

Sussex Housing and Care Oakwood Court

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

The inspection took place on 28 and 29 June 2016 and was unannounced.

Oakwood Court provides accommodation for up to thirty-three older people, some of whom are living with mental and physical health needs and who may need support with their personal care. On the day of our inspection there were thirty-one people living at the home. The home is a large property, spread over two floors, with two communal lounges, a dining area and extensive gardens. It is situated in Haywards Heath, West Sussex.

The provider is a not-for-profit housing association providing sheltered housing, independent living and care homes. Oakwood Court is one of four care homes owned by the provider. The management team consisted of a registered manager, a deputy manager and senior care staff. A registered manager is a 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's safety was maintained as they were cared for by staff that had undertaken training in safeguarding adults at risk and who knew what to do if they had any concerns over people's safety. Risk assessments ensured that risks were managed and people were able to maintain their independence. There were safe systems in place for the storage, administration and disposal of medicines. People told us that they received their medicines on time and records and our observations confirmed this.

Sufficient numbers of staff ensured that people's needs were met and that they received support promptly. One person told us "I feel safe, they check on me throughout the night without disturbing me, I have an alert button that I can use and they always come quickly". There were suitably qualified, skilled and experienced staff to ensure that they understood people's needs and conditions. Essential training, as well as additional training to meet people's specific needs, had been undertaken and used to improve the care people received. People and relatives told us that they felt comfortable with the support provided by staff. One relative told us "The staff do an excellent job, I've never had a problem with my relative, they are looked after excellently - day or night".

People's consent was gained and staff respected people's right to make decisions and be involved in their care. Staff were aware of the legislative requirements in relation to gaining consent for people who lacked capacity and worked in accordance with this. People confirmed that they were asked for their consent before being supported. One person told us "They always ask me before they do anything, they respect my wishes and I'm able to say yes or no".

People had a positive dining experience and were happy with the choice, quality and quantity of food. The registered manager was mindful of the importance of ensuring that people had sufficient hydration and nutrition. The home was involved in a 'hydration project' to encourage people to drink more. Staff had encouraged people to participate in various activities to increase their fluid intake.

People's healthcare needs were met. People were able to have access to healthcare professionals and medicines when they were unwell and relevant referrals had been made to ensure people received appropriate support from external healthcare services.

Positive relationships between people and staff had been developed. There was a friendly, caring and relaxed atmosphere within the home and people were encouraged to maintain relationships with family and friends who were able to visit the home and join their relatives for meals if they wished. People were complimentary about the caring nature of staff, one person told us "I'm happy here, they're kind, and it is a very good place".

People's privacy and dignity was respected and their right to confidentiality was maintained. People were involved in their care and decisions that related to this. Regular care plan reviews as well as residents meetings enabled people to make their thoughts and suggestions known. People told us that these meetings were effective. One person told us "There are two meetings, you can make your point known and things happen as a result, they look into things and make things happen". People's right to make a complaint was also acknowledged. The registered manager welcomed feedback and used these as opportunities to develop the service provided.

People received personalised and individualised care that was tailored to their needs and preferences. Person-centred care plans informed staff of people's preferences, needs and abilities and ensured that each person was treated as an individual. One person confirmed this, they told us "The staff are efficient, friendly, effective and understanding, I think they're very good here. Although they deal with people like me every day they listen to me and do what I want".

The home was well-led and managed well. People, relatives, staff and healthcare professionals were complimentary about the leadership and management of the home and of the approachable nature of the registered manager. One person told us "The manager is very good, she joins in with things, she's not difficult, far from it, and you can approach her and speak to her about anything and everything". There were quality assurance processes in place to ensure that the systems and processes within the home were effective and ensured that people's needs were being met and people were receiving the quality of service they had a right to expect.

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 home was safe.

People received their medicines on time, these were dispensed by experienced staff that had their competence assessed and there were safe systems in place for the storing and disposal of medicines.

People's freedom was not unnecessarily restricted. There were risk assessments in place to ensure people's safety and people were able to take risks and maintain their independence.

