

Okeley Healthcare Limited

Okeley Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Okeley Care Home is a residential care home providing personal care to up to 84 people aged 65 and over. At the time of the inspection there were 82 people living at the service, the majority of people were living with dementia. The building was purpose built and accommodated people over 3 floors.

People's experience of using this service and what we found

People and their relatives were very positive about using the service and feedback from them was good.

Suitable arrangements were in place to keep people safe. Policies and procedures were followed by staff to safeguard people and staff understood these procedures. Risks to people were identified and managed to prevent people from receiving unsafe care and support.

Medicine arrangements ensured people received their medicines as prescribed. People were protected by the provider's arrangements for the prevention and control of infection.

There were enough staff to meet people's needs. Staff were recruited safely. Suitable checks were undertaken to ensure the right staff were employed to care for people. Arrangements were in place for learning and making improvements.

Suitable arrangements were in place for staff to receive a robust induction, appropriate training, and regular supervision. People's dining experience was positive, and their nutrition and hydration needs were met. The service ensured people received appropriate healthcare support from healthcare services. The service worked together with professionals and other organisations to ensure people received coordinated care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with care, kindness, dignity, and respect. People received care and support that met their needs and preferences. Staff had a good knowledge and understanding of people's specific care and support needs, how they wished to be cared for and supported. The rapport between staff and people using the service was positive.

People had a personalised care plan describing their specific needs, wishes and preferences. Activities and events were provided to meet people's social and leisure needs and to reduce isolation. Systems were in place to ensure people were cared for at the end of their life.

Complaints were investigated and managed. People were involved in the development of the service. Robust arrangements were in place for the oversight of the service and to monitor the quality of the service

provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update.

An inspection took place in February 2019 and found the service to be requires improvement in all key questions. The provider completed an action plan after this inspection to show what they would do and by when to improve.

We returned in November 2020 and found the key question of safe to be good and key question of well led to be requires improvement.

The last rating for this service was requires improvement (published 17 December 2020). At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last two inspections.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Okeley Care Home on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Okeley Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by 2 inspectors, a bank inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Okeley Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Okeley Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 14 August 2023 and ended on 31 August 2023. We visited the location's service on 16 August 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the Local Authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and 5 relatives about their experience of the care provided. We spoke with 18 members of staff, which included the registered manager, quality and development pathway partner, team leaders, care staff, kitchen, domestic staff and 2 visiting professionals.

We reviewed 11 people's care plans and 5 staff recruitment files. We also looked at the service's quality assurance systems, arrangements for managing medicines and staff training and supervision records. We received information by email from 2 professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our inspection in November 2020, we rated this key question good. At this inspection the rating remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A person told us, "I feel safe, it is their parental care." A family member said, "[Relative] seems a lot happier here, I have noticed a change in them, they appear more rested and safer. That makes me happier."
- Staff had received training on safeguarding people from abuse. They understood and had an awareness of the different types of abuse, how to respond where abuse was suspected and how to escalate concerns.
- Staff told us they would not hesitate to raise a safeguarding alert if they suspected abuse. A staff member told us, "I would go to the manager or the deputy and document these concerns, I would look out for people that have marks and bruising, if the person's well-being is not usual or if they appear depressed, withdrawn, or frightened."
- The registered manager was aware of their responsibility to notify us and the local authority of any allegations or incidents of abuse and the action they should take.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and recorded. These identified how risks to people's safety and wellbeing were to be reduced and the actions required to keep people safe. For example, risks relating to people's mobility, falls, using a hoist, skin care, choking, use of bedrails and eating and drinking.
- The provider is part of Prosper (a project to reduce the number of falls, pressure ulcers and urinary tract infections) and this has been successful in keeping people safe and well.
- Environmental risks, for example, those relating to the service's fire arrangements were in place and these included individual personal emergency evacuation plans for people using the service. Appropriate fire detection, warning systems and firefighting equipment were in place and checked to ensure they remained effective.
- Call bells and the deployment of staff were monitored by the service and kept under review. We saw staff responded to calls bells and to sensor mats alarms going off in a timely way. For example, one person had a bed sensor which went off as they got out of bed. Staff attended promptly to the sound of the alarm. The person did not fall as staff assisted to their needs quickly.
- Health and safety audits were completed to ensure the service was safe and well maintained.

