Barchester Healthcare Homes Limited

Red 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?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This comprehensive inspection took place on 16 and 18 January 2018. The inspection was unannounced.

Red Oaks is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is located in a residential area near the centre of Henfield.

Red Oaks accommodates up to 64 people across three separate units, namely Lavender (ground floor), Gardenia (first floor) and Freesia (second floor), each of which have separate adapted facilities. Two of the units provides care to people living with dementia. The home offers respite breaks.

The bedrooms are single occupancy with en-suite facilities. People have access to communal shower rooms, bathrooms and a hairdressing salon. Red Oaks has small dining rooms and sitting areas located on each floor and alcoves where people could sit with relatives, friends or in small groups. Fig Tree restaurant is a large dining area people use mainly for the lunch meal service and it can accommodate over 40 people. The building and accommodation units are accessible by wheelchair and have two passenger lifts. The service has an enclosed courtyard with level access, raised beds and a large garden at the back of the premises. The general environment was well maintained, bright and welcoming.

At the time of our inspection, 61 people were living at the service.
At the last inspection of 30 June 2015, the service met the regulations inspected and was rated Good overall.

The service did not have a registered manager. The previous registered manager had taken up a promotion and had cancelled their registration. A home manager was appointed in September 2017 and was in the process of registering with the Care Quality Commission (CQC). The registration was completed during the course of our inspection. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People using the service, their relatives and health and social care professionals were highly complimentary about the standard of care provided. People consistently spoke positively of the kindness and compassionate manner of staff towards them. People using the service and their relatives experienced a care delivery that was inclusive and empowering. This resulted in people enjoying immensely spending their days at the home and an improvement of their well-being.

Staff delivered people's care in a respectful and dignified manner. People had the privacy they required. People enjoyed professional relationships with the staff who supported them. People consistently remarked

staff knew them well and showed the utmost patience and respect to meet their individual needs and preferences. People highly commended staff for creating a comfortable and vibrant environment that made them content.

People at the end of their lives received extremely high standards of care. Comments from people and everyone involved in the provision of end of life care at the service were consistently positive. People and their relatives were unanimous in agreeing that Red Oaks offered end of life care over and above expectations and were exceedingly responsive in meeting people's needs. Staff had specialist knowledge in various aspects of providing care which considerably enriched the quality of people's lives. People at the end of their lives and those living with dementia received care in line with best practice guidance and legislation.

People highly commended the range of stimulating and enjoyable activities. Staff creatively used the information they had about people to tailor activities to meet each person's preferences. The planning and provision of activities took a prominent role at the service and greatly enhanced people's lives. People had memorable occasions at the service. Staff supported people to enjoy once in a lifetime opportunities in their social lives and to pursue their hobbies and interests. This enabled people to live fulfilling lives. People received support and encouragement to be independent.

People had access to healthcare professionals when needed. Staff managed and administered people's medicines in a safe manner. People enjoyed the food provided and had sufficient amounts to meet their nutritional needs. People spoke positively of the dining experience and the high standard of meals.

Risks to people's welfare were identified and managed. Staff understood and followed the safeguarding procedures to champion people's rights and to minimise the risk of abuse. A sufficient number of suitably recruited and skilled staff were deployed to meet people's needs.

People were supported by staff who were committed, trained and skilled for their roles. Staff demonstrated a passion in delivering care that made significant changes to people's daily living. Staff's practice was monitored and development plans were in place to support their learning.

Care was provided in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's needs were assessed and reviewed. Support plans had sufficient guidance for staff on how to deliver care. Health and social care professionals commended staff for involving them in a timely manner and following their guidance when providing people's care.

Staff had a transparent and open manner about the way they delivered care. Staff learnt from their mistakes and improved their practice. People benefitted from a person centred culture at the service that made them the focus of decisions about their care. Staff were supported in their roles by senior colleagues and the management team.

People's quality of life improved because of the close working partnerships between the service and external agencies and other health and social care professionals. People enjoyed maintaining links and involvement with their local community.

People using the service and their relatives were confident about raising a concern or making a complaint. The provider ensured people had opportunities to share their views about the service. People's feedback was acted on to develop the service.

Audits and checks of the service ensured people's care was subject to monitoring. Improvements were made to the quality of care provided when needed.

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 received care in a manner that protected them from the risk of abuse.

Staff managed identified risks to people's health and well-being.

People had care delivered by staff who were suitable for their role. People were kept safe from risk of infection through good hygienic practices.

People received their medicines when needed from staff who had the competency to undertake the role.

Staff learnt lessons from the review and management of incidents and accidents.

Is the service effective?

Good

The service was effective. People received care that met legal requirements and best practice guidance. People were supported by staff who were trained and skilled for their roles. Staff received the support they required to undertake their role through regular training and supervisions.

People consented to care and treatment. Staff provided people's care in line with the requirements of the Mental Capacity Act 2005.

People received food that met their individual preferences and dietary needs. People were supported to maintain their health and well-being and had access to healthcare services when needed.

Is the service caring?

Outstanding ☆

The service was exceptionally caring. People using the service and their relatives were exceedingly complimentary about the care provided. People's care was delivered in an exceptionally kind and compassionate manner. People were highly involved in planning. Staff went over and above their roles to deliver exceptional service.