There were sufficient numbers of staff working to ensure that people were safe, staff were aware of how to recognise signs of abuse and knew the procedures to follow if there were concerns regarding a person's safety.

Is the service effective?

Good ●

The home was effective.

People were cared for by staff that had received training and had the skills to meet their needs. People had access to health care services to maintain their health and well-being.

People were asked their consent before being supported. The registered manager was aware of the legislative requirements in relation to gaining consent for people who might lack capacity and had worked in accordance with this.

People were happy with the food provided. They were able to choose what they had to eat and drink and had a positive dining experience.

Is the service caring?

Good ●

The home was caring.

People were supported by staff that were kind and caring. Positive relationships had been developed between people and staff and staff appeared to know people well.

People were involved in decisions that affected their lives and their care and support needs.

People's privacy and dignity was maintained and their independence was promoted.

Is the service responsive?

Good ●

The home was responsive.

Care was personalised and tailored to people's individual needs and preferences.

People had access to a range of activities to meet their individual needs and interests.

People and their relatives were made aware of their right to complain. The registered manager encouraged people to make comments and provide feedback to improve the service provided.

Is the service well-led?

Good ●

The home was well-led.

People and staff were very positive about the management and culture of the home.

Quality assurance processes monitored practice to ensure the delivery of high quality care and to drive improvement.

People were treated as individuals and their opinions and wishes were taken into consideration in relation to the running of the home.

Oakwood Court

Detailed findings

Background to this inspection

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

The inspection took place on the 28 and 29 June 2016 and was unannounced. The inspection team consisted of one inspector. Prior to the inspection the provider had completed a Provider Information Return (PIR), this is a form that asks the provider to give some key information about the home, what the home does well and any improvements they plan to make. Other information that we looked at prior to the inspection included previous inspection reports and notifications that had been submitted. A notification is information about important events which the provider is required to tell us about by law. We used this information to decide which areas to focus on during our inspection.

During our inspection we spoke with six people, two relatives, six members of staff, a health care professional and the registered manager. After the inspection we contacted the local authority to ask for their feedback. We reviewed a range of records about people's care and how the service was managed. These included the individual care records for six people, medicine administration records (MAR), six staff records, quality assurance audits, incident reports and records relating to the management of the home. We observed care and support in the communal lounge and dining area during the day. We also spent time observing the lunchtime experience people had and the administration of medicines.

The service was last inspected in July 2014 and no areas of concern were noted.

Is the service safe?

Our findings

People, relatives and healthcare professionals told us that the home was a safe place to live, that there were enough staff to meet people's needs and that people received support promptly. One person told us "I feel safe, they check on me throughout the night without disturbing me, I have an alert button that I can use and they always come quickly". Another person told us "Oh God, yes, I feel safe. I don't know why, I just feel it, I'm quite happy and settled here".

People were cared for by staff that the registered manager had deemed safe to work with them. Prior to their employment commencing identity and security checks had been completed, and their employment history gained, as well as their suitability to work in the health and social care sector. This had been checked with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people.

Sufficient numbers of staff ensured that people were safe and well cared for. People, relatives, staff and healthcare professionals told us that there were sufficient staff and that when people required assistance staff responded in a timely manner, our observations confirmed this. One member of staff told us "There is always enough staff, if we are ever short, because people are on holiday or unwell, then we have agency staff, other staff also help out too". People's individual needs were assessed using a dependency tool and this was used to inform the staffing levels. Staff told us that the staffing levels were flexible and were increased if people were unwell or needed additional support, for example if they were at the end of their life. One member of staff told us "When one person was unwell another member of staff was brought in to ensure that there were enough staff on duty to meet the person's needs". People and relatives also confirmed this. One person and their relative told us "There was some bad weather once and they were a bit short staffed but no one suffered, the staff all worked together, even the manager rolled up her sleeves and helped with lunches".