Staffing and recruitment

- Staffing levels were based on people's dependency and care needs. Agency staff were not often used but if they were, staff who had worked at the service before were requested so people saw staff who were familiar to them.
- Some people gave mixed views on staffing levels. A person told us, "I press the buzzer, they come between

5 – 15 minutes, that is okay, it's never too long." A family member told us, "Sometimes they seem short of staff if [relative] wants to go to the toilet as they have to go to find another staff member to help." Where comments were positive, a person told us, "Lovely staff, they are always about to talk to." Another person said, "I call out and someone comes to help me, I never have to wait long." A family member said, "My [relative] has never said they have had to wait for staff and they would have told me."

- During the inspection, the deployment of staff was appropriate across the 3 floors and there were enough staff on duty to meet people's needs and to ensure staffs' practice was safe. A team leader was allocated to each floor. We observed a staff informing the team leader they were leaving the floor to go downstairs – this ensured the team leader was aware of what staff were on the floor at any one time.
- The process of recruiting staff was robust and all the required checks were in place to ensure staff were employed to provide safe care. The Provider had an overseas sponsorship licence and a number of staff had been recruited from abroad using this scheme. This has reduced the need for agency staff.

Using medicines safely

- Medicine practices ensured the proper and safe use of medicines in line with good practice standards and relevant national guidance. We observed two different staff administering medicines at the breakfast and lunchtime medicines round. Both administered medicines correctly and safely. Both approached people in a kind and quiet manner, allowing them to take their medicines without rushing.
- Medicine records were maintained to a good standard, and demonstrated people received their medicines on time and as prescribed. A computerised medicines system was in place which was efficient, and staff told us was easy to use. One medicine was prescribed outside the usual administration time. The team leader had an alarm to remind them. We observed the alarm going off and the medicine being given.
- Staff who administered medicines were trained and had their skills and knowledge assessed to ensure they remained competent to undertake this task safely.
- Audits of medicine were undertaken by senior management who had access to the system showing what medicines have been given and when. Any errors were highlighted immediately to enable the appropriate action to be taken.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections and promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was using PPE effectively and safely. Staff confirmed there were always sufficient supplies of PPE readily available.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Family members were able to visit their relatives without restrictions imposed and in line with government guidance. A family member told us, "There are no restrictions on visiting at any time, I can have meals with [relative] as well and the foods is very nice."

Learning lessons when things go wrong

- Effective arrangements were in place to investigate and learn when things went wrong.
- Accidents and incidents were logged and analysed to identify potential trends and themes. This was to

mitigate risks and ensure people's safety and wellbeing needs were met.

- Information was cascaded to staff through good communication with staff at all levels to share lessons learnt and increase their knowledge and skills.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the inspection in February 2019, we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager kept up to date with guidance and information in order to deliver care in line with standards and good practice. Participating in the Prosper scheme was a good example of this.
- Effective arrangements were in place to assess people's needs prior to their admission. People's protected characteristics under the Equalities Act 2010, such as age, gender, disability, religion, sexual orientation and ethnicity were identified as part of a person's assessment so that their needs could be met appropriately.
- The service was able to effectively meet people's cultural and lifestyle choices and they had the freedom to express themselves in the way they wanted.

