Oak House (Exeter) Ltd

Oak House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We carried out an unannounced inspection of Oak House on 9 February 2017. Oak House provides care and accommodation for up to 11 people who require accommodation and personal care. Nursing care can be provided through the local community nursing services if appropriate. At the time of the inspection 11 people were living at Oak House.

There was a registered manager who was also the provider. They were supported by an assistant 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.

At the last inspection in October 2015 we found improvements should be made to ensure processes followed legislation to ensure people's legal rights were protected. This had meant that some people at that time may have been deprived of their liberty without the correct authorisation. Since the last inspection, we found that the provider had followed the requirements in deprivation of liberty (DoLS) authorisations and related assessments and decisions had been appropriately taken. All staff and the registered manager/provider demonstrated a good knowledge and understanding of the (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff clearly understood the importance of seeking people's consent and offering them choice about the care they received. Therefore, at this inspection we found the service was meeting all regulatory requirements and we did not identify any concerns with the care provided to people living at the home. One relative said, "It's lovely here. They really understand [person's name]. They can do what they want and be themselves."

On the day of the inspection there was a calm and relaxed atmosphere in the home and we saw staff interacted with people in a friendly and respectful way. People were able to choose what they wanted to do and enjoyed spending time with the staff who were visible and attentive. People were encouraged and supported to maintain their independence. There was a sense of purpose as people engaged with staff, watched what was going on, read newspapers, played games and
pottered around the home or went out. The majority of people were living with dementia and were independently mobile or required some assistance from one care worker. Staff engaged with them in ways which reflected people's individual needs and understanding.

People were provided with an excellent variety of opportunities for activities, engagement and trips out. These were well thought out in an individual way, with opportunity for spontaneous outings to buy a magazine for example or go for a drive. People could choose to take part if they wished. Activities were not only organised events such as trips out and external entertainers but on-going day to day activities. For example, there was always something for people to do for stimulation such as chatting with staff, playing games, looking at books, household chores or arts and crafts sessions.

People and relatives said the home was a safe place for them to live. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns. Staff were confident that any allegations made would be fully investigated to ensure people were protected. There had not been any safeguarding concerns in the last 12 months. People said they would speak with staff if they had any concerns and seemed happy to go over to staff and indicate if they needed any assistance. Staff were vigilant about protecting each person from possible negative interactions with other people living at the home, recognising frustrations and misunderstandings between people due to them living with dementia. People and relatives knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. One relative said in the recent quality assurance survey, "Since my mother has been at Oak House I feel I do not have to worry knowing she is in safe hands."

People were well cared for and were involved in planning and reviewing their care as much as they could, for example in deciding smaller choices such as what drink they would like or what clothes to choose. Where people had short term memory loss staff were patient in repeating choices each time and explaining what was going on and listening to people's stories.

There were regular reviews of people's health, and staff responded promptly to changes in need. The providers were retired health professionals and were well thought of in the community. The local GP told us, "I have had many of my patients residing [at Oak House] over many years now. I have felt able to recommend the home to professional colleagues whose parents have needed this type of residential care and know from their subsequent testaments that the placements have been very successful. The home appears well organised with only appropriate calls for medical attention." People were assisted to attend appointments with appropriate health and social care professionals to ensure they received treatment and support for their specific needs. For example, a GP visited one person during our inspection and was happy with their care and there were visits from a regular chiropodist.

Medicines were well managed and stored in line with national guidance. Records were completed with no gaps and there were regular audits of medication records and administration and to ensure the correct medication stock levels were in place.

Staff had good knowledge of people, including their needs and preferences. Care plans were individualised and comprehensive ensuring staff had up to date information in order to meet people's individual needs effectively. Staff were well trained and there were good opportunities for on-going training and obtaining additional qualifications. The staff team was very stable and vacancies were filled by word of mouth, most staff were trained health professionals in their country of origin and clearly had good knowledge in identifying people's changing needs and providing appropriate care. Comments about staff from one GP included, "I can confirm that the staff are very caring and empathic to their residents." The provider said, "The staff are very good. [Staff member's name] is excellent and clinically very good, they all know when people are not feeling well. I can be sure people are looked after well."

People's privacy was respected. Staff ensured people kept in touch with family and friends. Two relatives told us they were always made welcome and were able to visit at any time. People were able to see their visitors in communal areas or in private.

