Oakhaven Residential Care Home Limited

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Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Good** ●
Is the service caring?	**Outstanding** ☆
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

This was an unannounced inspection which took place over two days on the 5 and 6 April 2017. Oakhaven provides accommodation and personal care for up to 27 older people. At the time of our inspection 21 people were living there, seven of whom had been diagnosed as living with dementia. Accommodation can be provided for people who wish to live together. People have access to two lounge areas, a dining room, 18 of the bedrooms have en-suites, and three bathrooms. The grounds around the home are well presented and accessible to all people.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 our last inspection on 9 April 2015 this service was rated as Good overall.

People received an exceptionally high standard of care and personal support. The ethos of Oakhaven to provide "the very best care and opportunities" for people was embedded into the daily lives of people and the practice of staff. People's care and support was highly individualised. Their wishes and preferences had been discussed with them and those important to them. Their care records reflected these and were kept up to date with their changing needs. When they had accidents, incidents or their needs changed, staff were extremely responsive working closely with a range of health care professionals to keep them safe and make sure they had access to the support and equipment they needed. People's health and wellbeing was paramount. Their medicines were administered safely and their nutritional needs were taken into account to make sure they were as well as they could be.

People had talked about their end of life wishes and staff showed compassion, understanding and empathy for people and their relatives. When needed, staff worked closely with health care professionals to make sure people had a peaceful and pain free experience. People's final wishes were respected and staff remained with people and those important to them offering support and sympathy if this is what they wanted.

People benefitted from staff who had access to a comprehensive programme of training tailored to their individual needs. The training manager delivered training which reflected people's conditions and related the theory to the practical support and care they required. This meant staff could really understand and visualise how their new knowledge could be put into practice. This had not only improved the support provided to people living with dementia but also resulted in a life-saving response to a person who had sepsis. The management team valued staff by supporting them to develop in their roles, nurturing and mentoring them as well as giving praise and encouragement.

People enjoyed a range of meaningful activities based on their interests and hobbies. They were invited to

join pre lunch balloon exercises to music most days. Activities offered included Tai Chi classes, music recitals, trips out, a "knit and natter" group, board games and quizzes. Special events were held throughout the year to which family and friends were invited. A wish tree had been filled with requests for gifts or activities by people. One of which included a swim for a person celebrating their 100th birthday. Children from local schools and colleges entertained people with music or spent time helping them. People attended local places of worship and a Chaplain held communion in the home as well as offering a 24 hour pastoral service. Visitors commented, "Lovely to see Mum downstairs enjoying herself" and "You made our stay a stimulating one".

People's views and opinions were sought to help to improve the quality of the service. Their feedback to surveys, at reviews of their care and during resident's meetings were listened to and action taken to address any issues raised. In response, adaptations had been made to the environment, carpets had been cleaned and staff levels had been reviewed. Robust quality assurance processes were in place to make sure the standards of care and support and a safe environment were maintained. Links with local and national organisations made sure the management team kept up to date with best practice ensuring people "received the best care" possible.

The registered manager was supported by a management team who together strove to deliver a service of the highest standards. They constantly reviewed how they could do things differently to provide a better experience for people living in the home. Staff said resources to achieve this were not a problem whether financing activities, special events, new care planning systems or additional staffing. People were confident raising concerns with the management team and any issues were dealt with as they arose. Staff knew if they had any issues they would be listened to and the appropriate action taken in response. Visitors and health care professionals spoke positively about the standards of care. People staying for short visits often decided to continue living in the home after their stay. A relative commented, "It really is outstanding care." One visitor told us, "Oakhaven for me is the tops and sometimes I think this is a little bit of heaven on earth!"

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People's rights were upheld. Safeguarding procedures were in place and followed when needed.

People were kept safe from the risk of harm. Risk assessments described how hazards were minimised. Accidents and incidents were closely monitored to ensure action was taken to prevent them reoccurring.

People benefitted from staff who had been through a robust recruitment process. They were supported by enough staff with the skills and knowledge to meet their needs.

Medicines were safely managed. Staff competency was assessed at regular intervals and audits monitored medicines administration highlighting any errors so they could be addressed in a timely fashion.

Is the service effective?

Good

The service was very effective. People were supported by staff who had access to robust training opportunities enabling them to deliver individualised care. Staff were encouraged to develop in their roles becoming champions to lead by example and to further people's individual needs.

People's dietary and nutritional needs were promoted. The menu offered freshly produced food, pleasantly presented and provided at times to suit them. Different approaches encouraged people to eat and drink, including tea and supper parties, finger food and the availability of snacks.

People's health and wellbeing benefitted from close links with health care professionals. People's wellbeing was significantly improved as a result of the knowledge and skills of staff.

