

Barchester Healthcare Homes Limited

West Oaks

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?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This was an unannounced inspection which took place on 30 and 31 October 2018.

West Oaks is a care home with nursing which is registered to provide a service for up to 63 people who require assistance with personal care and nursing needs. The service currently offers a service to 63 people whose needs are related to old age and dementia, some of whom may require nursing support. The service, a detached purpose built building, offers single occupancy rooms and one double bedroom across the two storey home, which is divided into five units.

At the last inspection, in March 2016, the service was rated as good in all domains. This meant the service was rated as overall good. At this inspection we found the service had improved to outstanding in two domains and therefore had improved to an overall rating of outstanding.

Why the service is rated outstanding.

The service provided an individualised and creative approach to people's care and support needs, which enhanced people's quality of life. People had access to information technology, which enabled them to communicate to people important to them.

People were an important part of their own local community. The service encouraged integration within the community, with volunteer and apprenticeships posts offered to external people.

The provider valued and embraced diversity and equality, which included their approach to their own workforce.

The service was managed by a registered manager who was extremely experienced in social care, and respected by staff, families and external professionals. The registered manager and the management team ensured the service was exceptionally well-led and delivered care and support to people and their families that was responsive and caring in all ways. The registered manager and the staff team were committed to ensuring they offered people the very best care possible and that people and their relatives were as involved as possible in running the service. The quality of care the service provided was constantly assessed, reviewed and improved by the provider and registered manager. The group "Friends of West Oaks", sought to offer continuous guidance and support to the development of the home.

The service was exceptionally responsive and strove to meet people's continuously changing needs, wishes and lifestyle choices. It was extremely flexible and readily adapted to meet people's, diverse and complex needs. It was very person-centred and people were seen and responded to as individuals. Activity programmes were creative and designed to meet people's preferences and choices. Menus were created to offer a diverse and healthy diet. Care planning was individualised and regularly reviewed ensuring people's needs were met continuously. The management and staff strove to keep people at the heart of the service.

A well-trained and knowledgeable staff team remained able to offer people effective care. They met people's diverse needs. Care plans were kept up to date ensuring people's current and changing health and emotional well-being needs were documented and as far as possible met. The service worked very closely with health and other professionals to ensure they offered individuals the best care in the most effective manner, within a highly responsive timeframe. Feedback provided to us by healthcare professionals about the care and support provided was extremely and consistently positive.

People continued to be supported by good staffing ratios, which were reviewed and increased as required. The management supported staff and assisted people on a daily basis, with their presence on the units. Staff were able to meet people's specific needs safely. Robust recruitment systems were implemented to ensure as far as possible, that staff were safe and suitable to work. People were supported to take their medicines correctly by trained and competent nurses who were encouraged to maintain and develop their professional competence.

People were protected from all forms of abuse by a highly trained and knowledgeable staff team. Staff were trained in safeguarding people and knew what action to take if they identified any concerns. People were encouraged to raise concerns and were provided with written guidance and visible posters on who to contact. The service continued to identify individual and environmental risks. Action was taken to reduce these risks, and a comprehensive account was provided of what action to take should the risk occur.

People continued to be supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People and their relatives were encouraged to highlight ways they wanted to be supported, with the service seeking external professional assistance, to ensure this was achieved as far as possible.

The service was supported by a caring, committed and enthusiastic staff team who continued to meet people's needs with compassion, kindness and respect. They ensured they promoted people's privacy and dignity and communicated with them effectively. Measures were taken to ensure records were maintained confidentially. People and their relatives were encouraged to feel part of the service, and always welcomed.

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 remained safe.

Risks were appropriately assessed, and appropriate action taken to mitigate risk where appropriate.

Robust recruitment processes ensured staff were safe to work with people.

Sufficient staff were deployed to ensure people were able to safely maintain their independence.

Medicines were managed safely.

Is the service effective?

Good 

The service remained effective.

People were supported by staff who underwent a comprehensive induction and training programme. This enhanced their knowledge and delivery of effective care.

Staff received regular supervision and support from the management team.

People were assisted to eat and drink sufficient and in healthy quantities.

The service worked well in partnership with external agencies, ensuring support was always sought within a timely manner.

People's ability to make decisions and choice was always respected, with the service ensuring they worked in line with the Mental Capacity Act.

Is the service caring?

Good 

The service remained caring.

People were treated with respect and dignity. Consent was sought prior to any assistance being offered.

People were encouraged to remain independent and were motivated to remain involved in how they received care.

Staff spoke to people with respect, and maintained their confidentiality whilst speak with them, and in records maintained.

Is the service responsive?

The service was now rated outstanding.

The service was extremely person centred and focused on continuously meeting people's wishes and assisting them in achieving aspirations.