Staff had a good understanding of safeguarding adults, they had undertaken relevant training and could identify different types of abuse and knew what to do if they witnessed any incidents. There were whistleblowing and safeguarding adults at risk policies and procedures. These were accessible to staff and they were aware of how to raise concerns regarding people's safety and well-being. (A whistleblowing policy enables staff to raise concerns about a wrongdoing in their workplace).

People's freedom was not restricted and they were able to take risks. People's needs had been assessed and risk assessments were devised and implemented to ensure their safety. For example, one person was assessed as being at a high risk of falls. The registered manager had taken appropriate measures to ensure their safety and the person was able to mobilise independently, with the use of their walking aid, around the home. Accidents and incidents that had occurred were recorded and action had been taken to reduce the risk of the accident occurring again. For example, risk assessments had been updated to reflect changes in people's needs or support requirements. Risks associated with the safety of the environment and equipment were identified and managed appropriately. Maintenance plans were in place and had been implemented to ensure that the building and equipment was maintained to a good standard. Regular

checks in relation to fire safety had been undertaken and people's ability to evacuate the building in the event of a fire had been considered, as each person had an individual personal emergency evacuation plan.

People were assisted to take their medicines by trained staff. Safe procedures were followed when medicines were being dispensed. In order not to be interrupted, the member of staff responsible for dispensing and administering the medicines wore a red tabard, this made everyone aware that they weren't to be disturbed, therefore minimising the risk of any medication errors occurring. People's consent was gained and they were supported to take their medicine in their preferred way. For example, one person was supported by staff to take their medicine, which was a tablet, on a spoon. Staff assisted the person by placing the tablet onto the spoon and into the person's mouth. People were asked if they were experiencing any pain and were offered pain relief if required, this complied with the provider's policy for the administration of 'as and when' required medicines.

People confirmed that if they were experiencing pain that staff would offer them pain relief. Medicine records showed that each person had a medicine administration record (MAR) which contained information on their medicines, these had been completed correctly and confirmed that medicines were administered appropriately and on time. Medicines were stored correctly and there were safe systems in place for receiving and disposing of medicines. People and relatives told us that they were happy with the support people received. One person told us "The staff come to me every day with their trolley and watch me take my medicine". A relative told us "They keep me informed if there are any changes in my relative's medicines, if I want to know anything they inform me. They are very organised, when my relative comes out with me they give me all the medicines, they're all organised and colour coded so they're given correctly".

Is the service effective?

Our findings

People told us that they felt that staff had appropriate and relevant skills to meet their needs. One person told us "They're friendly, efficient and effective". A relative told us "The staff do an excellent job, I've never had a problem with my relative, they are looked after excellently - day or night".

There was a commitment to learning and development from the outset. New staff were supported to learn about the provider's policies and procedures as well as people's needs and had started to work towards the Care Certificate. The Care Certificate is a set of standards that social care and health workers work in accordance with. It is the new minimum standards that can be covered as part of the induction training of new care workers. In addition to this, staff that were new to working in the health and social care sector, were able to shadow existing staff to enable them to become familiar with the home and people's needs, as well as to have an awareness of the expectations of their role. New staff were complimentary about the induction process. One member of staff told us "I felt pretty secure after my induction, although there is a lot to take in. It is pretty good, but pretty intense, before I even started my induction and shadow shifts I had to complete my mandatory training which was good".

Staff had completed essential training, that was updated regularly, as well as training that was specific to the needs of people. For example, nutrition and hydration and dementia awareness. There were links with external organisations to provide additional learning and development for staff, such as the local authority, local college and the dementia in-reach team. (The dementia in-reach team provides advice, training and information for care homes that provide care to people living with dementia.) Staff told us that the training they had undertaken was useful and enabled them to support people more effectively. Most staff held diplomas in health and social care, with some in the process of undertaking the next level of diploma to aid their professional development. People were cared for by staff that had access to appropriate support and guidance within their roles. Regular supervision meetings and annual appraisals took place to enable staff to discuss people's needs and any concerns. They provided an opportunity for staff to be given feedback on their practice and to identify any learning and development needs. Staff told us that they found supervisions and appraisals helpful and supportive, however explained that they could also approach the registered manager at any time if they had any questions or concerns.