People's capacity to consent was considered in line with the Mental Capacity Act 2005. People were empowered to make choices and decisions about their day to day lives. Where people's liberty was deprived the appropriate authorisations were in place.

Is the service caring?

Outstanding ☆

The service was exceptionally caring. Compassionate and dignified end of life care was provided by staff who had the skills, empathy and consideration for people and those important to them at this time.

People had positive relationships with staff, who understood them really well and cared for them going above and beyond the expectations of their roles.

People were involved in the planning of their care and talked about their wishes and preferences. Their independence was promoted. Staff responded quickly to their wellbeing by sitting with them and offering reassurance.

People were treated with kindness, respect and dignity.

Is the service responsive?

Outstanding ☆

The service was highly responsive. People and those important to them were consulted about their care and support. People's wishes and preferences were respected and they received individualised and personalised care reflecting these. Changes in people's care were responded to quickly and their care records were immediately updated.

People's interests and hobbies had been considered when developing an activities programme to offer them a range of meaningful and inclusive activities at home and in their local communities.

People were confident any issues or concerns they had would be listened to and action taken as a result.

Is the service well-led?

Outstanding ☆

The service was really well-led. The ethos of the provider was to provide outstanding care for people. They strove to improve people's experience of care and support staff to achieve this. Staff felt valued.

Managers recognised the importance of learning from mistakes, of monitoring trends and feedback to use as tools to improve the quality of care.

Robust quality assurance processes, which included feedback from people, were used to drive forward improvements and sustain the standard of care and support.

The management team were open, accessible and visible. They kept up to date with best practice and had links with local and national organisations to maintain this.

Oakhaven Residential Care 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 5 and 6 April and was unannounced. One inspector carried out this inspection. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

As part of this inspection we spoke with eight people living in the home and four visitors. We spoke with the registered manager, three members of the management team, the quality assurance lead, activity co-ordinator, the cook, a kitchen assistant and six care staff. We joined staff at a handover between shifts. We reviewed the care records for four people including their medicines records. We also looked at the recruitment records for three staff, staff training records, complaints, accident and incident records and quality assurance systems. We observed the care and support being provided to people. We used the Short Observational Framework (SOFI) for inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We received feedback from five health and social care professionals.

Good

Is the service safe?

Our findings

People's rights were protected. They said they felt "safe living here" and were "reassured" by the presence of staff. People said they could use their call bells to alert staff if they needed them in a hurry and these were usually answered promptly. On occasions when they had not been answered in a timely fashion the registered manager had looked into this and had been able to ascertain the reasons for the delays. On one occasion this had been because two staff were helping another person nearby. Upon reflection they had decided although two people were needed for moving and handling once this was completed the second member of staff could be released to help other people. Staff had completed safeguarding training and had confidence in recognising and raising concerns about possible abuse. They said the management team would take the appropriate action in response. They would confidently use the whistle blowing procedure. Whistle blowing legally protects staff who report any issues of wrongdoing. Staff had access to the local safeguarding procedure and contact details. The registered manager had raised safeguarding alerts when needed with the relevant authorities and had notified CQC.

People were kept safe from the risk of harm. Thorough records had been kept when people had accidents or incidents. These were analysed to look for any developing trends. Staff described the action they had taken in response such as referrals to health care professionals for alarms or equipment to keep people safe. People at risk of falls had assessments in place highlighting the level of risk, how this was managed and reduced and any action staff needed to take. For example, ensuring two staff were available for moving and handling tasks and any equipment which had been provided such as hoists, walking frames and alarms were in place and used. Staff were observed using equipment correctly and being vigilant about people's moving and positioning needs. People at risk of developing pressure ulcers had been provided with the appropriate equipment such as special cushions and mattresses and staff repositioned them in their bed or chairs as indicated in their care records. Unexplained bruising had been recorded in daily and accident records. Investigations for possible causes had been completed, such as knocks by hoists or other equipment.

People benefited from robust emergency procedures to keep them safe. Each person had a personal evacuation plan to describe how best to evacuate them from the home. Fire systems were checked and serviced at the appropriate intervals. Health and safety checks were carried out for portable appliances, water temperatures and legionella as well as for any equipment being used. Staff confirmed out of hours support was available and they were confident to seek advice at any time.

People were safeguarded against the risk of poor care and support through robust recruitment procedures. Application forms evidenced applicant's employment history and any gaps were investigated to provide a full employment history. References provided evidence of the reason applicants had left former employment with children or adults. Additional checks were in place. Occasionally it was necessary to follow up reference requests with telephone calls to obtain information needed before a position could be offered. Evidence of identity was verified and a Disclosure and Barring Service check was completed before new staff started working with people. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Prospective staff were invited to

complete a trial session shadowing existing staff before an offer was confirmed. This enabled the management team, staff and people to observe them and make an assessment about their character and suitability to work at Oakhaven. One member of staff commented, "It's all about whether they have the heart for the job." The management team confirmed agency staff were not engaged in the home unless they had confirmation that all the appropriate employment checks had been completed and they had the necessary training and skills.