Staff support: induction, training, skills and experience

- Staff received an induction to the service and had the opportunity to 'shadow' more experienced staff to ensure they understood the day to day running of the service and their roles and responsibilities.
- There was a thorough training programme in place which covered mandatory and specialist training needed to care for people well. It was used to monitor when staff needed their training to be updated and refreshed.
- Training provided was both online where staff could do this at their own pace and face to face where practical skills were needed. Training in moving and handling people for example was provided by an inhouse trainer whose training was updated annually to ensure it was effective.
- Observations of staff practice and random knowledge tests were undertaken to ensure they were able to meet people's needs.
- Staff had certain areas of expertise and acted as 'champions' to share knowledge and skills in particular areas such as diabetes, continence care, oral health, nutrition, dignity and dementia care.
- Staff confirmed they received regular supervision and annual appraisals to support them at work. They felt supported and valued. A staff member told us, "I have always had a good experience with my supervision, they do listen. They are supporting me to advance my career." Another said, "The management are very supportive of staff for self-development and improvement. They are always encouraging me to be better."

Supporting people to eat and drink enough to maintain a balanced diet

- People's comments about the quality of the meals provided were positive. A person said, "There is always an alternative menu, if you don't like what's on offer. It's hot, portions not bad, sometimes it is too much, fruit and vegetables we get plenty." Another person told us, "I love the food, lovely, just like a restaurant." A family member told us, "[Name of person] lost his bottom teeth, and they have been very good and made sure the food is soft, so they can enjoy it, no problem there at all."

- The dining experience for people was very positive. People were offered different options of food and drink at each meal. Meals were well presented, considering people's individual food and dining preferences.
- People unable to verbalise their preferences, were able to make a choice from different plates of food shown to them. Different coloured plates were used for people needing extra support, for example yellow ridged plates to assist people with dementia.
- If people required staff assistance, this was provided in a respectful and dignified way. People were not rushed to eat their meal and staff supported and encouraged them. Staff were attentive but allowed people to try themselves and intervened, when necessary, which promoted their independence.
- Where people were at risk of poor nutrition, their weight was monitored at regular intervals and appropriate healthcare professionals, such as dietician and Speech and Language Therapy Team [SALT] were consulted for advice and support. The chef told us, "For people at risk of weight loss, we fortify everything with cheese and cream and I make milkshakes and smoothies for people which they enjoy."

Staff working with other agencies to provide consistent, effective, timely care;

- Staff worked well with other organisations to ensure they delivered good joined-up care and support. A healthcare professional told us, "The staff are good; they do what is expected and follow my advice. I have no concerns about referrals. There is always a staff member around to help me. I do not have any concerns here."
- People's healthcare needs were met, and they received appropriate support from staff. Staff told us they worked well as a team at all levels to ensure good communication and outcomes for people.
- Specialist professionals were consulted, and we saw evidence in the care plans about the support from the Parkinson's nurse specialist, diabetic nurse and dietician.
- The service had a weekly visit from a paramedic which staff told us worked very well. These visits dealt with health concerns face to face reducing GP waiting times for people and reducing the prescription of unnecessary antibiotics. We were told that one person had a urine tract infection and would need further antibiotics. The paramedic was able to prescribe more immediately during their visit.

Supporting people to live healthier lives, access healthcare services and support

- Records demonstrated people were supported to receive medical interventions, for example, from the GP, hospital, district nurse services and other healthcare services. A person told us, "I have a chiropodist and see the GP. I have got to sort out an optician but not said anything to anyone yet but know they will organise it for me."
- Family members told us they were kept informed about their relative's healthcare needs. One family member said, "My [relative] is seeing a dentist today, we have a taxi coming, they were referred there. The GP comes every week, anything needed, and they will put them on the list. A staff member was just asking me about the flu jab." Another told us, "[Relative] has their feet done every 6 weeks, they have an optician come as well."