The service took appropriate measures to improve people's communication with relatives and trips home to boost confidence.

The service involved relatives, professionals and people in all reviews, and developed a healthy link enabling them to assist within the home.

Care plans were responsive to people's changing needs, with staff updating these as soon as required.

A robust complaints procedure was in place and made readily available to people. All complaints were appropriately investigated.

Outstanding 

Is the service well-led?

The service was now rated outstanding.

The registered manager and management team worked exceptionally well to ensure staff followed the service's vision. They made certain care was delivered to a high standard, and all staff shared the working ethos.

Staff spoke highly of the management team. They found them approachable, open and said they were a continuous presence at the home.

The registered manager worked very well to achieve inclusivity. He developed community based initiatives that not only benefitted the home but also offered a programme of assistance to others.

The service carried out extremely comprehensive governance

Outstanding 

that was responsive to people's needs and managed any changes effectively.

Quality audits were completed regularly and feedback sought from people, relatives, professionals and staff to shape how the service moving forward.

The service had developed very good links with external professionals and sought their guidance as and when required.

West Oaks

Detailed findings

Background to this inspection

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

This inspection took place on 30 and 31 October 2018 and was unannounced. The inspection was completed by one inspector.

During the inspection process the local authority care commissioners were contacted to obtain feedback from them in relation to the service. We referred to previous inspection reports, local authority reports and notifications. Notifications are sent to the Care Quality Commission by the provider to advise us of any significant events related to the service, this is a legal requirement.

As part of the inspection process we also looked at the 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 had received the PIR for West Oaks and used this to help inform our inspection plan. During the inspection we spoke with seven members of staff, including, two care staff, two nurses, the clinical lead, the registered manager and the deputy manager. We spoke with six people who are supported at the service, in addition to four visiting professionals and nine relatives.

Care plans, health records and additional documentation relevant to support mechanisms were seen for seven people. In addition, a sample of records relating to the management of the service, including staff records, complaints, quality assurance assessments and audits, were viewed. Staff recruitment and supervision records for eight of the regular staff team were looked at. As part of the inspection process we completed observations during activities and lunch, as well as interacting with people over the two day inspection process.

Is the service safe?

Our findings

People were kept safe by a comprehensive recruitment process. This included obtaining references for staff in relation to their character and behaviour in previous employment and a Disclosure and Barring Service check (DBS). A DBS enables potential employers to determine whether an applicant has any criminal convictions that may prevent them from working with vulnerable people. The recruitment process had been implemented as per the provider's policy to ensure staff were able to carry out their duties both safely and effectively. The process helped ensure that people were being looked after by appropriate staff. Gaps in employment were explained, photographic ID verification, with recent up to date photos were contained within each staff file. People were protected from harm, the provider had assured that staff employed were of suitable character to support people safely. Where applicable references were obtained from employment verifying their practice in social care. People were supported by a strong staff team that was consistent. Some staff had been in post for over seven years with one having worked at the service since it opened. The deputy manager had worked at West Oaks for over 14 years. This meant people knew the staff very well, which had allowed positive relationships to develop so people felt safe and secure within the service. Several relatives spoke very highly of the service, one said, "The service is wonderful, all of the staff, absolutely all of them have looked after [relative] and us too."

The service employed sufficient staff to keep people safe. Rotas illustrated that staff shortfalls were covered internally by staff where possible. The registered manager and the deputy manager reinforced that consistency in staffing was crucial to ensure safe practice. Agency staff were not employed by the service, although they had been, in the past. People we spoke with told us, "The staff are brilliant, so caring, all of them." Another person said, "There's a lot of people [staff] here, everyone helps when you ask them... always around."

The service ensured people were kept safe. Staff had a comprehensive understanding of safeguarding and whistleblowing procedures. They were able to describe the various types and signs of potential abuse. Training records showed all staff had undertaken training in safeguarding people against abuse, and that this was refreshed on a regular basis. Staff we spoke with were aware of external agencies that should be contacted in circumstances where it was thought either the manager or the organisation were involved in the abuse. We spoke with staff about whistle-blowing and their understanding of the company policy. Staff were clear in that they would not hesitate in whistle-blowing if this was required. One staff said, "Without any hesitation, but honestly, I don't ever think the need would arise." People and their relatives were also made aware of what "keeping safe" meant. Discussions were held during meetings on this topic, and the home displayed what people needed to do, and who they could contact if they felt unsafe, within all communal areas. This included raising concerns with the management, as well as external professionals including the CQC. Telephone numbers were displayed with professionals' names for people to contact. The service had appointed a "people's ambassador". This was a person who resides at the service, and provides information and guidance to people and their relatives, whilst also acting and speaking on behalf of people with the provider. Part of their role was to ensure people knew how to keep safe.