People were supported by sufficient staff with the right skills and knowledge to meet their needs. The management team explained how they had created additional posts to help out staff at key times during the morning and to make sure the individual needs of people remaining in their rooms were being met. An agency member of staff had been appointed to work the early morning shift to help with the increased needs of people currently living in the home. A senior carer had been appointed to work alongside other senior staff as well as supporting staff in their roles. Another member of staff was being appointed to provide one to one social support for people who preferred to remain in their rooms. Staff described how they worked together as a team, so if needed the management team could cover the seniors, support in the dining room or help out in the kitchen. Kitchen staff had also been trained to help provide personal care if needed and care staff had completed their basic food hygiene training so they could help in the kitchen. Staff said this worked well with all staff appreciating each other's roles. People said staff were "busy" and "always on hand". Staff had their duties allocated to them at the start of their shift and were clear about their roles and responsibilities.

People's medicines were managed safely. Staff had completed training in the administration of medicines and had been observed to assess their competency. The training manager said staff were observed every three months. When medicines errors occurred, staff were shadowed until signed off as competent. Medicines audits were completed to make sure people received their medicines at times to suit them and as prescribed. Senior staff kept additional records when administering over the counter medicines so they could monitor the frequency and amount of these medicines given. This was to ensure they were administered at the correct intervals and the maximum dose was observed. Some people managed their own medicines and had been provided with lockable containers within their rooms. The temperatures of these were monitored to ensure they were kept within safe parameters. Additional records were maintained in people's rooms for the administration of creams. Medicines which needed additional security for storage and records were satisfactorily managed. A recent inspection by the supplying pharmacy concluded, "As always the standards at Oakhaven are exceptional."

Good

Is the service effective?

Our findings

People were supported by well trained and highly skilled staff. People told us, "Staff are really good" and "Staff are professional." A relative commented, "There is so much dedication". The registered manager spoke about "getting the right team together. It's their personality which is key; we can provide the training to give them the skills and knowledge". Staff confirmed their training had been kept up to date and new staff said they completed an induction programme which included shadowing existing staff. The previous registered manager had been appointed as a training manager to deliver training and support to staff. Based on their experience and knowledge of the ethos of the home and the needs of people living there, they were able to create learning and developmental opportunities for staff which directly reflected people's individual needs. The training manager was a teacher and accredited to deliver training considered mandatory by the provider such as first aid, mental capacity, dementia awareness and moving and handling. The training manager had also recognised for some staff, whose first language was not English, there were difficulties understanding the theory being delivered in some courses. They had produced this information in their first language although staff had to answer questions in English to assess their understanding of the course and also their knowledge of English.

People living with dementia benefitted from staff who had completed training which focussed on them as individuals. The training manager explained how by using scenarios which related to people living in the home staff were able to understand the knowledge base and put this into practice. For example, during dementia awareness training staff could visualise the experience of people living with dementia. The training manager used the computer term "click and save" as an analogy to help describe the function missing from people living with dementia. The training manager explained how during training they invaded the personal space of staff without telling them why. They said, "We talk about their reaction to this and relate it to how people living with dementia may feel if we approach them this way." They said staff would have a "light bulb moment" when they appreciated what people were actually experiencing. Staff had developed special ways of working with a person who disliked receiving personal care by demonstrating what they would be doing next and mirroring movements. The training manager and staff said this had not only reduced the person's stress but also less staff were required to do this task which immediately calmed the person.

People's experience of their care and support was positively impacted upon by the skills and knowledge of staff. In addition to training delivered internally staff had access to external providers for courses in safeguarding, mental health and nutrition/hydration. New staff completed the care certificate prior to registering for the diploma in health and social welfare. The care certificate is a set of national standards that health and social care workers adhere to in their daily working life. Each member of staff was assessed annually through open learning courses to find out if they needed additional training. Questionnaires had also been completed to assess their knowledge. Staff had been allocated as champions in key areas such as dementia, dignity and infection control. Training had been provided to help them develop in these roles. One champion described how they "wore their dignity badges with pride and reflected on their practice, making changes for the better". The Provider Information Return stated, "Our training promotes best practice and drives motivation to learn and develop to be the best they can, giving our residents the very

best care and support; our resident's human and legal rights are respected."

People benefitted from staff and a management team who were supported in their roles and had links with external organisations to keep up to date with best practice. An integral part of all training was the observation of staff carrying out their roles to ensure they were competent and had understood their training. This was embedded into the working life of staff and formalised as part of their supervision and appraisal process. The training manager described how, by being visible and working alongside staff, they could nurture and guide them when mistakes were made and praise them when they observed good practice. The training manager said the registered manager considered the welfare of staff. Staff had been invited to attend Tai Chi sessions at the home to promote their health and wellbeing and were also offered free Thai massage.

