if I feel unwell at any time I can request a visit and she comes to see me". A GP told us, "I have been visiting Oaktree on a weekly / fortnightly basis to review patients and support the staff. I have built up a good working relationship with the registered manager, assistant manager and head carer. The service deal with any issues in a timely manner They send in a list of queries / patients for review each Monday, this seems to work well".

Good

Is the service caring?

Our findings

People and relatives and health care professionals told us staff were caring and looked after them well. One person said, "Can't fault living here, they can't do enough for me. The girls (staff) are very good". Another said, "They (staff) helped me settle in very well and that wasn't easy for me because I had to come here straight from hospital. My family brought in as many personal items as they could from my home and it looks homely in my room, I've got my own TV, chair and it feels nice with that". A relative told us, "The home is very cosy, homely and comfortable. It just felt right it's hard to explain but it has a lovely feel, a lovely atmosphere when we looked round it just felt right for mum and it still does, she has been here for a few months now. We visit at different times of the day and it's always the same". A GP told us, "The staff appear competent and caring, they take into account peoples mental capacity and consent and they liaise with family members appropriately. The residents appear well cared for".

The service had received many compliments from people and relatives. For example, 'When choosing a home for a parent it can be very daunting and upsetting but my brother and I could not have found a better place, it was homely, friendly and the care offered was tailored to my dad's needs', 'Oak Tree Lodge provides excellent care with staff who are understanding and patient, ensuring mum's needs are met as an individual' and 'My mother has been a resident in Oak Tree Lodge for five years. She has always been treated with the utmost respect and kindness".

The registered manager worked in partnership with a local hospice and had successfully completed the Six Steps to Success in End of Life Care programme. Two staff members were also working to complete this programme. The programme aims to ensure all people at end of life receive high quality care provided by organisations that encompass the philosophy of palliative care. In partnership with a local GP and hospice service the home ensured that people who were at end of life had access to relief of pain and other associated symptoms medicines when they needed it.

Staff cared for people in a relaxed, warm and friendly manner. Non care staff who worked in the home such as kitchen and maintenance staff took time to sit with people and chat. Staff sat talking with people and engaged in lively conversations about their families, social events and sharing memories. There was a lot of laughter and we noted that staff took every opportunity to engage with as many people as possible. For example, by bending down to ask if a person would like more tea, by touching a person's hand to ask if they were ok, and by frequently popping in and out of bedrooms to check on people.

People were supported to make sure they were appropriately dressed and that their clothing was arranged to ensure their dignity. A relative said, "Mum is always well dressed, clean and tidy. Before she came in here to live she did struggle to maintain any level of hygiene/ dignity. It's been quite a change and mum is much brighter and happier these days". Staff were seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom if chosen. Staff provided clear explanations to people before they intervened, for example when people were helped to move from an armchair to their wheelchair using specialised equipment. Staff checked at each stage of the process that people were comfortable and knew what to expect next. Staff promoted independence and encouraged people to do as much as possible for

themselves.

Staff addressed people by their preferred names and displayed a polite and respectful attitude. They knocked on people's bedroom doors, announced themselves and waited before entering. Some people chose to have their door open or closed and their privacy was respected. Staff covered people with blankets when necessary to preserve their dignity. People were assisted with their personal care needs in a way that respected their dignity.

People were involved in their day to day care. People's relatives were invited to participate each time a review of people's care was planned. A relative told us, "Yes we are very much involved. The home keep us fully informed. It gives us peace of mind". People's wishes and decisions they had made about their end of life care were recorded in their care plans when they came into the service. When people had expressed their wish regarding resuscitation this was clearly indicated in their care plan and the staff were aware of these wishes.

Good

Is the service responsive?

Our findings

People and relatives told us the service was responsive to their needs. One person with a visual impairment told us, "What makes it so nice living here is the staff, Having enough light is important for me because of my eyes, they get me extra lights if I need them , they don't make me feel like I'm bothering them". A relative told us, "When mum lived at home alone it was very stressful for all of us. She had a few tumbles and I dreaded the phone ringing. Since mum has been here she has only had one minor fall and coming to see mum now is meaningful….for both of us". Another relative added, "They let us know if there are any issues. When mum needed a sensor mat as she had had some falls they discussed it with us". We find them approachable, easy to talk to, straight and honest".

Each person's physical, medical and social needs had been assessed before they moved into the service and communicated to staff. Pre-admission assessment of needs included information about people's likes, dislikes and preferences about how their care was to be provided. Care plans also included information about people's upbringing, early life, career and work. Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements.

People's individual assessments and care plans were reviewed with their participation or their representatives' involvement. Care plans had been updated to reflect any changes to ensure continuity of their care and support. Updates had been made when people's medicines or health needs had changed. One relative told us, "(Person) went through a state of heightened anxiety recently and the manager arranged for us to come in, meet the doctor and work out a way forward. It did mean changing her medication but they are so much better now….much more relaxed".
Another relative told us how their family member's general wellbeing had improved since they had moved to the home because staff had worked with them to ensure the care and support they received was tailored to meet their individual needs".