Adapting service, design, decoration to meet people's needs

- Okeley Care Home is purpose built and consisted of three floors. There were adequate dining and communal areas for people to use and choose from. There was good signage especially for people with dementia or confusion.
- People had access to all floors via two lifts should they wish to see other people and attend activities in different areas. The service had well-maintained gardens which people and their families used.
- The service was spacious, clean and well kept. We were told the provider had a certain colour scheme in the service, but if someone wanted a different colour then that was provided. For example, one person wanted their room yellow, and this was being organised.
- People's rooms were personalised with pictures, photos, and ornaments as they wished.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff ensured consent was always sought and people were involved in making decisions about their care so that their rights were upheld. We observed consent being obtained throughout the inspection for example during mealtimes, medicine administration, personal hygiene and where the person wanted to sit.
- People's capacity to make decisions had been assessed and these were individual to the person. These included people's medicines, restricted access, and call bell, bed rails and sensor mat use. Any risks to people's health and wellbeing were identified and applications to restrict people of their liberty were made to the local authority in a timely way.
- Staff demonstrated a good understanding and knowledge of the key requirements of the MCA and how this impacted on people using the service.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the inspection in February 2019, we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- At the last inspection, improvements were underway to ensure people's diverse needs were met. There was clear evidence at this inspection from our observations and records, that the management team and staff put their values into action, in supporting people to be themselves and live their lives as they choose within the service.
- People and their family members told us they received support from staff that ensured they were treated with care and kindness; and their care was person-centred. A person told us, "I am very well looked after, staff are excellent, very kind and gentle, nothing is too much trouble for them, I am always very well looked after." Another person said, "Staff are caring, they see to your needs." A family member said, "Staff are very caring, lovely to all of them, they are kind, some are a bit difficult to understand but really not a problem."
- We saw many examples of how warm, non-judgemental, and respectful the staff were to people. They had a good rapport and had developed important relationships. Where people became distressed or experienced discomfort, appropriate, gentle and encouraging responses by staff reduced people's anxiety and confusion and improved their wellbeing.
- Staff were not rushed and gave people the time they needed. A staff member was seen singing with one person, 'Fly me to the moon' and the person was totally engaged. This staff member was intuitive and immediately responded to the person's needs and wishes. The staff member told us, "We sing that every day, it is their favourite song."
- Staff spoke about how they cared for people and what was important in their work. A staff member told us, "The residents and their individual personalities are great, some of them are funny and make me laugh." Another staff member said, "I love working with older people and I really cherish my time with them."

Supporting people to express their views and be involved in making decisions about their care

- People and those acting on their behalf were given the opportunity to provide feedback about the service through good communication, an open-door policy by the management team, relatives and residents meetings and the completion of a satisfaction questionnaire. All results and improvements were fed back to people and family members, so they knew what had happened and how they had made a difference.
- The registered manager was very proactive at ensuring people could share their views and were listened to. A person told us, "My care plan has just been reviewed. I brought up at the last meeting about teeth cleaning and I give the staff a gentle reminder." Another person said, "I have got a list of how often I use the buzzer and when staff come. I gave it to the manager. She has asked me to do another list to see if things have improved – according to my list they have improved."

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff to maintain their independence and individuality. One person had a pet, with its own care plan which gave good detail of how to support them to look after it.
- Information from people's daily care notes demonstrated people were supported to complete their own personal care tasks where appropriate and to maintain their independence. A person told us, "No one forces me to do anything, I went to lunch but said to staff I don't feel like staying in the dining room, I didn't feel like it, somebody walked me back, I had a rest then had my scampi, that was nice." Another person said, "They offer to help with the shower, they respect my wishes and they are kind. I have really settled here."
- We saw staff were discreet, knocking on people's door and speaking to them respectfully and with dignity. Staff made people feel special when it was their birthday, putting balloons outside their doors so everyone would be aware and a special cake was made by the chef.
- Staff were spontaneous in their interaction with people, for example we saw 3 staff were singing the Okie Cokie, and 2 people were up dancing with staff, with lots of arm waving and smiling, creating a nice jolly atmosphere. Staff told us this was usual practice.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