People's care and support was provided consistently and smoothly. Staff spoke about how they had the opportunity to learn each other's roles and acquire the appropriate training. A kitchen assistant had completed the same training as care staff enabling them to help people with their eating and drinking. They were also completing dementia awareness training. They were observed helping people as they came into the dining room, with their breakfast, so they did not have to wait for care staff to be available. Care staff had completed food hygiene and infection control training so they could help in the kitchen and with the cleaning. They said this gave them the opportunity to chat with people as they cleaned their rooms. The management team could administer medicines as well as help care staff if needed. Individual support sessions (supervisions) were scheduled every six to eight weeks which included observations of practice. Links with national organisations such as the National Institute for Health and Care Excellence, Social Care Institute for Excellence and CQC helped the management team ensure their training delivery was in line with current best practice. They also worked closely with local organisations such as the local authority and a care provider association. For example, due to heightened awareness of the risks of sepsis (blood poisoning which is potentially life threatening), the training manager had completed this training and shared their knowledge with staff.

People's dietary and nutritional needs were well managed. People had been consulted about what they liked to eat and drink and the menu reflected this. They had a choice of hot and cold meals for breakfast, lunch and supper with snacks supplied throughout the day. Freshly prepared meals were offered as well as food from a local takeaway every other week. People had requested more fresh fruit at meal times as an alternative to the puddings offered. Fresh fruit was also available in the lounges. Cold drinks were provided in people's rooms and in the lounges. Staff were observed sitting with people throughout the day offering them drinks and gently encouraging them to drink. People told us, "The food is lovely", "They make me a lovely homemade soup" and "I have a healthy breakfast."

People at risk of malnutrition or dehydration were closely monitored. Their care records described the strategies in place to keep them well nourished. Daily records were kept where needed to monitor food and fluid intake. People's weights were taken at two or four weekly intervals and a universal malnutrition tool was used to assess the risks to them. The cook described how they fortified foods with cream, milk and butter as well as considering the needs of people living with diabetes by offering sugar free alternatives. They described how they had found a thickener to add to pureed or soft food so it could be piped replicating the food others were eating. This encouraged people's appetite by offering them a pleasing and appetising plate of food. A person confirmed, "They are really good, they cook softer food for me." Guidance was sought from speech and language therapists as necessary for people with swallowing and nutrition or hydration risks. Staff had worked proactively with an occupational therapist to provide a tip and tilt chair for one person. As a result they could continue to access the dining room to eat their meals, otherwise they would have had to have their meals in their room. Staff had recognised the importance of the social aspect

of eating for this person.

People decided where to eat their meals and at what times. If people preferred to have their main meal at a different time of day this was respected. The dining room provided the opportunity for people to socialise. Complimentary drinks were served before and during meals. Vegetables were provided on tables for people to help themselves or staff served people. In this way people could decide their portion sizes. Staff were observed returning during the meal to offer second helpings. Some people liked to have their meals in their rooms. If help was needed this was discreetly provided whether in the dining room or in people's rooms. People were offered napkins and aprons. Staff described to people with visual disabilities what was on their plate and informed them where their cutlery and drinks were. Likewise, as they helped people who needed assistance to eat their meals they asked what they would like to eat and offered drinks throughout. People living with dementia were offered finger food. Information about allergens in foods was noted on the menus and the cook was aware of any allergies people might have.

People enjoyed having special events which also encouraged them to eat and drink. An afternoon tea party had been held to which family and friends were invited. This provided the opportunity for a buffet-style tea which people living with dementia also found appetising. A cheese and wine evening also provided an alternative way to encourage people to eat and drink. One relative said, "Nothing but praise for the way it was run, the quality of the food and the excellent care!"

People received timely support to manage their health and wellbeing. Health care professionals confirmed their relationship with the home was "good", "they ask for advice rather than get it wrong" and "they err on the side of caution". People confirmed a GP visited every two weeks, as part of the enhanced GP service, although they said they did not always see the same GP. Additional visits by GP's took place as needed. Healthcare professionals said staff sought their advice when needed and followed their recommendations. The training manager told us, "The family of [Name] asked if their parent could be discharged from hospital to our care because they needed nursing care. We worked with the GP and community nurses to arrange for this wish to be granted. The family were relieved and genuinely moved." The PIR stated, "Our service has a transparent relationship with the multi-disciplinary team, working proactively as any concerns are referred immediately ensuring the best outcome for our residents."