People's communication needs were assessed and met. Observations of staff's interactions with people showed them adapting their communication style to meet people's needs. For example, one person was being supported to take their medicine and was finding it difficult to hear and understand the member of staff. The member of staff demonstrated patience and understanding and adapted their style of communication to ensure that the person understood by writing what they were saying on a white board, this enabled the person to understand and be fully involved with the process. Communication between staff was also effective. Regular handover and team meetings as well as daily written communication books ensured that staff were provided with up to date information to enable them to carry out their roles. Observations of a handover meeting showed that staff arriving for duty were provided with information about each person from staff that had worked during the previous shift. This included sharing information from a GP visit as well as up to date information on people's conditions.

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 registered manager was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. One person had a DoLS authorisation in place and the registered manager had made the necessary applications for others, where appropriate. Observations showed that consent was gained before staff supported people and people confirmed this. One person told us "They always ask me before they do anything, they respect my wishes and I'm able to say yes or no". Staff showed a good understanding of MCA and DoLS and the implications of this for the people that they supported. One member of staff told us "It is for the person's safety, we need to be aware of their whereabouts, yet still enable them to have freedom, we support them to do what they want to do and don't take their freedom away".

People's health needs were assessed and met. People received support from healthcare professionals when required, these included GPs, chiropodists, opticians and district nurses. Healthcare professionals told us that the home responded promptly to people's health needs. One healthcare professional told us "I come here each week which is really good for continuity, it is a really organised home and they are very good at contacting us in-between our visits if there are any concerns or if they need any advice, they know their residents really well". Staff also told us that they knew people well and were able to recognise any changes in people's behaviour or condition if they were unwell to ensure they received appropriate support. People and relatives told us that staff ensured that they had access to medicines or healthcare professionals when they were not well and records and observations confirmed this.

People had a positive dining experience. People were happy with the environment and the quality, quantity and choice of food available. People chose to eat their meals in the main dining area. This was well presented and created a pleasant environment for people to have their meals. Tables were laid with tablecloths, napkins, condiments and menus and there was soft music playing in the background. For people who required additional assistance to understand the menu options there were photographs of different meals that people could be shown, as well as the preparation of meal options, each day, so that people could see what was available and make their choices. People were able to sit with their friends and we observed people enjoying conversations with one another. One person had invited their relative to have dinner with them, their relative told us "My relative can invite family and their friends to stay for lunch, which is so nice for us as we can spend time here with them". People were asked for their feedback about the dining experience and the food choices available within residents meetings and by encouraging them to make comments in the meals feedback book. People and relatives told us that people enjoyed the food, one relative told us "I can have meals here too if I want and I have tasted the food. It's like being in a hotel, there are lots of choices, and the food is excellent". One person told us "The food is freshly cooked each day, it's very nice". Another person told us "The food is very good, we are able to choose what we eat on the day, there is plenty of choice and plenty to drink, and we even have wine sometimes".

The registered manager was aware of the importance of encouraging people to maintain sufficient hydration and nutrition. The registered manager had encouraged two members of staff to undertake additional training in hydration and nutrition to become 'hydration champions', as part of a hydration project. The project was designed to encourage people living in care homes to increase their fluid intake.

Staff told us about the different ways they had encouraged people to drink, these included encouraging people to make their own ice lollies, different flavoured drinks in shot glasses and 'mocktails' (Non-alcoholic soft drinks). There were also drink dispensers in the communal areas and bottles of water and glasses around the building for people to help themselves to fresh water. Staff told us that the project had been a success and that people's fluid intake had increased as a result. One relative confirmed that staff had tried different approaches to encourage their relative to drink more. They told us "A little while ago they had a taster session to see if people liked different foods and drinks".

Is the service caring?