The registered manager told us how they were working with a health care professional to reduce hospital admissions. The registered manager told us they wanted to be part of the National Early Warning Score, (NEWS). NEWS is being introduced to care / nursing homes in West Hampshire. Homes record observations on a NEWS chart, to ensure that all professionals are using a common language across health care to identify the physically deteriorating person. This allows other professional to make a clinical judgement to whether the resident needs to be conveyed to hospital or treated in their home. A health care professional told us, "Since taking over as manager of the home the manager has engaged with other professional to improve her home so that residents receive quality care. The manager is supporting staff to take on roles thus giving them some ownership".

Care plans were person centred and contained guidance about people's personal preferences for how they liked to be supported. For example, one care plan explained how to support a person who needed to be prompted with personal care. Each member of staff had access to an electronic data terminal that carried people's individual care plans and daily records. Staff were able to access peoples care records immediately without the need to visit the office and update them as things happened. This ensured that peoples care

records were up to date and 'live'.

Handover records of meetings between staff from one shift to the next were detailed. Staff were required to read the handover notes as well as receiving a verbal handover. This ensured the consistency of care for people was maintained and any new concerns or issues relating to peoples welfare were recorded and passed on.

The home had a designated activities co-ordinator. Activities were planned in advance however as people's needs changed there was a need for flexibility and activities changed accordingly. Activities included, board games, pamper sessions, exercise, and music and movement. There were also regular visiting entertainers. One person told us, "I do like the singers that come in. They cheer me up no end". During our inspection staff engaged in one to one activities with people. These included pampering, flower arranging or just sitting and talking. Some people preferred not to join in activities and they were visited throughout the day regularly by care staff. One person told us, "I prefer my own company but I know I can join in at any time. The staff do try in a nice way to get me involved but they respect my wishes if I say no thank you. They pop in regularly though to make sure I'm ok".

The provider kept a complaints record. People and relatives told us they knew how and who to raise a concern or complaint with. The complaints procedure gave people timescales for action and who in the organisation to contact. People told us that if they were unhappy they would not hesitate in speaking with the manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. Complaints had been appropriately investigated by the registered manager.

Good

Is the service well-led?

Our findings

Staff, relatives and healthcare professionals told us the home was well-led. One person told us, "She (registered manager) runs a very good home". They went on to say they would recommend the home to others. A member of staff said, "I wouldn't want to work anywhere else". Another member of staff added, "I can go to my manager with any issues and she is always approachable. Before she came I felt the home was very 'task led'. I was going to leave because I did not feel that I was part of the home. It's much better now. I'm glad I stayed. I feel the manager has included everyone in how the home is run and more importantly how we care for people".

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored. One member of staff told us, "Some years ago at another home I had to report some concerns. I would do it again if I felt I needed to but I don't think I would have to here. The manager would listen to me I know".

Accidents and incidents were investigated to make sure that any causes were identified and action was taken to minimise any risk of reoccurrence. Records showed that appropriate and timely action had been taken to protect people. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. Where necessary the provider had also referred any concerns or incidents to other bodies. For example, the local authority safeguarding team or Police.

People told us that they were included in agreeing to the support they received and in all decisions about their care and their lives in the home. Some people told us that they attended meetings where the service was discussed and where they were asked for their views about the home and any changes they would like to see to the service. Records of the meetings which showed that action had been taken in response to people's comments. Other people said they preferred not to attend the meetings but spoke directly to a member of staff if they wanted any changes to the support they received. They said the staff in the home asked for their views and took action in response to their comments.

Staff told us there was good communication within the team and they worked well together and had created an open culture where people had confidence to ask questions about their care and were encouraged to participate in conversations with staff. Staff, people and relatives told us the registered manager was an extremely visible leader who created a warm, supportive and non-judgemental environment in which people had clearly thrived.

Staff interacted with people positively, displaying understanding, kindness and sensitivity. For example, we observed one member of staff smiling and laughing with one person when playing games. The person responded positively by smiling and laughing back. These staff behaviours were consistently observed throughout our inspection. Staff spoke to people in a kind and friendly way. We saw many positive

interactions between the staff and people who lived in the home. All the staff we spoke with told us they thought the home was well managed. They told us that they felt well supported by the registered manager and provider and said that they enjoyed working in the home.

The home had a clear management structure in place led by an effective registered manager who understood the aims of the service. Staff told us the morale was excellent and that they were kept informed about matters that affected the service. Records showed that the provider's representative visited the service regularly to carry out quality assurance audits, including checking that care and personnel files were up to date and had been reviewed regularly.

Staff meetings took place regularly and staff were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them to constantly review and improve the service. We looked at staff meeting records which confirmed that staff views were sought and confirmed that staff consistently reflected on their practices and how these could be improved. Staff told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised.

Residents / relatives meetings were held regularly to gather their feedback about the service. We looked at the minutes of the last two meetings in March and April 2017. Topics discussed for example were, food menu's, cooked breakfasts, outings, activities, housekeeping and laundry. Meetings were generally well attended. One person told us, "We have these meetings which are really good. The manager is very approachable and we can talk to her at any time".

Before our inspection the registered manager sent us a plan of actions to be carried out within the service between September 2016 and July 2017. The registered manager told us, "I took the service over in September 2016. It was clear that some things fell below the standards to ensure the safety of people and to comply with legislation. I did see that a PIR was submitted in August 2016 however I felt it needed to be re-visited and updated". The documentation we viewed contained 59 'action points' aimed at improving the service for people based around our five key lines of enquiry. All action points identified had been remedied with actions taken to improve and maintain the quality of care provided at Oak Tree Lodge.