Risks to people were assessed, to ensure they were kept safe whilst being able to retain their independence.

Risk assessments illustrated how staff were to manage the identified risk. For example, where people were identified to be at risk of falls, the risk assessment identified what may heighten the probability of the risk occurring, and suggested ways to mitigate this. This included looking at the flooring, the person's footwear or any environmental factors, such as trip hazards that may increase the possibility of a fall. This allowed people to move independently and freely within the service. The service promoted independence whilst respecting people may need assistance at times. A call bell system was installed to help people to feel safe. People who were unable to use a call bell or were at higher risk of falls, had a risk assessment which highlighted the need for increased visual checks and recorded monitoring. Where people agreed, bedroom doors were kept ajar to allow staff to glance in on people as they walked in the communal areas. One person told us, "I truly do know I am safe here, they [staff] are forever checking on me, and saying hello as they pass by."

A grab bag was located on the ground floor. This contained pertinent information about each person, including their diagnoses, mobility, list of medicines, next of kin and a personalised evacuation plan. This is a document that contains information on what to do in cases of emergency – for example fire. The service operated fire drills to ensure people and staff knew what course of action to take in an emergency.

Medicines were supplied by a community based pharmacist. They were stored securely in medicine trolleys on each floor. Medicines ordering was managed to prevent over-ordering and wastage. Medication Administration Record (MAR) sheets were signed and dated correctly, with no medicines errors seen. Audits of the MAR sheets were carried out by staff who were experienced and trained in this particular area, to identify any errors. Medicines were administered by the registered nurses who followed best practice guidelines for medicine management. A recent audit by the pharmacy in August 2018, highlighted the service was fully compliant and had ensured records were well maintained, the storage of medicines was safe, and that all controlled drugs were safely managed. Where people needed 'as required' (PRN) medicines, staff were given sufficient information and guidance on when these needed to be administered. This is a document that gives guidance including what action to take prior to offering a PRN medicine, and the circumstances where this needs to be given. Guidelines were written to ensure these medicines were only given when necessary.

The service employed domestic staff to, keep the premises clean and to prevent the spread of infection. Rooms were cleaned daily, with bathrooms cleaned more frequently throughout the day. The service was very clean and tidy. Personal protective equipment (PPE) such as gloves and aprons was readily available for staff and people to use as required. Colour coded systems for cleaning products and kitchen equipment were visible throughout the home. This reduced the risk of cross contamination. We observed staff calling domestic staff when an area needed additional cleaning, as well as observing domestic staff completing rounds across both floors. The kitchen was rated 5 by the Food Standards Agency (FSA). The FSA measure the standards of food hygiene employed by a service, to ensure that these are in line with best practice guidance. The kitchen and areas where foods and equipment were stored indicated that clean and appropriate methods were employed to ensure prevention of infection or cross contamination.

All maintenance safety checks were up to date e.g. Fire systems, emergency lighting and emergency equipment. The maintenance person had ensured all checks were completed and where necessary, external agencies completed the required servicing. For example, certificates illustrating the safety of the lift, heating, gas and electric appliances were seen.

A system was in place to monitor incidents and accidents. This allowed the management team to identify any significant incidents or accidents and complete the necessary analysis. This analysis would look at how to manage the incidents and accidents, to minimise their frequency and severity. Where necessary, the

relevant authorities were notified. The management team constantly sought to improve the experience and safety of people living at the home. We saw that where peoples falls were being monitored, prompt action was taken to try and mitigate the number of falls.

Is the service effective?

Our findings

People were cared for by a team of staff who underwent a comprehensive induction process. This included completion of the provider's mandatory training and additional training that would be supportive to them in their role. New staff shadowed experienced staff for a minimum of two weeks prior to being signed off as able to independently support people. Staff were constantly seeking to improve their skills. The service supported staff to complete national vocational qualifications as well as any professional training they felt would further support them in their role. This meant staff were continually reviewing their skills, and were able to develop their role to meet people's changing needs. Nurses were encouraged to complete any additional training that would enhance their skills and professional aptitude. The training matrix showed all training for staff within the home was either up to date or booked. An IT system alerted the management team in advance when training would expire. This meant the home was constantly operating at or near to 100% staff trained in mandatory courses. This was an effective management tool in ensuring staff knowledge and skills were continually updated. Staff did however, raise that most training was now through e-learning. Whilst they acknowledged this provided them with the required information, we were told that a more interactive approach would be better received and allow further understanding of topics.