Our findings

There was a friendly, warm and comfortable atmosphere and people were cared for by staff that were kind and caring. People, relatives and healthcare professionals praised the caring approach of staff. Results of a recent relative's survey contained comments, such as 'Exceedingly happy with the care given to X and Oakwood Court in general. I couldn't ask for more'. A healthcare professional told us "I've just seen my patient and they think everyone is wonderful and they are looked after well". People were also complimentary about the caring nature of the staff team, one person told us "The staff are very kind and caring I've been to other places before and these staff are up to a good standard". Another person told us "I'm happy here, they're kind, and it is a very good place".

Observations of staff's interactions with people further demonstrated their kindness and compassion. People were treated with respect and were cared for by staff that knew them and their needs well. People were encouraged to maintain relationships with one another as well as with their family and friends. They enjoyed interacting with one another and it was apparent that caring relationships had been developed between people as well as with staff.

People's differences were respected and staff adapted their approach to meet people's needs and preferences. People were able to maintain their identity, they wore clothes of their choice and their rooms were decorated as they wished, with personal belongings and items that were important to them. Diversity was respected in regard to people's religion and people were able to practice their religion if they wanted to. Some people enjoyed going to the local church, where as others attended the in-house services and bible readings.

People were involved in their care. Records showed that people had been asked their preferences and wishes when they first moved into the home and that care plans had been reviewed in response to people's feedback or changes in their needs. People and relatives confirmed that they felt fully involved in the delivery of care and could approach staff if they had any questions or queries relating to it. Observations showed that relatives were involved in their loved ones care. They were observed talking with staff about the care their relative had received. There were two types of resident meetings that relatives could also attend. One resident meeting could be attended by all residents and was also attended by the manager, and another resident meeting was only attended by residents so that they were able to discuss concerns or make suggestions without staff being present, a relative would chair the meeting and would pass on the information to the manager who would provide minutes and responses to any suggestions made. Residents meetings provided people with an opportunity to be kept informed and to raise any concerns or suggestions that they might have. Staff told us that people used these meetings to make their thoughts known and records confirmed this. Records of a recent residents meeting showed that people had been able to comment on a proposed action and that their thoughts had been listened to. For example, it had been suggested by the management team that a section of the communal area be used as a computer area. However, at the residents meeting people had agreed that they liked to have armchairs in the area so that they could sit and talk or have some quiet time. Their thoughts and opinions had been respected and the area was kept as it was. When asked about the residents meetings, one person told us "There are two

meetings, you can make your point known and things happen as a result, they look into things and make things happen".

Observations confirmed that people were asked their opinions and wishes and staff respected people's right to make decisions. Staff explained their actions before offering care and support and people felt that staff treated them with respect and that they took time to talk, explain information and listen to their needs. The registered manager had recognised that people might need additional support to be involved in their care; they had involved people's relatives when appropriate and explained that if people required the assistance of an advocate then this would be arranged. A poster informing people of advocacy service was displayed on one of the main notice boards. (An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.)

People's privacy was respected. Information held about people was kept confidential, records were stored in locked cabinets and offices and handover meetings, where staff shared information about people, were held in private rooms to ensure confidentiality was maintained. Staff showed a good understanding of the importance of privacy and dignity and how this should be maintained. People confirmed that they felt that staff respected their privacy and dignity. Observations of staff interacting with people showed that people were treated with dignity and respect. For example, when discussing information of a personal nature, staff spoke quietly and sensitively with people, asking if they needed assistance in a sensitive and tactful way.

Independence was encouraged and staff recognised the importance of enabling people to be independent. One member of staff told us "Anything they can do we just encourage them to do it, it's really important, we don't want to take anything away from them". People told us that staff were there if they needed assistance but that they were encouraged and able to continue to do things for themselves and records and observations confirmed this. One person told us "I can go for a walk in the garden by myself I just need to let the staff know so they can help me with the door". Where people had higher levels of dependency staff continued to encourage independence. One person, who was being supported to eat their lunch, was encouraged by a member of staff to hold a cup and put it to their mouth. When staff were asked what the home does better than other home, one member of staff told us "People get so much freedom, they almost look after themselves, they are free to do as they want and say what they want".

Is the service responsive?