People's capacity to make choices about their day to day care was considered in line with the Mental Capacity Act 2005 (MCA). The 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. Where people were unable to make decisions about aspects of their care for example, taking medicines or receiving personal care or indeed deciding whether to live in their home, assessments had been completed to confirm this. Mental capacity records stated if they had fluctuating capacity and how staff could support them to make choices or decisions. For example, by not offering too much choice or by showing people the alternatives on offer such as a choice of clothes. Staff respected people's decision to refuse care or support, checking back with them later to see if they had changed their mind. Some people had appointed a legal power of attorney to help them make decisions they would have made when able. Where a lasting power of attorney was appointed, they had the authority to make decisions on behalf of a person, unable to make decisions for themselves, in their best interests. Evidence had been provided of this.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes 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. Applications had been submitted for people deprived of their liberty to keep them safe. One authorisation had been granted and the conditions listed had been completed or were on going. For example, having a medicines review and individual activities offered.

Outstanding ☆

Is the service caring?

Our findings

People experienced outstanding and compassionate end of life care. People's wishes for the end of their life had been discussed with them and those important to them. Staff had demonstrated compassion and empathy for people and their relatives during this time. Relatives said, "My mother was treated with the greatest of tact, sympathy and respect on the night of her death" and "Thanks for your love and kindness." People had completed end of life plans which recorded their wishes and preferences for their end of life. People who had discussed whether they wished to be resuscitated had a Do Not Attempt Cardiopulmonary Resuscitation order (DNACPR) in place. DNACPR orders are a decision made in advance should a person suffer a cardiac or respiratory arrest about whether they wish to be resuscitated. All staff knew where to find these orders should they be needed for emergency services. Staff had completed End of Life training at Level Two promoting how to treat people with compassion and dignity and ensuring people's choices were respected. A member of staff described with feeling how they had supported people when they had lost someone, "We wrap them in feathers."

People who chose to remain at the home at this time experienced care and support from staff they knew well and who went over and above the expectations of them in their role. The training manager described how people who had recently passed away had been cared for ensuring their death was dignified and as they had wished. The training manager described how off duty staff had visited to say goodbye to one person and to support the relative who was overwhelmed by the staff support. Another person had developed a thirst towards the end of their life wanting to drink, staff sat with them to give mouth care, making sure they had a trickle of fluids. The family of one person who was in hospital due to the worsening of a health condition were worried whether the person could be discharged back into the home because they needed nursing care. The management team worked closely with the GP and community nurses to ensure they could return and the family were comforted by the person being able to pass away in the home they had lived in for years. The training manager said one person had no relatives or friends and, "At the end of [Name's] life staff sat with her talking soothingly, she died in my arms."

People had positive relationships with staff and valued their kindness and commitment. They told us, "Staff are very friendly", "Staff will do anything for you" and "They appear to be nice to everyone." A visitor commented, "I appreciate and always appreciate on a daily basis the care and considerable amount of thought given to [Name]." The registered manager reflected, "We get the right staff to care. Staff are genuinely here because they want to be; they have compassion for people." A relative commented, "The reason we chose this home was because of CQC's report. It really is outstanding care."

People were supported with care, compassion and sensitivity. Staff were observed taking time to sit with people, to talk with them or just to be with them in the moment. A person commented that staff were "very gentle". In response to the provider's annual survey, people said, "I couldn't find anywhere better" and "I always love coming back to Oakhaven after I have been out." Relatives commented, "My mother was shown kindness, care and consideration whilst at Oakhaven" and "Oakhaven is a caring and stimulating home."

People's individuality and personal needs were understood really well by staff. This was illustrated during

the handover between staff when the senior carer spoke professionally and sensitively about people revealing an in depth knowledge about people. Staff in turn showed care and compassion about people, sharing their observations and knowledge of each person. When health care professionals visited staff talked with them in private. Health care professionals commented, "Staff recognise people needs, I have no concerns" and "Staff are very knowledgeable about people."

People's health and wellbeing were responded to quickly and efficiently by staff. For example, as a result of staff training in sepsis, when a person became ill they recognised the triggers immediately calling emergency services. The paramedics said if staff had not been alert and called them when they did the outcome for the person could have been significantly worse. The person's daughter had thanked staff for their "responsiveness". When people were upset or anxious we observed staff reassuring them, using touch to engage with them and to calm them. All staff had a role to play. The kitchen assistant and cook were observed attending to people in the dining room, if care staff were unavailable, talking to them kindly and tenderly, finding out how they could help. If they were unable to provide the support needed care staff were called. One person told us about a person living with dementia, "I have watched staff stroke her hand and calm her." During training staff had been guided to think about the experience of people living with dementia and their responses to the world they lived in. The training manager told staff, "Behaviour is a fear, put yourself in their shoes." Staff reflected, "I ask her to hold my hand when she is distressed and she soon calms."