People looked comfortable and happy moving around the home, some people stopping for rests or a nap, other people enjoyed having a late breakfast, doing a crossword or reading the newspaper. Staff were always visible to interact or sit with people. Staff said it was important they were also involved in ensuring people had something to do or someone to talk to. The registered manager/provider showed great enthusiasm in wanting to provide the best level of care possible and valued their staff team. For example,

providing on-going training in a variety of courses to make the training more interesting. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people in individualised ways. Staff were very positive about working at the home. Comments included, "It's so nice here, there are lots of things for people to do. The provider comes in a lot and she knows which people have had visitors and who, they remind people what they have been doing." One person told us, "We get looked after very well."

Observations of meal times showed these to be a positive experience, with people being supported to eat a meal of their choice where they chose to eat it. Staff engaged in conversation with people and encouraged them throughout the meal, noting who liked to sit with whom. Nutritional assessments were in place and special dietary needs were catered for.

There were effective quality assurance processes in place to monitor care and plan on-going improvements overseen by regular provider audits. The registered manager/provider was supported by an assistant manager who managed day to day care. The registered manager/provider visited the home on a regular basis. We met them during a visit to the home and people knew who they were and enjoyed spending time with them. There were systems in place to share information and seek people's views about the running of the home, including relatives and stakeholders. All responses were positive from the recent quality assurance questionnaire. For example, "The care is fantastic, I feel my mother is safe and well cared for" and "I am very impressed with the care my mother receives." People's views were acted upon where possible and practical, and included those living with dementia. Their views were valued and they were able to have meaningful input into the running of the home, such as activities they would like to do, which mattered to them.

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 benefitted from support from enough staff to meet their needs in a timely way.

People benefitted from well maintained and equipped accommodation in a homely environment.

People were protected from the risk of harm or abuse.

People were supported with their medicines in a safe way by staff who had appropriate training.

Is the service effective?

Good

The service was effective.

People and/or their representatives were involved in their care and were cared for in accordance with their preferences and choices.

Staff had good knowledge of each person and how to meet their needs.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

People saw health and social care professionals when they needed to. This made sure they received appropriate care and treatment.

Staff ensured people's human and legal rights were protected.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect, promoting independence and maintaining people's privacy.

People and/or their representatives were consulted, listened to and their views were acted upon.

People and/or their representatives were confident their wishes related to end of life care would be followed.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People received personalised care and support which was responsive to their changing needs and met people's social and leisure needs in a very individualised way.

People made choices about aspects of their day to day lives.

People and/or their representatives were involved in planning and reviewing their care.

People and/or their representatives shared their views on the care they received and on the home more generally.

People's experiences, concerns or complaints were used to improve the service where possible and practical.

Is the service well-led?

Good ●

The service was well led.

There were effective quality assurance systems in place to make sure areas for improvement were identified and addressed in a timely way.

The service took account of good practice guidelines and sought timely advice from relevant health professionals and used various resources to improve care.

There was an honest and open culture within the very stable staff team who felt well supported.

People benefitted from a well organised home with clear lines of accountability and responsibility within the management team.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

Oak House

Detailed findings

Background to this inspection

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

This inspection took place on 9 February 2017. This was an unannounced inspection and was carried out by one adult social care inspector.

We reviewed previous inspection reports before the inspection and the information we held about the home. The provider had not completed a provider information return (PIR) as we had not requested one.

At the time of this inspection there were 11 people living at the home. During the day we spent time with all 11 people who lived at the home and two relatives. We also spoke with the registered manager/provider, assistant manager, two senior care workers and the cook/care worker. We also spoke to an activity co-ordinator and a visiting aromatherapist and received comments from a GP who visited regularly.

We looked at a sample of records relating to the running of the home, such as audits, quality assurance, medication records and care files relating to the care of four individuals.

Good

Is the service safe?

Our findings

The service was safe. People and relatives told us they felt the home was safe and they were well supported by staff. One person said, "It's a lovely place. I like being here." They told us they would not hesitate to report any concerns if they had any; they felt they would be listened to and action would be taken to address any issues raised. One relative told us, "It's wonderful here. I come every day and am always made to feel welcome. You can say anything to anyone anytime." One relative said in the recent quality assurance survey, "Since my mother has been at Oak House I feel I do not have to worry knowing she is in safe hands" and another relative commented, "The care is fantastic. I feel my mother is safe and well cared for." Other people were not able to respond directly about their experiences due to living with dementia but appeared happy and comfortable with staff and each other.