People using the service and their relatives spoke highly of the manner in which staff made them feel valued and appreciated. Staff knew in detail the people they cared for and had the utmost sensitivity to their relationships with their families and friends.

People using the service were exceedingly proud of the service being 'one big family' while maintaining their individuality.

People's care was delivered with the greatest respect, dignity and privacy in line with their human rights.

Is the service responsive?

Outstanding ☆

The service was exceedingly responsive to people's needs.

People at end of life care received support that exceeded expectations. Relatives and healthcare professionals were consistently positive about how staff supported people living with dementia and end of life care. People's care was highly flexible and responsive to meet their individual needs. People enjoyed a high quality of life because their care and support considered their history and what was important to them.

People delighted in the individual and group activities, some of which provided life-changing experiences.

People using the service and their relatives knew how to make a complaint. Compliments from relatives and visitors indicated recognition of a service that was exceptionally responsive to people's needs.

Is the service well-led?

Good ●

The service was well led.

People using the service, their relatives and staff were happy with the management of the home.

People benefitted from an open and honest culture at the service. Staff provided person centred care that focussed on people's individual needs.

The quality of care was audited and shortfalls identified were resolved.

There was a close partnership between the service and other external agencies.

Red 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 was 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 16 and 18 January 2018 and was unannounced. The inspection was carried out by three inspectors and two experts-by-experience on the first day and two inspectors on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection, we reviewed the information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return (PIR) before the inspection. The PIR is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection, we looked around the home and observed the way staff interacted with people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection, we spoke with 21 people using the service, eight of their relatives and two health and social care professionals who were visiting about their experience of the service. In addition, we spoke with a general manager who was undergoing registration with the Care Quality Commission, a care manager, five care assistants, three nurses, a senior care assistant and safeguarding champion, a nurse and infection control champion, a dementia care specialist trainer and a divisional manager.

We looked at 24 people's care plans and 22 medicine administration records. We reviewed 20 staff records relating to recruitment, induction, training, medicine competency assessments, supervision and annual appraisal. We reviewed management records that included duty rosters, policies and procedures, incident

reports, safeguarding reports, complaints and quality assurance audits. We checked feedback the service had received from people using the service, their relatives, health and social care professionals and visitors.

After the inspection, we received feedback from four health and social care professionals.

Good

Is the service safe?

Our findings

People told us they were safe living at the service. Comments included, "I have been here a short time but I already feel safe because there are so many people around me" and "I feel safe because I know all the carers are looking out for me. Some new youngsters come and go. The others stay for ever and give you that feeling of security." One relative told us, "It is so reassuring to know [person's name] is safe and well looked after."

People were protected from the risk of harm. Staff had attended safeguarding training and knew how to recognise abuse and report any concerns they had. Staff understood their responsibilities and followed safeguarding policies and procedures to protect people from abuse. One member of staff held the role of "safeguarding champion", received extra training and attended external meetings with hospital staff, other healthcare professionals and the local authority safeguarding team. Minutes from residents, relatives and staff meetings showed the safeguarding champion shared information and updates from external safeguarding meetings to ensure people were protected from avoidable harm. Staff had access to a whistleblowing policy and procedure and knew how to escalate concerns to the general manager and external agencies when needed. Records showed the general manager reported safeguarding incidents to the local authority for investigation to ensure people's safety.

People received care that protected them from the risk of avoidable harm. Staff assessed and managed risks to people's health and well-being. Support plans were in place for staff on how to provide care in a safe manner. Identified areas of risk to people's welfare included medicines management, choking, continence, moving and handling, use of wheelchairs, skin integrity, depression, nutrition, hydration and falls. Risk assessments were reviewed monthly and when there were changes to people's health. Health and social care professionals, and relatives where appropriate, were involved in assessing and developing plans on managing risks to people's health and well-being.

Staff told us the maintenance staff carried out repairs in a timely manner. Records showed the maintenance staff serviced and maintained equipment when needed. Windows had restrictors to prevent people from falling from a height and radiator guards protected people from touching hot surfaces.

People were supported to be safe in the event of an emergency. One person told us, "We have a fire drill every Thursday. The doors shut automatically. If it was real I expect they would come to my room with instructions." Personal emergency evacuation plans (PEEPs) highlighted the risk level related to evacuating each person safely in the event of a fire. Records confirmed staff had undertaken fire safety training and undertook regular drills to ensure their preparedness in the event of an emergency. There were weekly fire alarm tests and checks on emergency equipment which ensured people's safety.

People received support from a sufficient number of staff. Comments included, "Call bells are answered quite quickly", "It's better and safer than home. I used to be all alone and fell over once or twice. Here, there is always someone near at hand to help" and "You only have to ring your bell and they come quickly. Even at night they come in to see you are safe and well." There were enough staff to meet people's needs and to provide support at meal times, during activities and to support them with daily living tasks. Duty rosters

showed permanent staff covered shifts. An ongoing recruitment programme ensured the service had enough staff to minimise the use of agency care workers. Staff told us staffing levels were adequate although they sometimes found the workload on the dementia unit heavy. They said the managers provided additional staff when required. The managers used a dependency assessment tool to determine the number of staff required to support people. We observed staff had time to respond to people's requests and call bells.

People had their care delivered by staff who had undergone a vetting process. The provider ensured staff underwent appropriate recruitment procedures. New staff completed job application forms detailing previous work history, gaps in employment, skills, qualifications and attended interviews. The provider obtained references, proof of their right to work in the United Kingdom, proof of identity and criminal record checks before new staff started work. The general manager confirmed staff in post on completion of a probationary period.