People's diversity and individuality was recognised and celebrated. Their backgrounds and history had been explored with them and a short summary was available in their rooms as a prompt for staff to talk with them about their interests. People's sensory needs were identified and staff were prompted to make sure they had access to any aids or equipment they needed. A poster informed people to ask if they needed information to be produced in a different format. Staff said they had discussed with people with sensory disabilities whether they wished to have copies of their care records or other information in audio formats but they were happy to have these explained to them. People's records were maintained securely and confidentially.

People's spirituality had been discussed with them and they were supported to attend a local place of worship. A Chaplain who offered their services to Oakhaven to provide a communion service once a month individually and to a group had also offered to provide pastoral services on a 24 hour basis. People had been informed about this service which was complementary to the advocacy services already offered. People's preferred gender of staff providing personal care had been discussed with them and was respected as far as was possible. People's right to a private family life was respected. Facilities were provided for married couples if needed and all people were able to entertain visitors in the privacy of their rooms.

People were fully involved in their care and support. They were listened to and their opinions and views about how they wished to spend their days were respected. These were built into their care plans and reviewed with them to make sure they were still relevant. People were encouraged and supported to do as much as they could for themselves. One person told us, "I thought I was useless but can do it now (walk with frame)." Another person liked to clean their bedroom and other people enjoyed going to the local shop. People's care records clearly stated what they were able to do for themselves such as dress or take care of their appearance. A relative confirmed this saying, "They encourage their independence as much as possible." Feedback on a national care website stated, they "treat residents with respect and encourage their individuality as much as possible". Staff described how they had developed a Wish Tree with people which was displayed in the lounge. Each person put a card on the tree with a wish for an activity or a gift. One person had asked to go swimming and on their 100th birthday they were supported to go to a local swimming pool. Much to their delight this had been reported in the local newspaper and television. Another person had a trip to a farm arranged. The activities co-ordinator reflected, "It's not just big things which are

important, it's also the small things, like making sure a person has the special sweets they like or sitting barefoot on the grass."

People had information in formats they could access about their care and support. A new electronic care plan had been put in place using pictures and symbols and could be readily produced in a hard copy for people if they wished. The complaints procedure had been produced in an easy to read format. Menus and activities schedules were displayed in large font using pictures, photographs and symbols to illustrate the text. Each person also had their own personal copy of these schedules in their rooms.

People were treated with dignity and respect. The management team strove to embed their values for staff to "demonstrate patience, warmth and individual time" and "giving people a sense of belonging and wellbeing". Each member of staff had been given a copy of the Skills for Care Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England outlining the standards of conduct expected of staff working in health and social care. The Provider Information Return stated, "Respect, dignity and privacy are always at the forefront of everything that staff do." People confirmed, staff are "very respectful" and "treat people with respect". A national website stated staff at Oakhaven were "genuinely caring and easy to talk with".

Outstanding ☆

Is the service responsive?

Our findings

People's care was highly personalised and reflected their individual wishes and aspirations. Information was gathered about people from the initial telephone contact with the home. They were then visited and were invited for visits to the home or for trial stays. People were assessed to make sure the home could meet their needs and this information formed the basis of their care records. During the inspection a person came for a short stay. Their care records were put in place with them and their family and staff were given a summary of their needs during handover. The family said, "We feel confident about the stay, we have been given enough information." The person said they had settled in well and had been made to "feel very welcome". Another relative told us, "She stayed for respite, settled so well, it was clear that she was going to be much happier at Oakhaven". People said staff talked to them about their care needs and relatives said they were kept informed.

People's care records described the way in which they wished to be supported. These had been transcribed onto a new electronic format which staff accessed using mobile telephones issued by the provider. These had security log in codes and were stored in the home. Staff described how effective these were to use whereby they were able to update care records as they provided care and support. Another advantage was the responsiveness to changes in people's care needs instantly updating care records. For example, a person had seen their GP and due to concerns about hydration they had asked staff to monitor their fluid intake. This had immediately been added to the electronic care plan and staff working around the home were immediately updated about this. If a person had not received the care and support as scheduled, the management team would be alerted and could follow this up to find out why. This meant people's care was monitored closely to make sure they received their care and support when they needed it.

People's changing needs were responded to quickly and effectively. For example, one person was having difficulty with moving and positioning. A referral to the occupational therapist resulted in discussions about possible equipment which could be used to keep them both safe but also maintain as much independence as possible. Staff described how, after a series of falls, they had referred a person to their GP to check their physical wellbeing as well as requesting alarm sensors for their room to alert staff when they were moving about. The number of falls had decreased and the person's mobility had been maintained due to increased confidence about the responsiveness of staff. Another person at increasing risk of falls had been offered a ground floor room and this had significantly improved their wellbeing. A person told us staff monitored the condition of their skin and applied creams to prevent any deterioration. A health care professional expressed their pride as they talked with them about this person's legs which had continued to improve due to the care and attention they had all provided. The person was pleased to have fewer dressings on their legs. A health care professional told us, "Staff are proactive; they are good at responding to patient's needs".