The provider/registered manager had systems in place to make sure people were protected from abuse and avoidable harm. Staff had received training in safeguarding adults. They had good understanding of what may constitute abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. There had been no safeguarding concerns since the last inspection or over the last 12 months.

Staff encouraged and supported people to maintain their independence. Care staff ensured they prompted people to dress themselves and assisted with ensuring people dressed in the correct order. People were wearing appropriate clothes for the weather. One person liked to telephone and make their own dental appointments with support, which was documented. Staff were visible around the home and quickly noticed if anyone was trying to mobilise on their own without waiting for help if they needed assistance. Risk assessments and actions for staff to take were included for risk of pressure area skin damage, falls and nutrition. For example, staff noted that one person ate better when they were in a social situation and monitored intake on a food chart, encouraging food the person liked. Where people required pressure relieving equipment to maintain their skin integrity, staff ensured cushions, for example, were moved with the person when they moved. No-one at the home had any pressure damage.

The balance between people's safety and their freedom/choice was well managed. For example, one person liked a bare bulb as lighting which was risk assessed and monitored. Another person needed a new heater so this was placed where they could not reach it. One person preferred not to mobilise very often so had reduced mobility putting them at risk of skin pressure damage. Staff ensured they monitored the person's skin condition and used a pressure relieving boot at night to relieve pressure on a vulnerable area, as the person preferred not to be disturbed at night. Where people were at risk of recurrent urine infections which could affect their safety such as mobility, dementia and cognition, staff were vigilant in sending samples off for testing and ensuring the person had appropriate treatment to keep them safe. Records showed regular monitoring.

There were enough skilled and experienced staff to ensure the safety of people who lived at the home. During our inspection there was the assistant manager and two senior care workers, a cook and a housekeeper alongside the activity co-ordinator. The service employed 22 staff overall. Staffing numbers

were determined by using a dependency tool, which looked at people's level of need in areas such as mobility, nutrition and maintaining continence, although these remained flexible. Staffing could be changed if required, for example if people became particularly unwell or if a person was nearing the end of their life. There was no-one with particularly increased needs or receiving care in bed during this inspection. We saw that people received care and support in a timely manner. Care plans detailed whether people could use their call bells effectively and monitored people accordingly. Staff were attentive to people's needs, knowing them well and interpreting body language. For example, one person became agitated in the lounge and staff discreetly assisted them, ensuring they were comfortable in a quieter environment enjoying the garden views, as staff knew they liked gardening.

All staff who gave medicines were trained by the local pharmacy and had their competency assessed before they were able to administer medication. Medication administration records detailed when the medicines were administered or refused. Medicines entering the home from the local dispensing pharmacy were recorded when received and prescriptions could be quickly faxed through from the GP and obtained from the pharmacy at the end of the road. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We saw medicines being given to people at different times during our inspection. Staff were competent and confident in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing the medication record. The care worker stayed with people whilst they took their medication at their own pace. Medicines were thoroughly audited by the assistant manager. A medicine fridge was available for medicines which needed to be stored at a low temperature such as eye drops. Some medicines which required additional secure storage and recording systems were used in the home. We saw these were stored and records kept in line with relevant legislation.

Good

Is the service effective?

Our findings

At the last inspection in October 2015 we found improvements should be made to ensure processes followed legislation to ensure people's legal rights were protected. This had meant that some people at that time may have been deprived of their liberty without the correct authorisation. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The application 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. Since the last inspection, we found that the provider had followed the requirements in DoLS authorisations and related assessments and decisions had been appropriately taken.

Most people who lived in the home were not able to choose what care or treatment they received. The registered manager/provider and staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Throughout the day staff demonstrated they were familiar with people's likes and dislikes and provided support according to individual wishes. For example, records documented if people preferred not to have a bath, get up and go to bed at a time of their choice and there were bed rail risk assessments. This ensured people's choice was taken into account and decisions about use of restrictions such as bed rails and pressure alert mats to manage people's safety had been made in people's best interests with them and their representative. Staff were aware of the implications for people's care. The registered manager/provider kept up to date with changes in legislation to protect people and acted in accordance with changes to make sure people's legal rights were promoted.