People received the support they required to take their medicines. One person told us, "Medicines are always given on time." Another person said, "They are good with pills. I have some every morning. [Staff] watches me swallow them and write it down." Medicines administration records (MAR) included the person's name, room number and photograph for identification. This helped to minimise the risk of people being given the wrong medicine. Risk assessments were carried out when needed for a person to self-administer medicines and safe storage was provided in their bedroom. The GP reviewed people's medicines and staff sought advice from the pharmacist when needed.

Medicines were safely managed and securely stored. Staff had access to up to date guidance and procedures for ordering, storage, administering and recording of medicines. Staff completed training related to medicines management and a competency assessment to ensure their practice was safe. Medicines audits were carried out to ensure staff followed procedures and best practice guidelines. In addition to this, an external audit was carried out by the medicines supplier. An external audit report of October 2017 indicated that medicines management procedures were safe.

People lived in a clean and well-maintained environment. People using the service and their relatives told us staff cleaned or replaced stained or damaged furniture. The home was clean and had pleasant odours. Staff had received training related to the prevention and control of the spread of infection. There was a member of staff assigned the role of 'control of infection champion' who told us they carried out monthly audits and provided information and updates for colleagues. Cleaning schedules were in place and audits were carried out to ensure staff maintained high standards of hygiene. Staff followed a safe waste disposal system. We observed staff using personal protective equipment such as aprons and gloves. There was liquid soap and disposable paper towels for good hand washing practices in bathrooms. Posters displayed around the service and bathrooms reminded staff of good hand hygiene practice.

People had their care provision reviewed in the event of an incident. Staff were aware of ongoing safeguarding incidents and were able to describe how they had learnt from these. The provider reviewed processes to minimise the risk of a recurrence. A safeguarding incident where a person was admitted for respite without adequate updates to their care plan, had led to a significant change of practice of the process of admissions and reviewing of care plans.

Part of the environment was not safe. A section of the driveway and access road to the service was dark and lacked adequate lighting. This made it difficult to see the incline and borders of the road. This could pose a potential hazard for people using the service, their relatives, staff and visitors. We raised this issue with the general manager who informed us they were aware of the hazard and had plans to install additional

lighting. After the inspection, we received evidence to show the additional lighting was in place.

Good

Is the service effective?

Our findings

People had an assessment of their health and well-being before they started to use the service. Staff carried out pre-admission assessments to ensure the service had the resources to meet each person's individual needs. Information gathered included the person's details, medical history, allergies, communication needs, current health issues, behaviour/emotions, personal hygiene, nutrition and hydration, skin integrity, sleep and rest, breathing, key memories, family traditions and the person's cultural, spiritual and social values. Staff used this information to develop care plans that ensured people received support in line with best practice guidance and regulations.

People using the service and their relatives told us they were provided with information on admission to Red Oaks which included details of staff including their photographs, meal times, fire safety and evacuation, the complaints procedure and laundry arrangements. People told us this enabled them to know what services and support they could access.

People received care from staff who were trained and skilled to undertake their roles. Two healthcare professionals commented staff were "attentive" and had "appropriate skills" to meet peoples' needs. Staff kept up to date with their training in areas that included safeguarding, moving and handling, food safety, fire safety, equality and diversity, customer care, the Mental Capacity Act 2005 (MCA), whistleblowing, health and safety and infection control. The provider monitored training compliance rates and ensured staff attended courses relevant to their roles. Staff received training specific to people's individual needs, for example care of catheters, specialised feeding, dysphagia and choking, living with dementia, end of life care, wound care and pain management. Staff had received refresher training to keep their skills and knowledge up to date. The general manager maintained a matrix to ensure staff completed the provider's mandatory training and other courses required to undertake their jobs.

Staff had opportunities to undertake professional courses relevant to their roles and some had completed vocational courses and a care practitioner course. Nurses received support with their professional revalidation with the Nursing and Midwifery Council and had opportunities for group discussion and reflective practice.

People received support from staff who had an induction on how to do their work. New staff had opportunities to familiarise themselves with people using the service, their care and support plans and the policies and procedures. Staff said the induction enabled them to understand how they were expected to carry out the job and the standards they had to maintain. Staff told us and records confirmed they completed their induction before they were assessed as competent to deliver care independently. Staff new to care completed a detailed induction which included the provider's training that incorporated the Care Certificate. This certificate highlights the standards expected of health and social care work staff.

People had care delivered by staff who were supported in their roles. Staff told us and records confirmed they received supervision, mid-year reviews of their performance and an annual appraisal. Staff said supervision sessions were useful and enabled them to understand and improve the way they provided care.

Records showed issues discussed at supervision included safeguarding, end of life care training, audits and personal development plans. Staff worked well as a team and helped each other as necessary.

People told us they enjoyed the food provided. One person told us, "The food is excellent and there is plenty of choice." One relative commented, "The food is very good, they all have a choice and alternatives are always available." Menus were based on a four weekly cycle and indicated people had a balanced diet. The food was prepared onsite and reflected the availability of seasonal fruit and vegetables. People told us and the menu showed they had a choice of a starter, main meal, an alternative menu of omelettes and salad, beans on toast, baked potatoes with a choice of three fillings or sandwiches and a pudding at lunch and supper. Wine was available when people requested as well as soft drinks and juices. People said portion sizes were good. The kitchen staff kept records of portion sizes people preferred and their individual likes, dislikes and any allergies, as well as religious requirements such as not eating pork. We observed people were having breakfast which included a cooked breakfast, a choice of cereals, fruit juices and hot drinks. People enjoyed teas and coffee throughout the day and had access to snacks and fruit platters.

People told us they had an enjoyable dining experience in the Fig Tree restaurant. One person told us, "I look forward to meal times. Every day is a treat." Another person said, "It is a real restaurant. There is something for everyone. You can order anything you like." Fig Tree restaurant is a large dining room set up with round tables like a restaurant with printed daily menus for lunch and supper. Staff set the table with cutlery, serviettes and water before they supported people to the dining area. Staff asked people to choose where they would like to sit. We observed people give food orders to the 'waiters'; care staff who asked them to choose what they would like to eat from the menu on the tables. The chef served meals and talked to people about the food choices. Various fruit juices and red and white wines were available and served from a trolley, which added to the dining experience. The atmosphere was relaxed, unhurried and people enjoyed jokes and conversations. It was a very friendly, sociable and chatty occasion with staff taking time to speak with people. Music played in the background at an appropriate volume to allow people to have conversations. Staff served people with well-presented meals. A dessert and sweets trolley completed the two or three course meal served in the restaurant. Daily observation records showed people enjoyed their meals and food and fluid intake was high.

People had their dietary needs identified and met. Meals started half an hour earlier for people who needed assistance and preferred to have their meals in their room or the smaller dining areas on each floor. This enabled people who needed support from staff to eat their meals at their own pace and to have some privacy. Some people who also needed some support preferred to eat in the main dining room. Staff supported people who required assistance with eating and drinking. Staff worked closely with healthcare professionals and the chef to identify and cater for people's nutritional needs. People received soft, chopped, mashed, pureed or diabetic foods to meet their needs when required. The chef told us they spoke with a Speech and Language Therapist (SALT) if someone needed a soft diet to understand how to meet their needs. Staff monitored people's weights regularly and conducted more frequent checks when they had concerns, for example about a person's food and fluid intake. They informed healthcare professionals when needed to ensure people received appropriate support.

People lived in an environment that was suitably adapted to meet their needs. People who used mobility aids such as wheelchairs and walking sticks had easy access to all parts of the accommodation. People had access to passenger lifts, specialist baths and grab handrails. People told us they enjoyed spending time in the large landscaped garden which had ramps and railings and benches. People said they had leisurely walks to the local shops through an accessible path to the village which avoided the main road. The decor in the communal areas was attractive and made good use of colour and each area was distinctive to help people living with dementia orientate themselves.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff said they obtained people's consent where possible and respected their decisions, for example when they declined to take part in an activity.

People were supported by staff who understood their responsibilities under the MCA. One person said, "Yes, they do always ask. There are times that I wish they didn't and just got on to the job, but they encourage me to say yes or no before they help." Another person said, "Yes, they ask before they do anything." A third person explained, "I like to choose what I am going to wear. [A member of staff] gets different things from the wardrobe and I select." One member of staff told us, "We always obtain people's consent before carrying out personal care." A mental capacity assessment was carried out when a person showed they may lack capacity to make certain decisions about their care and best interests meetings were held when needed. The general manager had made applications for DoLS to ensure that any restrictions placed on people for their safety were in their best interests.

Outstanding ☆

Is the service caring?

Our findings

People using the service and their relatives were exceptionally happy with staff's approach to care delivery. Comments included, "The staff are very kind and helpful", "The level of care, kindness and attention is absolutely fantastic", "The staff are very attentive and I enjoy living here", "Staff are very caring and highly sensitive to our relative's needs", "[Person] can be challenging but they manage [her/him] in a loving friendly manner" and "Staff showed untold patience, kindness and understanding of [person's name] whilst in your care." One visiting healthcare professional told us, "I see staff sitting with people and giving them undivided one to one care." Another healthcare professional said, "From what I have seen, the care is just superb." Throughout our visit, we observed highly positive interactions between staff and people and there was a relaxed atmosphere.

People using the service and their relatives spoke very highly and positively about their relationships with staff. One relative told us, "The staff are wondrous in the care they give." One relative had written to staff, '[Person] greatly valued your smiling faces and much appreciated your friendship and good humour, chatting about [his/her] life, interests and day-to-day news.' People told us staff were very passionate and highly motivated in their roles and did everything possible to make them comfortable. People commented that they were very happy with the consistent staff team who made them feel secure and trusting. Staff told us they had built trusting relationships with people and knew them well. Staff were able to describe how people preferred to spend time and supported them to do this.

People living with dementia benefitted immensely from care that responded to their individual needs. Staff used people's histories to identify and manage activities or routines that could trigger distress or anxiety in people. The provider delivered a '10.60.06' training and accreditation programme 'designed to enhance both the dementia care environment in participating homes and to improve interactions between staff, people living with dementia, relatives and health professionals.' The programme included 76 themes and standards related to the care of people living with dementia and focused on their history and background.

Staff worked on a 'memory lane community' through gathering information from each person and their families to compile a detailed story of their lives. As a result, staff were able to provide personalised care that drilled down to minute details of how people's history shaped their day to day living. For example, people who had held positions of authority in their careers had habits and routines which could lead to upset if these were not followed. Examples included folding of clothes in a particular manner as one person did when they served in the army; laying of tables for meals in a coordinated fashion for a person who had worked in the hospitality industry and excellent timekeeping for activities, meals and medicines administration for people who had worked in the education sector. Another person who had a passion for the development and education of children received support to visit a local school and a relative commented, "I understand that [person] was amazing. It was so lovely [person] had this opportunity and clearly enjoyed every minute of it." A provider's dementia training specialist team supported staff to implement high standards of person centred care based on the use of the life story of each individual. Staff gathered people's life stories through one to one meetings, involvement of family, friends and other health and social care professionals involved in their care. Staff used the information to manage anxieties, distress

and behaviours that challenged the service and others. People told us and daily observation records confirmed staff provided exceptional care that took into account each person's individual history, albeit the high number of people using the service.

People's health and well-being vastly increased because staff had learnt about how to manage their anxiety and behaviour changes. There was an emphasis of providing care using therapeutic rather than medical interventions to support people live fulfilling lives. Healthcare professionals and relatives commended highly the efforts of staff and the effectiveness of the 'memory lane' project. They commented on how the individual approach using personal histories supported people to live well with their conditions. For example, one person received support to go on extended walks when they showed behaviours that challenged. This was because it was the person's routine before they moved to the service. Staff told us this had reduced the person's anxiety and incidents of falling greatly. The provider's dementia training specialist team carried out site visits, care plan audits and observations of practice to ensure people received care based on their life histories. Records of their visits showed they were very happy with the manner that staff delivered appropriate care based on each person's individual needs.

People received remarkable support to maintain relationships that mattered to them. One person told us of the support they received to undertake a trip to Canterbury for a consecration ceremony of a childhood friend. The person explained how the experience of attending the ceremony had made a huge impact on their life and described how they greatly appreciated the staff's efforts in arranging the trip. One member of staff told us they were aware from the person's life history how much they valued their friendship. When staff had learned about the consecration event, they had ensured they supported the person to attend the ceremony as they wished. Another person told us how staff had enabled them to spend time with a friend who was dying in the community. The person said, "I felt very well supported and am forever thankful I was able to be with my friend right to the end." Records showed staff supported the person to visit and spend time with their friend. One relative commented, "Not only did [person] benefit physically, but [he/she] was enabled to gather strength to attend two notable events in [his/her] life, thanks again to Red Oaks."

Relatives and visitors were encouraged to visit. One relative told us, "We visit [person's name] when we can and staff always make us feel welcome." Staff had detailed information about people's relatives and the level of engagement they wanted with them. People told us their families and friends visited when they wished and staff welcomed them. We observed staff spending time with people showing care and concern for their well-being. Staff told us they knew people well and used their knowledge of each person's history when talking with them.

People's quality of life greatly improved because of the manner in which staff took time to understand and respond to people's individual needs. The care manager who was the lead nurse told us how they had observed how some people were unsettled in the evenings after having their bedtime beverage. Staff understood from common research that caffeine is a mild stimulant, increases the production of urine, and could cause restlessness and a disturbed sleeping pattern. Staff discussed with people about how their lives could improve by changing their drinking habits. People told us staff asked them if they would like to try a 'caffeine free week' and observe if their sleeping patterns and well-being improved. Staff had embarked on a 'caffeine free week' for some of the people living at Red Oaks whose mantra was 'Keep calm, be caffeine free'. Staff monitored the outcome of the trial and identified some benefits which included people having undisturbed sleep patterns and less visits to the toilet. Records showed staff offered milky drinks instead of tea or coffee to people before bedtime and during the night if they were awake. The initiative was ongoing and showed people benefited immensely from it. This was because of the focus on advancing the physical and emotional well-being of people using the service. Staff told us they observed that when people had undisturbed sleep patterns, they were relaxed and well rested which reduced incidents of behaviour that

challenged or falls from fatigue. Staff told us there was reduced use of medicines to support some people with sleeping after being on the caffeine free week. People told us and records confirmed that people had a choice and that the 'caffeine free' initiative was not imposed on them.

People were fully involved in making decisions about their care. Comments included, "[Family member] knows about my care plan. [Family member] wrote down all my likes and dislikes before I came in. [Family member] will sort it out with them if anything needs changing." Staff asked people how they liked to spend their day such as when they woke up and went to bed, what to eat and where they had their meals. People told us staff respected their wishes about how they wanted their care delivered, for example having a wash in the evening or when they preferred to stay in their rooms rather than sit in the communal areas. We observed people were able to remain in their rooms if they wished. Staff were knowledgeable about the care and support people required. One member of staff told us, "I love looking after older people and enjoy going down memory lane talks they so enjoy" and another added "We have enough time to spend with people. I know the ones that enjoy a one to one chat and those that prefer group conversations." For example, one person enjoyed talking about their family repeatedly. Staff understood how important this was to the person. We observed them sitting down and having a conversation about their family and bringing the talk into the present time and how they could plan their day.

People had the information they required to make decisions about their care. There was a named nurse and a member of care staff who acted as key workers to coordinate people's care with their relatives, and health and social care professionals. Records of the key working sessions showed the general manager ensured they resolved issues raised by people such as requests for more outings. People received information in a format they understood which minimised the risk of discrimination for those who had protected characteristics such as a disability caused by visual or hearing difficulties.