People were encouraged to lead active and fulfilled lifestyles taking full opportunity of the range of meaningful activities provided. An activities co-ordinator talked about how they set up a diverse schedule of activities to reflect people's interests and "hobbies they previously enjoyed". We observed people enjoying a "knit and natter" afternoon where relatives and friends joined them for a lively session making Easter egg decorations. Afternoon drinks and cakes were served. At the same time the "pat dog" was meeting and

greeting people who preferred to stay in their rooms. The activities co-ordinator described how one person who did not enjoy participating in activities had joined everyone for a vintage afternoon tea fair. This had been the first time they had left their room in months and had been a really successful afternoon for everyone. The activities co-ordinator reflected how they "had been on a journey with [Name] to find out what they enjoyed." They had found out they enjoyed music and musical theatre, so a performance had been planned in the home. Prior to lunch every day apart from Wednesday people were invited to join a balloon activity to music. People were observed enjoying this and as the activity co-ordinator said, "The music reaches everyone." Activities were arranged specifically for people with sensory disabilities such as poetry reading and audio books.

People were offered activities to try out such as Tai Chi and a new interactive quiz. People had requested board games and loved music recitals by external performers. The activities co-ordinator had completed training to deliver activities and met with other co-ordinators at a countywide group to share best practice. They said they had been reassured by this demonstrating their activities went "above and beyond" what was provided elsewhere. For example, people who preferred to remain in their rooms had individual time scheduled for chats, shopping, hand massages and hair dressing appointments. The management team had recognised the need for people remaining in their rooms to have more social interaction and were appointing an additional member of staff for an hour a day to spend with people. One person told us, "I don't like to go to activities but have been out for trips on the barge and to the arboretum. [Name] visits me and is very sweet." Relatives commented, "Lovely to see Mum downstairs enjoying herself" and "You made our stay a stimulating one".

People's happiness and wellbeing were paramount. The activities co-ordinator reflected, "We try and make people happy" and "No-one is the same, so we meet people at their level." Activities were planned with this in mind, from blowing bubbles in the garden, to social events including families and friends and trips out. One visitor commented about a social event, "It was buzzing! Everything was top notch." Great effort was also taken to invite people from the local community to join people at Oakhaven. Children from local schools often joined them for art and craft or music. Teenagers also spent time working alongside staff as part of their curriculum. People had chosen charities they would like to raise money for and had donated to the Royal National Institute of the Blind and a local charity, Winston's Wish. Links had been made with local animal organisations. Arrangements had been made for an incubator to be delivered to the home so people could watch ducklings hatch. Another organisation had brought unusual animals for people to interact with including snakes and a flying squirrel. Other events attended by people included music in the park and a sponsored walk in aid of a national charity. People also went to local garden centres and were planning to start the home's gardening club as the weather improved.

People were confident if they had any concerns or issues these would be listened to and action taken to address them. The complaints process was clearly displayed in the reception area and each person had a personal copy. They said they would talk with staff or the management team. One person described how they had mentioned they were having difficulty with the stairs and an additional hand rail was installed. A visitor said they mentioned a person's nails needed attention. They said this had been addressed and there had been no further problems. One person said, "If you raise your eyebrows, they are on the ball." Staff were observed talking with people and if they had any issues they sorted it out straight away. For example, one person did not like the meal they were given and were offered an alternative. People said, "If you want anything you just ask" and "If I don't know something I will ask the staff and I always get an answer."

People's complaints were taken seriously and action taken to address any issues raised. There had been one complaint raised formally in the last 12 months. This had been made in relation to the answering of call bells. An investigation had resulted in changes in staff practice to minimise any delays in future. A face to

face meeting had been held with the complainant and an apology given. After a month there had been further contact to make sure there were no on going issues. A formal letter had been sent to the complainant. People were also able to talk about issues or concerns at residents' meetings where they had again raised issues about the call bell answer times. At the start of each residents' meeting people were informed about the action which had been taken in response to any issues they had raised. People also had access to advocates or a Chaplain if they wished to talk to anyone independent of Oakhaven.

Outstanding ☆

Is the service well-led?