At our last inspection of the service on 18 February 2019, people did not receive person-centred care to meet their needs and the service's care planning arrangements were not robust. This demonstrated a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider no longer remained in breach of this regulation.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were comprehensive and person centred. They included all the information staff would need to support people well. People could choose the preferred gender of staff providing them with personal care.
- People's personal care, mental health, emotional needs, oral health and social and leisure interests were recorded. They were written in a nice style and took into account people's wishes, preferences and choices. The daily notes showed how they spent their day and any changes to their care needs.
- To increase how person centred the care plans were, people had the choice of being filmed to talk about their lives, their wishes and care support needed. This was uploaded onto the care planning system and available to all alongside the persons care plan. The registered manager told us, "It made people's care very personal to them and reminded us all that people are people."
- Staff were very knowledgeable about people's needs and able to tell us their history, personalities and likes and dislikes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had their individual ways of communicating in their care plans to guide staff on how best to communicate with them and what they needed to get their needs and wishes known. This included if people wore glasses and hearing aids and needed information provided in other ways. For example, there was notice on the bedroom door of a person which said, "Hard of hearing, lip reader."
- Information around the building was in large print to assist people to find their way and inform them of events and celebrations.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with family and friends important to them. One person said, "I have nice visitors. I try and get us out into the garden for an hour a day if it is not raining, it's nice to see the flowers and the rabbit and sit out with visitors." A family member told us, "I feel I want to come and see [relative] here, I feel I can just come. Here they have not followed me when I leave, they are comfortable and in a good mood."
- Family members were included in reviews of people's care and when a person is 'resident of the day' (a day when each person is focussed on in relation to their needs, wishes and views). A family members told us, "Any falls, anything they notify me, very good on that, any simple thing they ring me, communication is good."
- The service had two activities coordinator who provided a range of activities to people as well as spending some time with those who were in their rooms. A programme of activities offered was seen in the lift and on notice boards on each floor.
- Activity co-ordinators went between floors and people could visit different floors to attend events. A person told us, "We have singers come in occasionally. The minister comes and takes services, and we have bingo and games. Arts was done today and I have got my laptop. I do puzzles, phone friends, and have visitors. They use one of my videos for exercises."
- People were actively encouraged to join in group sessions, but their choices about where they spent their leisure time were respected. A person told us, "I play games, staff join in. I rarely go in the garden though my [family member] takes me there and we have a glass of wine and my other [family member] takes me out in the wheelchair. A family member said, "My [relative] does not concentrate on activities and not interested, it is noisy, and they do not like that, so do something else with them. They have BBQ's which are very good, cheese and wine in the evenings which other family members go to and that is nice they can come."
- Staff were encouraged to join in activities or provide some themselves. We observed staff being spontaneous with people during the day, singing, dancing, talking and being with people giving quality time to them. A staff member said, "I feel confident to introduce ideas and have introduced some games into the activities and it was well received. I have suggested a cultural event as people like to get dressed up. I really like to support people with their hair or makeup."
- People were involved in choosing and enjoying entertainers such as singers and celebration days. The most recent being the first ever official Silver Pride Day, celebrating the lives and experiences of older members of the LGBTQ+ community.
- The service supported people to get involved in the running of the service. The registered manager told us 2 people had formal roles and responsibilities. One acted as concierge at the front door welcoming people to the service. The other ran a memory café for people, asking for views and meeting with the registered manager to feedback. Also, taking the time to go and talk with people in their rooms if they wanted company. These roles utilised and appreciated their skills and gave them a sense of belonging and purpose. A person told us, "They gave me a job to relieve the boredom, I like helping. If you don't use it, you lose it, I now feel useful and I enjoy it, it's part of the therapy, I am part of the family."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place for people to use if they had a concern or were not happy with the service. People and family members told us they felt able to raise any concerns and complaints and that these would be dealt with. A family member told us, "I feel able to raise anything, not only with the staff but also with the manager. They are open and deal with things quickly."
- The provider kept a record of complaints, and these were monitored to identify any patterns or trends.
- Records showed complaints were investigated and responded to in line with the provider's policy. Lessons learnt from complaints were shared with staff to improve the service.