People received the support they required to be independent. One person told us, "I don't need much care. I can do most things for myself. I am old and need to remain independent as long as possible. Staff do not impose or takeover." Staff encouraged people to undertake tasks they were capable of, such as personal care and getting dressed. Staff told us this enabled people to maintain their confidence and positive self-esteem, for example people continued to access the community independently, visiting friends and family and doing their own shopping. Many people had lived in the local area and enjoyed going to the post office and having a chat with members of the local community. Staff involved families when appropriate in discussions and reviews about people's health and used their input to plan care delivery. Care plans showed staff had obtained information about each person's life which included significant contacts, details of family, childhood and schooling, adolescence, young adulthood, occupation and hobbies. This ensured staff understood what was important to them.

People using the service and their relatives told us staff delivered their care with the greatest respect for their privacy and dignity. Comments included, "They always knock on your door and ask for permission to do things", "Staff treat my relative with respect and nothing is too much trouble" and "We cannot begin to thank the staff enough. Staff care for the residents with total respect of their dignity and with love and humour." We observed staff knocking and waiting before entering people's bedrooms. However, staff left the doors of people at risk of falls open during the day to enable discreet checks. Staff did this with people's consent or through best interests discussions. There was a named champion for dignity to ensure staff upheld the '10 dignity do's'. Staff were able to describe the '10 dignity do's' which emphasised respect for each individual and their privacy, enabling people to maintain the maximum possible level of independence, choice and control. People told us they were able to live their lives as they wished.

People had their information and records kept securely and safely. Staff maintained a diary with information

about people's medical and social appointments and scheduled visits from health and social care professionals. Staff kept the diary in an office to ensure confidentiality. Staff kept records in lockable cabinets and computers were password protected and only accessible to authorised staff. There were sufficient numbers of male and female care staff to meet people's preferences about who provided their care.

Outstanding ☆

Is the service responsive?

Our findings

People using the service and their relatives were highly complimentary about the service. Comments included, "I cannot express my gratitude enough for your devoted care in [person's name] in [his/her] last week. [His/her] end of life care was delivered with much tenderness. Thank you too for the sympathy, understanding and hugs at a time when I didn't want to lose [person's name]" and "Dementia robbed us of many things but never robbed [person's name] of [her/his] love for her family. It gave us great comfort when she came to Red Oaks to be cared for by such lovely staff." Staff were confident they made a notable difference to people's lives and one commented, "We are lucky as we receive lots of positive feedback from family members" and "It's the recognition from residents and their families that makes the job worthwhile."

People at the end of their lives received exceptionally high standards of care. Relatives commented staff were very compassionate. Staff spoke with people using the service and their relatives to determine how they wanted their care provided at the end of their lives. Detailed information was recorded which included Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) orders when needed. People had advanced care plans indicating how they wished to be cared for as they neared the end of their lives. Staff knew from the care plans whether a person wanted to be admitted to hospital, and in what circumstances. Staff ensured they respected people's wishes. There were procedures to ensure that people were cared for in a sensitive and dignified way as recorded in their care plans. People at the end of their life were encouraged to remain in the care home if they wished to do so and specialist equipment was provided, such as syringe drivers and pain management support. Palliative care specialists and the GP supported staff to manage people's conditions.

People received care that was in line with best practice. People using the service and their relatives told us the staff made it very easy and comfortable to hold discussions as end of life approached. Healthcare professionals were impressed with the assessment, care planning and review of people's needs when they were at the end of their lives. They said there was great coordination of care and robust communication which enabled people to receive individualised support.

Relatives told us the delivery of end of life care had enabled people to have a dignified death. One relative told us they were "blown away" by the kindness and compassion staff showed in the days leading up to and after the death of a family member. Relatives told us that staff spent time, comforted them after the passing on of a family member, and did not feel rushed to remove their belongings.

People received exceptional care to manage any life limiting conditions from staff who had received end of life care training. Two nurses had undergone an eight months '6 steps' course at a local hospice, acted as end of life care leads and provided advice and support to colleagues. There were folders which included up to date information on the end of life care strategy, the Essence of Care guidelines and Department of Health and Royal College of Nursing guidance. Staff showed us how they used the information to develop care plans depending on each person's needs. Records showed staff asked and recorded people's preferences, choices, who to contact and funeral arrangements for their end of life care and kept these under review. Staff involved relatives when needed and acted on their input when possible. People were

supported with their religious beliefs, for example church people visited to say prayers when this was a person's wish. Relatives told us the support provided by the hospice team and care staff was therapeutic and offered some calming effect during the various stages of the end of life for their family members. Staff understood the importance of respecting a person's wishes, being aware of their emotions and supporting their family. Records showed people received excellent standards of end of life care through the various stages.

Healthcare professionals were highly complimentary about the arrangements for pain management. There was a named link nurse at the hospice who worked closely with the staff to manage people's pain. The hospice staff visited Red Oaks to provide pain control advice and meet families if they wished. The care manager said syringe drivers were available and anticipatory medicine was in place for people coming to the end of their life. This ensured the management of people's symptoms and pain in a timely manner.