Our findings

People's experience of their care and support was driven by the provider's vision to provide "a positive and open culture" which promoted the values of "dignity, compassion, respect, independence and empowerment". The registered manager said this was achievable by getting the "right team together". Staff commented, "We are a well-oiled ship" and "We work well together." Visitors commented about "the excellence of care" and "the excellent standards of care". One visitor told us, "Oakhaven for me is the tops and sometimes I think this is a little bit of heaven on earth!" They also told us when they needed to move into residential care they would definitely choose Oakhaven. This view was replicated by health care professionals who also commented that Oakhaven was "a better home than most" and "excellent". A relative said, "Nothing but praise for the way it is run". Oakhaven had been awarded in the top 20 recommended care homes in South West England in 2016 by a national website and was rated the top score of 10 for recommended care homes in Gloucestershire. At the last CQC inspection Oakhaven was rated Good overall with an outstanding rating in Caring. The ratings were displayed in the home and on the website.

There was a registered manager in place who was supported by a management team to oversee quality assurance, training, and recruitment and selection. The team strove to drive through developments to maintain and improve the quality of care provided. They constantly reflected on how they could do things better for people living in the home as well as for the staff team. For example, they had recently introduced a new electronic care planning system which staff used interactively as they provided care. The impact of this was more time for staff to spend with people delivering care and support as well as staff having instant access to people's care needs and any changes which had arisen. This also meant the response time for dealing with people's changing needs was quicker and referrals for health care professionals could be made promptly. Other changes included making sure the staff levels reflected the needs of people living in the home. Staff described how the people living at the home needed more support in the mornings and so an additional member of staff had been employed for this period of time. The appointment of a training manager in July 2016 had meant training could be designed to reflect the needs of people living in the home giving staff greater understanding of how the theory related to practice.

The management team were open and accessible. Managers were seen to be visible and working alongside staff. Staff elaborated on this saying the training manager had responded quickly when a person was choking at lunch time, acting before they had been able to get to the person. They had found this reassuring. Staff were confident to raise concerns under the whistle blowing procedure and were confident disciplinary action would be taken if needed. Staff meetings were held in addition to daily handover meetings. Staff said they would talk freely with the management team and would not wait for a meeting if they needed to talk about something.

The registered manager and the management team kept their knowledge up to date through membership of national and local care associations and other national organisations such as the National Institute for Health and Care Excellence, Social Care Institute for Excellence and The Grey Matter group. The Provider Information Return stated, "The home works hand in hand with external agencies to form an integral and united team following current practices and giving our residents the best of care from the diverse skills of the

team." The registered manager described how by keeping up to date with best practice and having an overview of what "outstanding" looked like for other services they could promote high standards of care within their own home.

The management team recognised the challenges of maintaining and improving the standards of care and valuing the staff team. They said staff meetings were important to thank, encourage and praise staff for their work. They also arranged periodically to take staff out for meals as well as offering free massages. Staff said the management team were "always there for you", "support us well" and "are accessible". Staff said there were no problems with funding for events, catering, activities or special occasions. Members of the management team said they had access to funds without seeking permission from the registered manager, who they said was "generous".

Comprehensive quality assurance processes were in place to assess the standards of the service provided. These included seeking the views of people living in the home, their relatives, visitors, staff and health care professionals. Surveys sent out in 2016 had been analysed and a report had summarised the feedback and any action taken in response to issues raised. For example, one person said they struggled to reach the light switch so an easy to use bedside light was provided. In response to the questionnaires 71% of people rated the home as outstanding and 29% as good. Comments from relatives had included requesting a person's bedroom carpet was deep cleaned to freshen the room; this was done. Comments included, "The provision of care is of a very high standard." Residents' meetings also provided the opportunity to obtain feedback from people about their views about their care and support. Comments included, "It's a great home" and "Well run!"

The quality assurance lead talked through the audits they completed to monitor health and safety systems, medicines administration, care planning and infection control. Health and safety audits confirmed fire checks and servicing of equipment had taken place as well as tests for legionella. A safe environment was maintained. The home had received the top rating of five stars by the Food Standards Agency in 2016. The quality assurance lead said that as soon as an audit identified an issue or an error this was addressed with staff and their line manager would be informed so they could discuss this at their one to one meeting. Action plans identified what the issue was and who was responsible for implementing any changes. These were signed off once they had been completed. For example, updating care records or making sure medicines administration charts had been completed correctly.

The management team reflected how they learnt from mistakes, "We acknowledge mistakes and learn by them striving for outstanding care of our residents." Accident and incident records were closely monitored to assess for any developing trends so that proactive action could be taken to prevent these reoccurring. Likewise lessons were learnt from complaints and through feedback from people. Action was not only taken to address issues raised but to change systems to prevent them happening again. For example, changing cleaning schedules, reminding staff about the importance of nail care and making alterations to the environment.

Strong links had been forged with the local community. Places of worship were used by people and members of the congregation visited them in return. Local schools and colleges were invited to visit people. By raising money for national and local charities people were able to give back to their communities and organisations they had links with. When people had achieved out of the ordinary goals such as the person swimming for their 100th birthday this was celebrated with the local community via television and local papers.