There was a very stable staff team at the home who had a good knowledge of people's needs. Most staff had been employed at the home for a number of years and vacancies were generally filled by word of mouth. Staff and the registered manager/provider were able to tell us about how they cared for each individual to ensure they received effective care and support. Relatives spoke positively of the staff who worked in the home. Comments about staff included, "It's lovely here. They've really got to understand [person's name]. They can do what they want and be themselves" and "[Person's name] is always happy when I visit and looks on all the staff as their friends." The activity co-ordinator said, "It's nice here, there are lots of things to do. The staff really care here." Relatives commented in the recent quality assurance questionnaire, "We deeply appreciate the wonderful care provided by all the staff in circumstances which have sometimes been challenging" and "[The staff] care and attention to detail is outstanding. I feel secure that [people] are so well looked after."

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. The majority of staff were trained health professionals in their country of origin and were competent in managing health care. Some staff continued to work part time in the local hospital to keep their acute skills up to date. The registered manager/provider also tried to book different training courses each year to ensure

long term staff benefitted from different training experiences over the years. Mandatory training included safeguarding, manual handling, fire, infection control, health and safety and food hygiene. Staff had also completed information governance, complaints handling and dignity and respect training. All staff had received training in dementia awareness and managing behaviours which could be challenging.

There was a programme to make sure staff training was kept up to date. This was managed by an administrator, who also monitored staff supervision and appraisals. They ensured training and staff one to one sessions had been booked and attended. Staff received regular one to one supervision sessions. This enabled staff to discuss career and training needs, any issues and for the registered/assistant manager to assess competency using a set format.

Policies and procedures were accessible to staff. There was a clear induction programme for new staff in line with nationally recommended standards. This included working with more experienced staff for a period until each new staff member felt confident to work independently and completing workbooks sent to a company for marking. Staff said they liked working at the home and felt they could say if there was an area of training they were interested in.

People had access to health care professionals to meet their specific needs. Records showed people attended appointments with GPs, dentists, chiropodists, district nurses and speech and language therapists. People said staff made sure they saw the relevant professional if they were unwell. For example, one person had had a medication review following behaviour changes which had resulted in them reducing their medication. Another person had been assessed in relation to their mobility requirements and needed a higher chair. The person liked the chair they had so staff obtained a higher cushion for them to ensure they could get out of the chair independently. Records showed how staff were attentive to any changes such as sore skin. Body maps were used to identify and monitor areas requiring topical creams or bruises.

Each person had their nutritional needs assessed and met. The home monitored people's weight in line with their nutritional assessment. Care plans included nationally recognised nutritional assessment tools to ensure staff knew who was at high risk and what action to take. Staff told us, and the person's care records showed, that appropriate professionals had been contacted to make sure people received effective treatment. For example, staff had recognised that two people were at risk of choking on a normal diet. They had referred people to the speech and language therapist (SALT) and they now received a fork mashable diet, presented in an attractive way, to ensure they were no longer at risk of choking. One person recovering from a stroke was currently having pureed meals but staff were monitoring their progress with input from the SALT team to ensure puree remained appropriate.

Everyone we spoke with was happy with the food and drinks provided in the home. The cook had been at the home for many years and clearly knew what people liked to eat including their favourite foods and dislikes. Comments included, "Oh yes, we get well fed here. I have my usual porridge which I've had since I was a little girl!" and "You can't complain about the food." Relatives said they were happy with the food and that they could be included too. One relative came every day to assist their loved one with their lunch time meal. They said, "It's wonderful here. I am always made to feel welcome." We took lunch with seven people being served in the dining room. People sat at tables which were nicely laid with tablecloths and napkins and each had condiments for people to use. People chose meals in advance and were offered a choice of two meals on the day. A menu was on a chalk board on each table and care staff asked people before the meal or showed them the meal served individually from a hot trolley at the table. Staff and the cook all knew who was on what diet. Throughout lunch people were treated with respect and dignity. For example, one person had been unwell so staff took time to coax them to eat. People were offered their choice of drinks. One person liked the best quality wine which they had. People were not rushed but food was served in a

timely way. There was friendly banter between people and they were offered seconds and regular snacks throughout the day, including homemade cakes. This helped to make mealtimes pleasant, sociable events which also encouraged good nutritional intake.