Staff had received "post death" training and had arranged social evenings for the families and friends of people who had died. Records showed these events were well attended. There was positive feedback which included, "Staff made the occasion a perfect celebration of [deceased person's] life" and "It was a fitting send off from everyone in the home." A thank you note to the staff from a relative stated, "It was such a lovely surprise to receive your book of condolence. It made emotions rise again reading all your beautiful messages and looking at [person's name] photos of [his/her] time at Red Oaks."' Several comments from relatives included, "Thank you for inviting me to the small social evening. It was such a kind idea and so sensitively arranged and to be made to feel that I was still part of the Red Oaks family", "We really have no adequate words to say how much we appreciated your kindness and patience, and especially the care and real love that was shown in [person's name] during[his/her] last days" and "It made it so much easier for us in the last two years, knowing [person's name] was so well looked after." Staff produced remembrance books with photographs, which highlighted the person's life and significant events when they were at the service. These were given to the person's family after their passing. Relatives said this made them feel that their family member was valued and cherished at the service.

People using the service and their relatives were exceedingly happy with the care they received. Comments included, "This is my home. I have been well looked after, beyond expectations", "This is the best place for [person's name]. I am very happy for the support the home is providing" and "Everyone is friendly. There is a lovely atmosphere. I am [number of years of age] and have lived in three care homes. This is the very best. I feel very fortunate to be here", "The staff all know my needs. You cannot fault them" and "We were very lucky to find this place. We visited nine others but they did not compare with Red Oaks. We were vindicated." Healthcare professionals were consistently positive about the manner in which staff responded to people's needs. Their comments included, "Staff communicate very well and provide detailed updates about people's health", "There seems to be plenty of staff on duty to tend to people's needs" and "This is an excellent home with exceptional nursing staff who communicate well and respond to people's needs."

People received care that exceeded expectations. The care manager had received a nomination for the 2017 Nursing Times Awards for "Nurse leader of the year" and attended the awards ceremony as a finalist in November 2017. The award recognised 'an exemplary nurse who embodies the best of the profession, a team that goes above and beyond'. People using the service, their relatives and healthcare professionals highly commended the care manager for being an excellent role model, who demonstrated immense compassion and a commitment to ensuring that staff provided the highest quality and safest care possible. People told us they knew the care manager well and said they were quick to identify any changes to their health. Relatives and healthcare professionals told us the care manager reassured people who had complex health conditions and advocated on their behalf to ensure they received high standards of care. Staff told us they were highly responsive to people's needs because the care manager demonstrated how to meet

people's needs and ensured each member of the team had an understanding and the skills to provide high quality care.

People received highly personalised care that responded to their individual needs. One relative commented, "When [person]' came to live in Red Oaks in 2005 we never imagined that [she/he] would be still with us 11 years later. I am sure this was due to the excellent care." Staff created a life story for each person and involved them and their relatives when appropriate. Staff told us this helped them to understand people's interests and gave them ideas for topics for conversation. Many people came from the local area and some had known each other in the past through community activities including the local church. Staff encouraged social contact and companionship to protect people from social isolation and loneliness. Records were well maintained and contained comprehensive information regarding the care and support each person required. Staff received an update of each person's condition during handover at the beginning of each shift which ensured they knew each person's current needs and the support they required.

Staff exceeded expectations when responding to people's needs. A person was unable to attend a wedding of a grandchild because of their health condition. Staff worked closely with the person's family and held a second wedding ceremony at the service. One relative had commented, "As [person] could not be present at the ceremony, Red Oaks staged a full ceremony just for [them]. Off duty staff came in to make special arrangements such as hairdressing and make up. It became a never to be forgotten occasion for [them]. Staff printed out the photographs for [their] room." People using the service enjoyed the wedding and the person was very honoured to have the wedding ceremony conducted at the service because of their needs. The wedding guests enjoyed a meal and refreshments provided at the service to ensure the celebrations were complete. We saw a photo album of the bride, groom, the person and other relatives enjoying the celebration. The person shone through the photographs with the joy of attending the wedding ceremony of their loved one.

People immensely enjoyed taking part in activities. One person had commented, "I am still fishing but not as often and the catches are fewer but it is still an enjoyable pastime. Long may it last." One relative told us, "Staff go to endless trouble to make people's lives more enjoyable." Staff supported people with one to one and group activities. People using the service and their relatives had access to a weekly timetable displayed at the service and chose to take part when they wished. Examples of activities carried out included music and movement, flower arranging, cooking, ironing, skittles, word games, seated dance, 50's reminiscence, watching specific television programmes, scrabble, manicures and cream teas. We saw display boards throughout the service which included photographs of people carrying out a variety of activities.

People said the activities met a range of needs and interests. Activities were organised three times a day. Some of these were exercise classes or larger group activities, but there were also more low-key, homely activities to provide stimulus and social interaction: a drink before meals, or bringing together a group of people around a television programme they were interested in such as 'Songs of Praise' or 'Country File.' Alongside the main activities we saw staff involving residents in doing jigsaw puzzles, colouring pictures, reading or chatting. The home sought to offer every person a meaningful conversation every day as well as meaningful activities. People using the service and their relatives told us performers often visited the home to provide musical entertainment, including singing and dancing, and family activities like tea parties. One relative recalled that there had been an Olympics for people and everyone had emerged a winner. In the summer, the programme included some trips outside the home, such as visits to garden centres or to the beach. There were weekly shopping trips which people enjoyed. People enjoyed spending their money on small groceries at a convenience store at the service which operated in the summer. People enjoyed meeting up at the shop and reminiscing.

People told us the activities greatly minimised loneliness and isolation. People told us they looked forward to the evening and weekend activities before winding down for the day. Comments included, "There is something to enjoy in the evenings. We don't get bored"; "We aren't sent to bed early. It's a great social that we don't want to miss" and "It's so relaxing. You retire to bed peacefully." People told us they could enjoy a soft drink or an alcoholic drink with others before lunch or in the evenings. Staff told us they observed people went to bed when they were tired and enjoyed restful nights. Staff maintained records of the type of activity, each person's level of involvement and their enjoyment. Staff said they were able to identify when a person's health was in decline because of the level of participation in activities for example, when a person declined to take part in their favourite activities. Staff carried out an activity evaluation to measure each person's interaction, communication, engagement and mood/well-being before, during and after an activities session. Records showed staff used the information to understand the activities which each person enjoyed and the ones that offered the most therapeutic benefits. As a result, people's records showed they were very happy and satisfied with the range of activities they undertook. Minutes of a resident and relatives meeting of 30 October 2017 showed highly complimentary comments about the activities provided and people's enjoyment.

People were happy that the manager and the provider listened and acted on their concerns. One person told us, "It's fitting with everybody. Yes, complaints are dealt with promptly." Another person said, "I have never complained or had any reason to. If I did I would mention it to the manager. She would sort it out." People had access to a complaints policy. People attended monthly meetings where they raised concerns about the service. Staff knew how to support people to raise concerns when needed. Staff received feedback from the general manager regarding complaints and discussed any lessons learnt.

People's spiritual needs were met. There were various church services at the home for those who could not attend church in the community. People told us they had enjoyed Christmas services put together by different churches that had come together for a celebratory mass. Families were invited to Christmas lunch and staff told us people had greatly enjoyed the Christmas dinner where the dining room had seated 102 people.

Good

Is the service well-led?

Our findings

People benefitted from an open and transparent culture at the service. One relative told us, "The care is consistent and staff seem to work well as a team." Staff's comments included, "The senior staff have an open door policy and are very supportive" and "The senior staff listen and are approachable." Staff told us they enjoyed working at Red Oaks and that the management team valued their work. One member of staff told us, "I have been able to develop my skills and feel motivated." Another member of staff said, "Communications are good and we work well as a team." Staff told us they enjoyed good teamwork. One member of staff told us, "We have a good team and we support each other."

At the time of our inspection, the general manager had applied to the Care Quality Commission to be the registered manager for the service; registration was completed during the course of our inspection. The general manager was supported by a care manager and senior care staff. Healthcare professionals commented, "People chat to me about the staff and provide good feedback", "The staff are very organised and good quality documentation is kept" and "The care manager provides excellent leadership for nursing staff."

People using the service, their relatives and staff knew the manager and said she maintained "a high profile." Red Oaks was part of a larger group of care homes, and the manager said the provider was supportive and provided the resources required. The provider showed they valued the staff and acknowledged their commitment to meeting the needs of people using the service. The chief executive officer wrote individual letters to each member of staff and recognised the work they did. One letter stated, "Every day, you help us to take care of our residents and patients, so it is only right that we take care of you in return." In another letter he had written, 'None of the above [successes] would have been possible without you and I want to thank you for your contribution to Barchester's achievements."

Staff were clear about their responsibilities and understood the lines of management and reporting structures to raise concerns. Staff told us they read a handbook with policies which was issued on joining the service. Staff spoke with pride about how they delivered care in line with the provider's values of "respect, integrity, responsibility, passion and empowerment." Examples provided included how staff supported people to maintain their independence and live their lives as full citizens.

People's care provision was monitored. The general manager and senior staff held monthly quality and clinical governance meetings and discussed issues such as safeguarding concerns, people who may be at risk of malnutrition, referrals to the GP and dieticians, falls management, incidents/accidents, medicine errors and policy updates. Shortfalls were identified and rectified. A timetable indicated when monthly and quarterly audits were due. The audits were carried out by senior managers, heads of departments and nurses. Examples of audits carried out included medicines management, nutrition and dining, infection control, care plans and health and safety.

The provider's senior management team carried out quality reviews and produced a report and an action plan when needed. A report from the last visit carried out by the regional director on 15 December 2017

showed that the quality of service was good and there were no concerns.

Senior managers undertook out of hours monitoring visits and reviewed the environment, care provided, staffing levels and care records. Reports from visits carried out on 21 October 2017 at 6.30am and 19 November 2017 at 11pm showed that people had received high standards of care.

Staff had opportunities to share their views about the service. They attended service staff meetings, unit catch ups, completed annual surveys and were committed to and felt involved in the running of the service. The managers and senior team monthly meetings ensured there was good information flows among staff in addition to frequent informal contacts. The provider had carried out a staff survey in 2017 and the results were positive indicating a high satisfaction rate of working at Red Oaks.

People benefitted from the close working partnership between the service and other agencies and health and social care professionals. People received care that demonstrated good working relationships. The high level involvement of health and social care professionals ensured staff met the needs of people with life limiting conditions in line with best practice and guidance. The provider supported the general manager, management team and staff to access research resources, and attend and take part in further learning and development to raise the quality of care.