People were supported by a staff team that received regular supervision. This provided both the staff and the relevant supervisor with the opportunity to discuss the job role in relation to areas that needed support or improvement, as well as areas where they excel. One member of staff said of the supervision process, "I use this as an opportunity to discuss new ideas with [manager], we discuss what works and what doesn't." This is an example of how the process of supervision was used positively to improve both personal practice and the experience of people using the service, by looking at what was effective practice.

The management team ensured people's needs and choices were assessed prior to them receiving the service and regularly thereafter. An initial assessment document was completed which detailed how the person wished to be cared for and supported to maintain their independence, and where assistance was required. The person and where relevant relatives or professionals, provided further information on how the person may be best supported. This information was used to formulate a personalised care plan that would be reviewed and updated as required. Care plans were generally reviewed on a monthly basis, through the resident of the day process. This process included, checking the efficacy of the care plan, risk assessments and general support mechanisms.

The service had implemented an equality diversity and human rights (EDHR) policy. This specifically looked at what measures the service would employ to keep people protected regardless of their sexuality, disability, gender preference and religion. As part of the initial assessment questions around these areas were discussed. However, we found on day one of the inspection, that the care plans did not always reflect these details. For example, one person who was of a specific ethnicity and culture did not have components of the care plan documenting their preferences in relation to these aspects of their life. We spoke with several staff and the deputy manager regarding this, and found that they were able to provide comprehensive details of the person's likes and dislikes. They were able to verbally provide information on how this and other people's diverse needs were met. By day two we saw that care plans were being amended to include this

information, and meetings were being arranged by the "people's ambassador" to specifically discuss this with relatives and people.

People were supported to maintain a healthy and balanced diet. Menus were discussed in monthly meetings with people and agreed. We noted that food was well prepared and beautifully presented by the chef and kitchen staff. People were offered a variety of breakfasts, a three course lunch with different food options and an evening meal with sandwich options. People were further offered healthy snacks during the course of the day with a variety of hot and cold drinks, continually available. Where a person required a soft food diet, this was presented to replicate the food it was representing. The hospitality staff, chef and care staff were fully aware of what people's needs were in relation to nutrition and hydration. Professionals were appropriately consulted, for example speech and language therapist and dieticians to ensure people were eating food that were nutritious and safe. People told us, "There is so much delicious food available, I can't eat all of what is offered." "The food is wonderful". One relative told us that they were offered food also if they were visiting during a mealtime.

We saw visiting health professionals attend the service during the inspection. We spoke with the visiting doctor and nurse from the rapid response team who advised they, "Cannot fault the service. They respond immediately... always seeking and following guidance... excellent." People and their relatives told us that if a person sought assistance from a health professional this was arranged immediately. The service ensured that where applicable a member of staff was present for any health professionals visits. Although, the person was enabled to maintain control over their health as far as possible. They were encouraged to converse with health professionals independently or with staff, so as to ensure they were knowledgeable of how to maintain their own health. The visiting professionals told us that the consistency in staff presence and knowledge meant that people's health needs were very well managed. We were provided with several examples of how staff had provided effective care to people who came to the service with existing skin integrity concerns. The nurses ensured these areas were appropriately treated. Care staff ensured people were regularly repositioned, were appropriately hydrated, monitored and assessed. This ensured people were receiving the most appropriate care to maintain their health.

The premises were well maintained and people could choose to decorate their rooms in their own personal style. Corridors were spacious, individually themed and offered facilities so people could sit and relax. The ground floor specialised in dementia care. We saw evidence of some recognised best practice guidance being followed, for example some people had agreed to having personal memory notices placed outside their bedrooms, that contained photos of things important to the person. Some dementia-friendly signage was present such as for the dining room and bathrooms. However, this was not in place throughout the dementia floor, or on the first floor, where people were not necessarily living with dementia, but may have the onset. The registered manager had spoken to senior management and requested that the service be reviewed and staff provided with additional training in dementia, to further enhance the experience of people.

Staff understood the principles of the Mental Capacity Act 2005 (MCA). They told us they had received training in the MCA and understood the need to assess people's capacity to make decisions. The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. They all stated how they asked for permission before doing anything for, or with a person. People's rights to make their own decisions, where possible, were protected.

The requirements of the Deprivation of Liberty Safeguards (DoLS) were being met. The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The service ensured that

where necessary DoLS applications were made. Best interest decisions were made, as required and were fully evidenced within people's files. Where people had mental capacity, they were provided with the access codes for each unit. These codes were provided in picture frames at exit points on each floor, ensuring people's liberty was not restricted in anyway.

Is the service caring?

Our findings

People continued to be supported in developing and maintaining their independence. Care plans included information about how people were supported to make decisions and keep as much control over their lives as possible. For example, people were encouraged to participate in outdoor activities – including gardening, going out for excursions with families and completing small tasks at the service, like making themselves a drink in the kitchenette. Detailed risk assessments supported people to live their life as independently and as safely as possible. Examples included returning home for family visits.

The staff team remained passionate about respecting people's privacy and dignity. If staff needed to offer assistance with personal care, they would ask prior to commencing the task and appropriately covered people as required. Where people ask staff to return later to provide support, we saw this was respected. A discreet sign was placed on door handles to advise others that personal care was being completed, and not to enter.

Support plans included positive information about the person and daily records, maintained for each person, were written in a respectful manner. Daily handovers were used to pass on information confidentially to between staff, whilst ensuring people's privacy was maintained.

People were provided with support and care in a sensitive and compassionate way, by a committed and consistently caring staff team. People and their relatives told us, "We cannot fault the staff team, they are just wonderful," and "The staff not only know the people here but us too, by our names... always greeted and acknowledged."

The management team reinforced the importance of developing relationships with people and their relatives. This point was further spoken of by staff and people, who reported that a strong positive relationship enabled care to be delivered in the most appropriate way for the person. Staff told us this allowed people and their relatives to feel safe to raise any concerns or issues that were important to them. This theme was also presented by the "people's ambassador" in meetings as a crucial part of ensuring good care was delivered. People were continually given the opportunity to request care delivery in the manner that they wished. The management team told us the service was for the people, therefore any care delivery needed to be how people wanted it, in line with best practice guidance and regulations. People and their relatives felt the service was entirely people focused. One relative said, "The residents are at the heart of this service. You can feel it when you walk in... They truly care..."

Staff continued to meet people's diverse physical, emotional and spiritual needs, although this was not always documented within care plans. The service had a strong culture of recognising equality and diversity amongst the people who resided there and the staff who worked at the service. The registered manager used staff diversity to meet the needs of people. For example, people were paired with key staff and a named nurse who shared similar interests as far as possible. The service had an equality and diversity policy and further training had been completed on this area for all staff. The service was committed to meeting people's specific needs, for example, religious attendance and family events. Where a person was unable to

attend a celebration, the service aimed to bring the occasion to the person. For example, a birthday party, Christmas or any other religious observance.

The staff and management team understood the importance of confidentiality. People's records were kept securely and only shared as required. The service had taken appropriate measures to ensure General Data Protection Regulations (GDPR) were met. Where required, consent forms were signed by people, for example for photographs, records being maintained and care being given.

Is the service responsive?

Our findings

The senior management and staff were exceptionally responsive in meeting people's changing and complex needs. Care staff communicated and responded quickly to people who were showing signs they needed assistance. Whether this was through people using the call bell, or by looking in on a person and noticing a change in their behaviour and demeanour. Staff interacted remarkably well and gently with people. One person said, "They are forever checking that I am okay." Another person, "The staff are wonderful. They will come and check on me to see that I am okay, even when I haven't called them." Several visiting professionals and relatives told us how the atmosphere was always positive and calm. People looked relaxed and staff remained calm, irrespective of what may be happening on site. For example, on day one of the inspection we saw staff and the management team respond compassionately and warmly with relatives who had come to the home following the death of their loved one. On the second day the family sent the home a personalised card, which detailed and highlighted their immense gratitude at the way in which the home had delivered a personalised service to this person.

In another example of the service's responsiveness, we were told of a person who had moved to the service over six months ago, but repeatedly stated they wanted to return home, often becoming highly anxious. The management team spoke with the person's partner and arranged for the person to have planned visits home, supported by two staff (although the person did not require that level of support at the service). The person went home, often having a meal with their relative and spent "invaluable time" with everyone, before returning to the service. The staff presence was reported by the relative as "peace of mind, knowing someone is there if I need the support to help [name]. They are there but allow us to spend time as a couple, always making sure that we have quality time together." The staff then recorded the frequency of the person's requests to return home, which reduced significantly from numerous times a day to several times a week. The person was said by the family and staff to be more content at the service, with significantly fewer incidents of anxiety. They had become more settled, and looked forward to the planned visits home.

Records relating to people, including their care plans, described examples of exceptionally responsive practice. This would often mean the team would get to know the person very well, prior to developing a responsive approach. In one example we were shown raised flower beds and window baskets that had specifically been placed under a person's bedroom window. This person was a landscape gardener and loved the outdoors, however they were unable to access the garden, due to them being bed-bound. The staff discussed with the maintenance team how they could bring the outside to the person. The bedroom was rearranged so the bed was repositioned near the window. Large window baskets were placed directly under the person's window sill. Flowers the person was known to like were planted in the window basket. The person began to appear happier. The person's family reported the person would previously become very low in mood during summer months due to being unable to access the garden. However, they had noted a difference in the person's mood since the implemented changes. The person was happier, enjoyed looking out of the window and sought to have their curtains drawn back for most of the day during summer months. The staff team put the person in touch with the team of volunteers that attended to the garden. This gave the person a purpose. They felt involved in the service and how it was managed. Whilst not being able to physically tend the garden, they were able to direct, and have their expertise drawn upon. The

person reported feeling more confident and as though they "still had a purpose in life."

The service was very person-centred and staff had an exceptional understanding of people's individual needs. People had personalised care plans which ensured care was tailored to meet their individual and diverse needs. For example, one person had communication difficulties but wished to use computer technology to speak with their family, many of whom did not live locally. During a visit by one of their relatives, a computer device was brought in that required setting up with the service Wi-Fi. The visit took place during a day when the staff who had access to the secure network used by the service was unavailable and not at work. The person and their family raised the wish to interact with other relatives during the visit, so that they could feel involved as a family. The staff on shift liaised with the staff who was off work and set up the device. The person was noticeably happier and content not only during the visit but subsequently. The service ensured the person had continuous access to the installed Wi-Fi hotspots throughout the building to enable this person the opportunity to converse with their relatives directly moving forward. They recognised the importance of meeting the person's communication needs and how important it was for them to remain in touch with their family. The system used improved the person's ability to communicate clearly and easily. This has increased the person's confidence and self-esteem. They remained independent and able to liaise directly with their relatives without seeking support from the staff. We saw thank you cards from the relatives and the person, highlighting how this opportunity had given them a sense of self-worth. For example, one read, "Thank you for your help and assistance, your dedication and response meant [name] was able to be a part of a family event that they could not attend in person." The person appeared generally happier and would now engage more frequently with others within the home. They would spend time in communal areas and partake in in-house activities.

The service made particular efforts to involve families (where agreed by people) in the operations and activities related to the home. This enabled them to see the work that goes on with other professionals and give their input, as well as being a part of their loved one's life. This had proved invaluable and helped the staff team to develop close relationships with everyone concerned. For example, families were invited to multi-disciplinary meetings where specific issues around people's specialised care were discussed. This created an environment where everyone involved could work out the best way to support the person consistently. A relative we spoke with told us, "They are truly wonderful. We are always fully involved in everything, and can come and go as we please... always welcome." In another example, to maintain a family feel, relatives were encouraged to join people for a meal if they were at the service during mealtimes. People reported that this allowed a feeling of "family unity" and "being at home". Where people were unable to return home for family celebrations or festivities, the service encouraged and developed a close link with the relatives to facilitate the celebration at the service. The chef would liaise with the relative and develop a bespoke meal that catered for the celebration. Where celebratory cakes were required, these were purchased. A designated area was offered to the person and their relative within the home to enable the family to celebrate their occasion. We saw thank you cards from people and their relatives that had celebrated a special birthday, religious observance and special anniversaries. Cards detailed not only special thanks, but how the opportunity enabled people to remain connected with their families irrespective of living at the service.

The "Friends of West Oaks" is a group of a number of volunteers, who have had family members reside at the service either historically or currently. These individuals sought to retain contact with the service to improve the experience of people currently residing at the service. Developed with the service ambassador and the management team, the group met on a monthly basis and received updates and notifications related to the service as and when required. The Friends of West Oaks were involved in developing the herb garden, the private walkway, the seating area, and most importantly the memorial garden. This section houses two young trees which have personalised plaques placed below them. One of these trees was planted by the

family of a person who resided at the home a number of years ago. The person had blossomed and lived an exceptional life at the service where they passed (as stated by the family). The family requested the person's ashes be scattered in the garden of the home, where they had found most peace. A tree was planted to commemorate this. A number of years later and more recently, the person's partner also passed away. The service were approached with the request that both parents be united in death, with their second parent's ashes also being scattered at the same site. The home obliged. A service was arranged, to the specific requirements of the family and a new tree, and plaque placed in the garden. The family, of the people placed at rest at the home, reported that the service's response to their relatives wishes went "beyond expectation". As a result this family and others come together as part of the Friends of West Oaks and assist the service in continuing to support people to achieve the most enjoyable experiences whilst living at the home.

Visiting professionals reported that the service was exceptional in responding to people's changing health needs. They were contacted promptly and any advice provided was followed and adhered to as far as possible. We were given several examples of people who had come to the service with significantly deteriorated skin, that had resulted in serious pressure sores developing. One specific example, provided by the professionals, detailed how a person's skin had deteriorated significantly. However, with the exceptionally responsive care and dedication of the nursing team, and care team, the person's skin integrity improved. They made an amazing recovery with no further skin lesions or damage occurring since residing at the service.

The service was totally committed to assisting people to pursue their interests. Staff continued to offer people a wide variety of flexible and interesting activities that were meaningful to them as individuals. Activity plans were developed according to people's choices and needs. They were designed to increase people's experiences and enhance their choices of how they wished to spend time. Photographs were kept of people participating in specific activities so they could choose from the pictures what they most enjoyed doing. For example, external entertainers, decorating and making table centre pieces, experiencing new exercises, all designed to increase well-being. Additionally, activities were related to other aspects of people's lifestyles some of which may have sentimental value to the person. For example, relatives were involved in performing at the service. We saw one person who professionally played often attended and performed for people. This made the person feel proud of what their relative had achieved, as well as retaining significant sentimental value.

The service continued to assess people's needs regularly with a "resident of the day scheme". This meant each person had a monthly review completed of their care needs and documentation. In addition, formal reviews were arranged with external professionals and relatives to seek their input into the care provided. People were encouraged to attend their reviews and choose who else they wanted to be present. In response to people's changing needs additional reviews were held as necessary. Care plans showed staff responded exceptionally quickly to people's changing needs. For example, one person had recently experienced a period of ill health and required additional support. The care plan was amended and agreed within 24hrs by the provider. Additional support was arranged, so the person could continue to receive support that met their changing health needs.

The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People had individual communication plans to ensure staff were able to communicate with them as effectively as possible. Information was produced for people in user friendly formats such as easy read, photographs,

pictures and symbols. There was excellent communication between staff and people who clearly understood one another very well.

The service had a robust complaints procedure which was produced in a user-friendly format. The service appropriately managed and dealt with complaints. They documented investigations and responded to each complainant within the stipulated timeframe. The people we spoke with, relatives, staff and other professionals who commented on the care provided, were all exceptionally complimentary.

Is the service well-led?

Our findings

People continued to benefit from excellent quality care provided by a staff team who were exceptionally well-led by the 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.

The registered manager had been in post since December 2015. He was highly experienced, had a wealth of knowledge of social care, and knew the service, the people and their families exceptionally well. He, along with the senior management team was totally committed to providing person-centred care to individuals. He was supported by a conscientious experienced and knowledgeable staff team and supportive management team, consisting of the deputy manager and the clinical leads.

People, relatives and visiting professionals knew the manager and the management team very well and were confident to approach them if they wanted assurance or assistance. They were reportedly, "available at all times, and visible throughout the home." We were told by the staff team that if an issue were to arise they were confident that it would be dealt with promptly. The registered manager or a staff from the senior management team would be available to offer assistance and guidance immediately. Staff described the registered manager as, "Extremely supportive, knowledgeable and always responsive to the needs of the service." One staff member told us they had left the service and returned to work at West Oaks, because the management team were so good and they, "couldn't find another place and team like the one here."

Several visiting health and social care professionals reported on the promptness and responsiveness of the registered manager. We were told how the service responded to people's deteriorating health needs, and ensured all measures were implemented to make the experience as painless as possible, not only for the person, but also their relatives. One person we spoke with said, "[registered manager], [deputy manager] and all staff are like your family." Family members were also extremely complimentary about the registered manager and his staff team. One relative reflected the views of several others we had spoken to during the inspection when they said, "I have never come across a service so good. When we walked in here, we knew this is where we wanted our [relative] to be. My husband and I have discussed we would want to be here too." We met with several visiting people who told us that they continue to visit people at the service, after their own loved ones has passed away due to the commitment and hard work of the manager and staff. They told us they "wanted to be a part of the team." One person, offered assistance during lunchtimes. Their relative no longer resided at the service however, they said, "I want to give something back to the service, and be involved in the exceptional practice."

The registered manager understood the importance of developing professional relationships and working in collaboration with professionals. He had built strong relationships with local authority and health service partners. Other professionals commented on the exceptional co-operative working. For example, one commented, "The staff and management are extremely responsive. Nothing is too much." Another said, "The service are very quick with seeking professional help". People and their relatives reiterated this point, commenting on how the staff and registered manager would arrange appointments and remain with them if

they wanted someone present.

The service continued to work extremely closely with the community to ensure people received the best possible care and felt integrated within the community. On day one of the inspection the registered manager was visiting the local primary school and arranging forthcoming visits from the children to the home. Children would read, sing and perform small plays for people. In addition, the children developed valuable relationships with the people living at West Oaks. They were given the opportunity to learn about life in different periods, during World War II, different professions and to engage with people who shared their life experiences.

The service offered a scheme to a local special needs college, where people who had diverse levels of skill were encouraged to work at the service. This included working in horticulture or working at the service on an apprenticeship, to learn and develop a professional skill. The registered manager reinforced it was, "About integration for all people, regardless of their skill or ability. Everyone is equal and accepted. We want West Oaks to show other services the path." A compliment from the school reflected on how the children were being educated by people within the service. They recognised how this would not have been achieved but for the registered manager's optimism about the benefits this activity would have for both the people within the home and the children, and, "Their dedication and perseverance to develop this scheme". The people had also had an opportunity to feel valued by sharing their stories. One person told us, "It's lovely to have the children here... you feel a strength that you had forgotten you had." The service also had a resident dog. This was taken in to the various units at different times, and used as part of the holistic benefits of having animals alongside people.

People benefitted from a registered manager who had created an exceptionally open culture and had developed extremely positive values within the service. The registered manager ensured the philosophy of unity, privacy and independence was achieved for all people. The staff training, documentation and general presentation within the home was focused on achieving this. The staff signed up to the registered manager's 'vision' which was for people to live a comfortable and happy life as far as and for as long as possible. In addition, the registered manager encouraged the staff to enable people to try new opportunities and to reach their full potential, as they may have done if they were living at home. The registered manager further reinforced that this was the people's home away from their home. People needed to feel content and happy to approach any staff about any issue. The registered manager felt this could only be achieved with the support of a confident staff team.

The vision and values of the registered manager were reflected in staff attitude and behaviours and the work they did on a daily basis. Staff told us they were very happy working in the service. They felt included in decision making and improving the service. Effective mentoring, supervision and support from the management team had developed a strong staff team who were confident in working with people. The registered manager encouraged and arranged outings with staff to promote and develop team building. A staff of the month programme focused on highlighting staff who supported people exceptionally well and worked with diligence. The praise and gratitude by the registered manager and management team meant staff strove to continually succeed and offered their best to people.

Staff were kept involved, informed and up-to-date with new guidance so they were able to offer the best, most recent, good practice. Monthly staff meetings were held where areas for development, procedural improvements and information regarding legislation such as GDPR were discussed by the team. The registered manager also included feedback from the numerous forums he attended, to ensure they were working in line with best practice. The forums were used to understand what other services were doing and used as a learning tool to ensure the service learnt from shortfalls and or improvements needed in other services. Within these meetings there was an opportunity for staff to discuss any concerns, compliments or

practice issues. Staff told us they felt that they and their opinions were valued and they would not hesitate to discuss any good or poor practice issues they had identified. They said the management welcomed their comments and ideas and acted upon them when appropriate.

The service was exceptional at taking into account the views and opinions of people, their families and friends. They were finding innovative ways of increasing the involvement that people had in developing the service. For example, people and their families were invited to a number of activities including, family and friend based in-house activities, relative's forums / meetings, and coffee days. Relatives were also sent a newsletters to keep them abreast of the changes to the service. This assisted people to understand what the service was doing and empowered them to ask questions and understand good practice. For example, people told us they felt a part of the home, and knew what was happening and were engaged in any changes. This was further reinforced through the 'Friends of West Oaks' group. The provider also held 'open' meetings which families and other interested parties could attend to express their views. Service user meetings were held and staff were creative in eliciting people's opinions if they chose not to join in the usual meeting format. For example, staff would often engage people in conversation, creating a scenario and seeking their opinion during a one to one conversation. Alternatively, they would ask the external activity co-ordinator to facilitate a discussion or debate around an issue within the home on which feedback was sought. People were encouraged to speak and asked questions within the discussion group setting. This had proved effective at increasing the confidence of people who would not express their opinion within a meeting environment.

Continued, exceptional governance of the service benefitted people who lived at West Oaks as it ensured the quality of care was maintained and enhanced to meet peoples' changing needs. The provider strongly supported the effective governance of the service and the management were visibly present and involved in the continued development of the home. A variety of auditing and monitoring systems remained in place and were developed to improve practice. For example, regular health and safety audits were completed at appropriate frequencies. The registered manager or assigned staff completed regular audits of care plans, medicines and other records. Senior staff (including the entire management team) worked alongside staff, on a daily basis which ensured good practice was modelled and maintained.

Actions taken as a result of quality audits sent to staff, people, relatives and stakeholders included increasing the variety of activities offered to people and developing new menu ideas. A quality assurance outcome development plan was produced as a result of the various quality assurance processes and was in place for the next 12 months. The service used a "you said and we listened" board to illustrate on a monthly basis the changes that were being implemented to meet the action plan.

People's records remained of high quality. These were written in a completely person-centred manner, detailed and reflective of their current individual needs. They informed staff how to meet people's needs according to their preferences and choices. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were well-kept, up-to-date and easily accessible.

The registered manager understood when statutory notifications had to be sent to the Care Quality Commission (CQC). These were sent, when necessary, and within the required timescales. The registered manager was very knowledgeable about new and existing relevant legislation.