People had the equipment they required to meet their needs. There were grab rails and hand rails around the home to enable people to move around independently. There was a stair lift to assist people with all levels of mobility to access all areas of the home, including the garden and people had individual walking aids, wheelchairs or adapted seating to support their mobility. Two people used a stand aid to assist with moving. No-one required the use of a hoist at the time of the inspection but there was one available.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. Staff had good knowledge of each person and spoke about people in a compassionate, caring way. For example, one person found it hard to find the right words so staff sat patiently and used their experience of the person to communicate. Staff interacted well with people, touching, reassuring and complimenting people as they passed. One person woke at night and became restless but did not get up. Staff ensured they regularly checked the person and reassured them. They had referred them to the GP and now the person was sleeping better with minimal medication. People said they thought all the staff were caring saying, "I like it here, we get looked after very well." One relative said, "It's very homely here. [Person's name] doesn't get bored which was a problem in their last home. Here they see people who know them and we are very happy with everything." A visiting aroma therapist said, "It's really lovely here. It's therapeutic for me too!"

Throughout the day we saw staff interacting with people in a caring and professional way. There was a good rapport between people; they chatted happily between themselves and with staff. When staff assisted people they explained what they were doing first and reassured people. One person had not put in their dentures. Staff noticed and went to get them saying, "Now you have a lovely smile." The home had a cat called Louis who was very gentle and people enjoyed spending time with him. Staff ensured people were happy to see the cat saying, "Are you ok with Louis in your room. Would you like him on your lap?" One person's dementia meant they sang most of the day. Staff identified that this could be exhausting and gently encouraged them to eat and drink, dipping their biscuit in their tea for them which they enjoyed.

The home had no offensive lingering odours and staff ensured people were assisted to the bathrooms discreetly to maintain their continence. Staff supported people who were in pain or anxious in a sensitive and discreet way. This included thinking about whether there may be a physical reason why someone was not behaving in their usual way. People's rooms were very homely and comfortable. People were able to decorate their rooms as they wished and display items that were important to them. Laundry was managed by night staff and was well organised with people's clothes well cared for and folded neatly, showing that staff cared about people.

Most people were not able to tell us about their choices directly due to their dementia. Care plans contained people's preferences which gave staff a basis to work with. Staff said they could update care plans as they learnt more about people. They knew what people liked to do and their preferred routines. Nationally published research had shown that the use of dolls and soft toys could be useful for people living with dementia and these were available as well as pens and paper, magazines and books. One person liked to cuddle a soft toy and the activity co-ordinator sat with them talking about the toy and singing. Staff consistently asked people if they were warm enough and gave out blankets if necessary. Tea and biscuits was offered throughout the day including relatives.

Care records contained detailed information about the way people would like to be cared for at the end of their lives. The registered manager/provider had asked relatives/representatives about people's end of life preferences which were recorded. This was done sensitively and at a time to suit people. There was

information which showed the registered manager/provider had discussed with people if they wished to be resuscitated. Appropriate health care professionals and family representatives had been involved in these discussions

Outstanding ☆

Is the service responsive?

Our findings

The home provided excellent leisure and social activities that were very tailored to people's individual needs, especially for those people living with dementia. The provider/registered manager said, "It's really important that there are things for people to do and they are able to have a varied social life. It's their home after all." When we arrived people were enjoying a late breakfast, reading newspapers, napping or doing art and chatting with staff. One person had been able to comment in the recent quality assurance questionnaire, "If Oak House entered a competition it would come high up, you don't get better than this." They also told us how they had been able to go out when they wanted and had a relaxing and lovely life.

All staff worked as a team with the two activity co-ordinators who visited the home six days a week, including some evenings. Both had achieved a national qualification in activity facilitation from the national activity providers association (NAPA) which promoted meaningful activity for older people. One activity co-ordinator said this had been very helpful in formalising and offering appropriate activities for people. Due to people choosing to spend most of the day in the communal areas, they were able to interact with staff and watch what was going on so there was a low risk of isolation. Care plans contained detailed information about the things people had previously enjoyed. Each care file had a background information form which was sent to relatives saying, "This is to help us to get to know residents better to find out how we can best stimulate and help people have as satisfying and enjoyable life as possible." This information was then practically used to inform activities and enabled staff to provide a person centred approach to care delivery as they were able to get to know people despite their dementia. Some families had completed the forms and in other cases staff had tried to find out and document people's preferences on an on-going basis. For example, people's care plans showed how they liked to be addressed and then went on to detail people's past experiences. One person liked to talk about their war experiences and staff sat with them enjoying the story which they had heard before. They were interested and engaged with the person.

The home had excellent records detailing people's individual activities and stimulation, including action plans and staff had undergone training in providing stimulation and activities called "Even if you only have 1 minute to spare, make it count". Each person received input on an individual basis due to the differing levels of need and cognition due to living with dementia. There were many examples of outstanding, individualised and responsive care. These were specific to each person, spontaneous as well as an on-going, organised programme. For example, one person had limited cognition but responded to touch. Their activity record showed how staff chatted with them and spent time together appreciating smells from bath products and watching the cat play. Staff had now noticed that the person would indicate for staff to sit with them. Their activity plan had grown to include love of puppies so staff and relatives brought in their dogs. They loved dancing, soft toys, magazines and flowers and feeling objects. This had all been brought into their day to day life. We took lunch with this person and as their plan said they responded positively to being listened to, despite no formed words, smiling and reassurance.

Another person with minimal vocal communication had a detailed plan for staff about how to engage with them, such as discussing their children which made them smile, stroking hands (especially aromatherapist visits) and reading them poetry. Their relative had high praise for staff and this person was smiling broadly

throughout our inspection. This showed that people living with a profound dementia could have positive outcomes from regular, person centred input.

One person loved politics, travel and opera. The activity co-ordinator had done some research on a topic and presented it to the person. They had many records showing long discussions together. The person was offered a computer to use but they declined. They often went out with a care worker to buy a particular magazine. They watched films together on particular topics and had chosen pictures related to the topic to decorate their room. Each person was supported to discuss future opportunities. For example, this person had decided to go to church again and was looking at a local church newsletter.

Another person had been in a busy, responsible health job prior to retirement. Staff knew they liked to be included and busy. Records showed staff often helped them to tidy and dust their room having a chat. They went out to the shops for elevenses and to purchase their own toiletries, had tea in their favourite local garden centre and staff helped them go out to meet their friends. If people were originally from local areas staff found out where and took them out to look for places they might remember. One person had had a lovely time exploring where they had grown up for example. Another person had worked on houses locally so had gone to see what they looked like now.

Another person enjoyed visiting various pubs. The activity co-ordinator recorded where they had been and what the person liked to talk about and they spent afternoons exploring new pubs and areas. If people had certain interests they were encouraged to go out with support. People had enjoyed trips to buy items for their hobbies on a one to one basis. Records were detailed about how the trips had gone. One said, "She really enjoyed herself and must have looked at every item in the shop, then we went for a coffee and bought a haggis (which they had not had in years)!" As part of their opportunity discussion the person had said they would like to write a friend abroad a letter. The activity co-ordinator had worked with them to do this and they had posted it together.

People were also encouraged to go out on a one to one basis spontaneously if they appeared anxious or needed reassurance. One person, known to become anxious, was able to pop to the local shops regularly to buy things that interested them such as sweets or a postcard of a familiar place. One day they said they would like to see the sea and so had gone for a drive that day.

People were able to go to regular clubs they had perhaps joined before moving into the home, such as a church group or stroke club. The home had regular external activity opportunities such as a weekly drama session, singalong entertainer and local vicar visits. Staff said the singalong entertainer knew everyone's names and people who were not usually very vocal sang all the words. Eight volunteers from the university 'reading' project visited the home regularly and had made positive relationships with people through reading with them. Staff ensured they were reading things that the person liked and recorded the outcomes. The provider felt it was also important for people to engage with the younger generation and two students from a local school also visited to spend time with people. Three sixth formers from another local school also visited and had been doing so for some years. They facilitated ball games, read magazines, played dominoes and other games. People said they enjoyed this input.

The service had asked an external organisation to review the activities offered. This had looked at areas such as budget availability, staff roles, independence promotion, activity records and people's outcomes. The initial review response had been that 'there was already a very good regime in place and the home was continuing to promote activities'. For example, praise was given to promoting independence, people were able to take time getting ready, folding laundry and helping with food preparation. People said they liked to feel useful. The activities review had suggested including people's outcomes and goals to activity records,

which had happened.

People received care and support that was responsive to their personal care needs because staff had good knowledge of the people who lived at the home. Staff were able to tell us detailed information about how people liked to be supported and what was important to them. People who wished to move to the home had their needs assessed to ensure the home was able to meet their needs and expectations. Staff considered the needs of other people who lived at the home before offering a place to someone. People were involved in discussing their needs and wishes if they were able and people's relatives also contributed.

During the inspection we read four people's care records. The home used a computer system to produce care plans which were accessed by all staff. The provider/registered manager could also access the system externally to check up on progress and input. All were personal to the individual which meant staff had details about each person's specific needs and how they liked to be supported. Information relating to how their personal care needs were met was followed by staff including social and leisure information.

Staff at the home responded to people's changing needs. For example, staff recognised when people were not eating so well, were not themselves or had a sore place on their skin. No-one at the home had any wounds or pressure sores at the time of our inspection. The daily records were excellent and gave clear information about how people were so that staff on each shift would know what was happening. Staff were very responsive to changes in need and referred people to appropriate health professionals in a timely way. For example, in relation to chiropody, eye care and to the district nurses or GP. Staff used clear body maps to monitor people's skin and to show why and where topical creams were required.

Most people were unable to be directly involved in their care planning but relatives were able to be involved if they wished. The two relatives we met said they did not need to be involved as they were able to chat to staff or the registered manager/provider at any time anyway. However, the opportunity was there. People and their representatives said they would not hesitate in speaking with staff if they had any concerns. People and their representatives knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. There had been no formal complaints for the last 12 months. Issues were taken seriously and responded to in line with the provider's policy.

There were regular reviews of people's health. Each person had a 'hospital passport'. This documented a summary of people's important care needs so that if they went to hospital, staff there would know how to care for them if they were living with dementia for example. The activity co-ordinator and staff also visited people in hospital to continue their interests. For example, one person in hospital had been taken their favourite magazines and staff had read them the newspaper and helped them to write a letter in relation to an article they had read.

Good

Is the service well-led?

Our findings

There was a management structure in the home which provided clear lines of responsibility and accountability. The providers were retired health professionals and well respected in the community. The service did not advertise vacancies and was able to rely on word of mouth and recommendations. One local GP had visited the home many times over the years and said, "I have felt able to recommend the home to professional colleagues whose parents have needed this type of residential care and know from their subsequent testaments that the placements have been very successful."

The registered manager/provider was supported by a knowledgeable assistant manager who had been at the home for some years. The registered manager/provider visited the home very regularly, we met them during the inspection, and staff said they were supportive and easily accessible. People recognised their voice when they arrived. The assistant manager was able to raise any issues they identified knowing they would be dealt with and they were able to manage clear budgets to avoid delay. For example, obtaining any required equipment or activity resources.

People were comfortable and relaxed with the management team who clearly knew them and their family well. One relative told us, "We are always made to feel welcome. It's such a lovely place." We saw the managers chatting and laughing with people who lived at the home and making themselves available to personal and professional visitors. For example, they spent time with a visiting GP and two relatives informally updating them on people's progress and wellbeing. Staff said there was always a more senior person available for advice and support.

All of the people and relatives spoken with during the inspection described the management of the home as open and approachable. The managers and staff showed enthusiasm in wanting to provide the best level of care possible and this showed in the individualised way they cared for people. One staff member said, "It's the best care home I've worked in. It's a real home from home, an amazing place." We heard examples of how the registered manager/provider had supported staff with personal issues to ensure staff were happy in their job and felt they could come to them with any worries. For example, one ancillary staff member had limited English language. Their job description and details they needed to know were translated into their language. The assistant manager had an open door policy and they were available to relatives, people using the service and health professionals. They kept up to date with current good practice by attending training courses and linking with appropriate professionals in the area including college tutors in health and social care.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care including medication audits, care plans audits and falls. All accidents and incidents which occurred in the home were recorded and analysed and action taken to learn from them. For example, where people had fallen risk assessments were reviewed and preventative measures taken. There were very few falls. This demonstrated the home had a culture of continuous improvement in the quality of care provided.

There were systems in place to share information and seek people's views about the running of the home. A recent quality assurance survey had been completed. Comments were all very positive such as, "The staff are patient and caring at all times. They are always prompt and calm in dealing with the needs of people" and "It's always a pleasure coming to Oak House."

The service did not currently have a residents meeting due to the level of people living with a profound dementia. The assistant manager or the registered manager/provider saw each person's relative regularly and when care reviews were carried out, if they wanted to attend. One relative said they could go and chat to any staff at any time and they rarely had any issues as things were sorted out immediately. This enabled the home to monitor people's satisfaction with the service provided and ensure any changes made were in line with people's wishes and needs.

The home had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.