Our findings

It was apparent that people were central to the care provided. People and relatives told us that they were fully involved in decisions that affected people's care. People's social, physical and health needs were met. People's needs had been assessed when they first moved into the home and care plans had been devised, these were person-centred, comprehensive and clearly documented the person's preferences, needs and abilities. (Person-centred means putting the person at the centre of the planning for their lives.) Records showed, and people and relatives confirmed that they had been involved in the development of the care plans. People and relatives had given their consent for their care plans to be reviewed on a monthly basis by the care staff, unless changes occurred before this time, there were also six monthly reviews that involved the person and their relative. (If this was in accordance with the person's wishes.) These reviews took into consideration changes in people's needs and care was adapted accordingly.

In addition to the information in people's care plans a document titled 'This is about me' was completed. This identified the person's interests, hobbies and employment history and provided staff with an insight into people's lives before they moved into the home. Staff told us that this was helpful and provided them with useful information that helped them to care for people in a way that was specific to them. One person told us that they used to work in horticulture, staff were aware of this and had supported the person to tend to the garden. Observations showed staff speaking with people about their previous occupations. For example, observations of people taking part in an afternoon tea party showed a member of staff talking about a person's life when they lived on a farm, the person clearly enjoyed the conversation and other people joined in and reminisced.

People were supported to make choices in their everyday life. Observations showed staff respecting people's wishes in regards to what time they wanted to get up, what clothes they wanted to wear, what activities they wanted to do, what they had to eat and drink and what they needed support with. People were also able to choose if they received support from male or female carers. One person told us "They try to accommodate you. I get tea in bed at 6:30am every morning, as that's what I wanted, I've got no qualms, and they do what's good for you". People were happy with their rooms and told us that they were able to furnish them according to their tastes and our observations confirmed that they were furnished according to their preferences and individuality and they were able to display their own ornaments and photographs.

The Alzheimer's Society state that spending time in meaningful activities can continue to be enjoyable and stimulating for people and taking part in activities based on the interests and abilities of the person can significantly increase their well-being and quality of life. The registered manager had taken this into consideration and two members of staff had undertaken additional learning and development in regards to the provision of activities, this mainly related to exercises and movement as well as encouraging more one to one activities for people who chose to spend time in their room. Staff who had undertaken this additional training explained that it had enhanced the type of activities that were offered. For example, there were plans in place to start a 'gentlemen's club'. The member of staff told us "There are quite a few men living here now so we've done it a couple of times and will do it more often, they can meet together and enjoy a game of cards or darts and a glass of beer".

Observations showed people taking part in a group activity, there was a large ball that was thrown to each person and on the ball there were various questions, people appeared to really enjoy this, smiling and showing enjoyment and answering the questions. Another activity that had been suggested within a recent residents meeting was an afternoon tea. An area of one of the communal lounges had been decorated and furnished with furniture, ornaments and memorabilia to encourage people to reminisce. People were invited to attend the tea party and observations showed people enjoying having cups of tea and cake, from china tea pots, cups and saucers and tea plates. Conversation encouraged reminiscence and people clearly enjoyed the activity. A comment card, given to a member of staff after a previous tea party, stated 'Thank you for the 'high tea'. Please convey my best wishes to the staff who did an excellent job, keep up the good work'.

People were supported to take part in a range of activities. Records showed that activities such as manicures, musical moments, feeding the ducks, external entertainers, origami, pets, gardening, trips out and colouring had taken place as well as many others. People were positive about the activities that were provided. One person told us "There is so much going on if you want to join in. I do sometimes, at other times I'm happy here, I enjoy helping out too, and I sometimes fold the washing or the serviettes after lunch". Another person told us "I get to go out in my wheelchair around the grounds and garden for some fresh air, they're very attentive. I also enjoy watching the people that come in to entertain us. They keep you occupied here".

Staff were mindful of people who chose not to go to the communal lounge and ensured that they were not isolated in their rooms. People were informed about the activities available and encouraged to participate, however people's right to choose how they spent their time was respected. Observations showed people who had declined to take part in activities, choosing to spend their time reading or watching television in their rooms. Records showed that people who preferred to spend time on their own had been visited by staff and had undertaken activities such as hand massage and exercises.