- A record of compliments relating to the quality-of-care people received at Okeley Care Home showed people's satisfaction with the service.

End of life care and support

- The service provided personalised care and support to people at the end of their life. Do not attempt cardio-pulmonary resuscitation (DNACPR) records were in place if requested.
- People's end of life wishes were discussed and recorded in their care plan. Information included conversations with relatives or people's representatives, people's wishes, appropriate personal care, referral to the local hospice, assistance with pain management and funeral arrangements including the service.
- Some people were being supported on an end-of-life pathway which meant plans were in place to make them as comfortable as possible. This included making sure their wishes were being met and any anticipatory medicines for them were available so they could be given immediately they were required.
- Staff were trained and experienced in providing end of life care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At the last inspection, the registered manager had only been in post for eight weeks and therefore, more time was needed to be sure the provider could achieve a period of stable leadership and maintain improvements.
- We found that this had been achieved and care provided to people using the service was person-centred, open, inclusive, and focused on people's individual care and support needs. A staff member said, "[Name of registered manager] has turned the home around. Very supportive of staff for self-development and improvement. Always encouraging to be better."
- The registered manager was a positive role model and led by example. They displayed their values and inclusivity and promoted their vision of providing high quality care to people who used the service and staff who worked there. A staff member told us, "The registered manager walks the unit and will chat to residents and staff, makes sure we all come up to scratch. They have an open-door policy and that shows how open they are too."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibility to be open and honest if something went wrong.
- The registered manager was fully aware of their legal responsibilities and was open and transparent. They submitted statutory notifications to us for significant events that had occurred at the service, for example accidents and incidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager understood the importance of their role and responsibilities. They were supported by a management team and systems were in place to have clear oversight of the service.
- Compliance with all regulatory requirements was attained and improvements made when things went wrong. Communication was effective across all areas of the service, with good systems for sharing and cascading information.
- The quality assurance arrangements monitored the experience of people being supported through its internal auditing processes both at provider and service level. This information was used to help the provider and registered manager to drive improvement, including the monitoring of risk, trends and lessons learned. Where corrective actions were needed, these had been picked up and addressed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider recognised the importance of seeking people's, relatives, and staff's views about their experience of Okeley Care Home on a daily basis. For example, reviews of people's care, meetings with professionals, residents and relatives' meetings and 'resident of the day.' A person told us, "I join in the residents meetings, been to a couple, they are useful, we put forward a couple of things which were taken forward, to do with the evening meal."
- The staff were very active in seeking people's views. For example the chef visited all the dining rooms whilst people were eating to check everyone was happy with the food, using their first names.
- Annual satisfaction surveys were used to seek people's, relative's, staff's and professionals' views. These were analysed and trends noted. Feedback about improvements made as a result was given to people and staff so they felt listened to.
- Regular staff meetings for each department, daily walk rounds, clinical quality checks were held to discuss what was happening at the service and to deliver key information of importance to ensure all aspects of the service were joined up.

Working in partnership with others

- Information demonstrated the service worked closely with others, for example, the local authority, healthcare professionals and services to support people's health and wellbeing. A professional told us, "I can say that overall Okeley provide a good service and are willing to work with me and to be accommodating to the individual needs the service users present." Another professional said, "I am very happy working with the service. Always clean and tidy and lovely layout."
- The service had a good relationship with the GP surgery. The ground floor was registered with 1 GP surgery who visited people on that floor. The middle and top floor were registered under another GP surgery. The service had arranged for them to visit every Wednesday to see people. This happened on the day of inspection and there was good organisation and rapport between the surgery and Okeley staff. This way of working provided good outcomes for meeting people's health needs quickly.