There was a complaints policy in place. Complaints that had been made had been dealt with appropriately and according to the provider's policy. The registered manager encouraged feedback from people and their relatives. There were suggestion boxes for people and relatives to use and leaflets provided as to how they could make comments about the home on external websites and with external parties. People and relatives told us that they didn't feel the need to complain but would be happy to discuss anything with the manager, who was always approachable and listened to their concerns or suggestions.

Is the service well-led?

Our findings

People, relatives, staff and healthcare professionals were extremely complimentary about the leadership and management of the home. They told us that they were encouraged to make their feelings known, that the registered manager was friendly and approachable and listened to and acted upon their comments and suggestions. One person told us "The manager is very good, she joins in with things, she's not difficult, far from it, and you can approach her and speak to her about anything and everything".

The provider is a not-for-profit housing association providing sheltered housing, independent living and care homes. Oakwood Court is one of four care homes owned by the provider. The management team consisted of a registered manager, a deputy manager and senior care staff. The provider's aims stated 'We understand how difficult it can be to move home later in life. Emphasis is therefore put on making sure residents find their home comfortable and secure and that they are welcomed into a friendly, sociable community'. This was embedded in the culture and implemented in practice. There was a friendly, warm and homely atmosphere. People told us that they felt happy, comfortable and safe living at the home. Comments included "There is a nice atmosphere here" and "It's a friendly, welcoming place".

Feedback from people, relatives, staff and healthcare professionals, as well as our observations, showed that there was good leadership and that the home was well managed. There were good systems and processes in place to ensure that the home was able to operate effectively and to make sure that the practices of staff were meeting people's needs. The registered manager had implemented 'champions', these were members of staff who had been provided with additional training to enable them to take the lead in key topics. These included champions for dementia care, infection control, safeguarding, hydration and nutrition, information technology and activities. These members of staff shared their knowledge and experience with other members of staff. There were quality assurance processes in place such as surveys that were sent to gain feedback as well as regular audits conducted by champions, the registered manager and the provider to provide an oversight and awareness of the systems and processes and to ensure that people were receiving the quality of service they had a right to expect.

Regular meetings enabled the manager to share information with the staff team and people living in the home. People, relatives and staff told us that they were able to share their ideas and suggestions and that these were welcomed and listened to. One person and their relative told us "They change things when things are discussed at the residents meetings, some people asked for softer cushions in the lounge and more vegetation options on the menu, these were both changed". The registered manager also used these meetings to ensure people, relatives and staff were better informed of conditions that people had, as well as support networks that they could access as they had invited guest speakers to join in with the meetings and inform people of their role and the support that could be offered. Records of a recent residents meeting showed that a representative from the local authority had attended the meeting to inform people of their role and responsibilities. The professional told us "The registered manager had read and implemented areas of recommendations that had been made in relation to another home in the area and had invited the local authority to the residents meeting, which I attended and found to be very engaging for the residents and had a very high turn-out".

Records further demonstrated that when people had asked for certain activities that they had been listened to. For example, within a recent residents meeting people had discussed the possibility of having a sweet shop so that they could purchase sweets. Observations showed that a sweet trolley, with various sweets for people to choose and purchase, had been implemented.

There were links with external organisations to ensure that the staff were providing the most effective and appropriate care for people and that staff were able to learn from other sources of expertise. These included links with the local authority, the dementia in-reach team and a local college. The manager worked closely with external health care professionals such as the GP and district nurses as well as attending manager forums to ensure that people's needs were met and that the staff team were following best practice guidance. One professional told us "The registered manager is always present at stakeholder training events and was the only residential care provider to attend the nursing support manager's forum as she rightfully stated that a lot of the forum mentioned non-nursing related practice that Oakwood could adopt. I felt this to be above and beyond regular practice and she was very active and very positive in the group discussions".

The manager was aware of their responsibility to comply with the CQC registration requirements. They had notified us of events that had occurred within the home so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken.