The Fisher Partnership Limited

Oak Trees Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

We undertook this inspection of Oak Trees Care Home on 11 and 17 January 2017.

Oak Trees Care Home is registered to provide nursing and personal care and accommodation for up to 40 people. The home focuses on providing care to older people. At the time of this inspection the home was providing care to 32 people.

Oak Trees Care Home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our previous inspection of Oak Trees Care Home took place in October 2014, when the service was given an overall rating of good. There was one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identified at that time, relating to the safety and suitability of the premises. During this visit we found that improvements had been made and the registered provider was no longer in breach of this regulation.

Medicines were generally administered safely and as prescribed. There was a lack of clarity about some medicines that were being given 'as required' and the policies and procedures relating to medicines would benefit from updating. We have recommended that the registered provider consults and implements current best practice guidelines on managing medicines in care homes.

People felt safe at Oak Trees Care Home and relatives told us they thought their relations were safe and cared for.

The registered provider's recruitment process reduced the risk of unsuitable staff being employed. Staff knew what to do if they had concerns or suspicions of abuse and felt able to raise any concerns they might have with the registered manager or provider. There were enough staff on duty to support people safely, although people acknowledged that staff were sometimes very busy.

Staff received the training and support relevant to their roles. This included encouragement to complete formal qualifications and regular supervision and appraisal of staff performance.

Staff worked within the principles of the Mental Capacity Act 2005, although the policy and procedure relating to Deprivation of Liberty Safeguards (DoLS) would benefit from review. The manager knew how to seek authorisation under the DoLS to legally deprive people of their liberty when required. However, at the time of our inspection no one living at the home was subject to a DoLS authorisation.

People received a varied choice of meals, snacks and drinks throughout the day. Food was homemade and

of good quality. Nutritional needs were assessed and people's weight was monitored.

Staff supported people to access other healthcare professionals to maintain and improve their health. Healthcare professionals we spoke with said that staff involved them appropriately in people's care and that their advice and instructions were followed through.

People living at Oak Trees and their relatives spoke positively about the care people received. Staff were described as kind and caring. Staff knew people well and maintained people's privacy and dignity.

An activities coordinator was employed by the home. They organised a range of activities and events and people living at Oak Trees spoke highly of their approach and input.

A complaints procedure and comments box was in place. People told us they would feel able to discuss any issues or concerns with staff.

The home was part way through transferring to a new person centred software package, which provided a comprehensive assessment, care planning and monitoring records system. Staff were being supported to implement the system with training and scheduled time to transfer people's records onto the new system, but a formal plan with clear timescales for implementation would be beneficial in ensuring that the system was fully implemented with minimum delay or disruption.

People using the service, relatives, staff and visiting professionals spoke positively about the registered manager. There was a pleasant atmosphere at the home and people told us they were satisfied with the care provided.

Audits and checks took place and there were plans for further improvements to the environment. People had been consulted and asked for feedback about the service.

The registered provider and manager had informed CQC of certain events and displayed their inspection rating in line with legal requirements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service required improvement to be safe.

Medicines were administered safely, but improvements could be made to the home's policy and procedure, management of 'as required' medicines and recording the administration of creams, to ensure that staff practice reflects current best practice guidelines.

People received safe care and staff understood how to report concerns about people's welfare.

Recruitment processes ensured staff were suitable to work with vulnerable people. Enough staff were employed and on duty to meet people's needs.

Improvements had been made to the environment, and action was being taken on fire safety, to ensure people had a safe place to live.

Is the service effective?

Good

The service was effective.

Staff received appropriate training, supervision and support.

People had a choice of varied and nutritious meals, snacks and drinks. People's nutritional needs were monitored.

Staff implemented the principles of the Mental Capacity Act (MCA) and people were involved in day to day decisions about their care. There were no DoLS authorisations in place at the time of inspection.

Is the service caring?

Good

The service was caring

The staff were caring in their approach. We saw examples of positive and pleasant interactions between people and staff.

People were treated with respect and staff understood the

importance of maintaining people's dignity while providing care.

End of life care was provided in accordance with people's wishes and with support from relevant health professionals.

Is the service responsive?

Good

The service was responsive.

People were happy with their care and felt able to discuss things with staff if they needed or wanted to.

A new person centred software package was being implemented, which provided a computer based assessment, care planning and monitoring system.

People enjoyed a variety of individual and group activities and events.

A complaints process was in place and people felt able to approach the management if needed.

Is the service well-led?

Good

The service was well led.

A registered manager was in place and feedback about their approach was very positive.

People were consulted and asked for feedback about the home, food and activities.

Implementation of a new person centred software package had caused some confusion with care records, but the registered provider and manager were taking action to ensure that the new system was implemented with minimum disruption.

Statutory notifications had been submitted and the provider had clearly displayed their inspection rating.

Oak Trees Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 11 and 17 January 2017. The first day of the inspection was unannounced, but we made arrangements with the registered manager to return for the second day. The inspection was carried out by an adult social care inspector, with the assistance of an expert by experience on the first day of the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed all the information we held about the service. We reviewed our previous inspection report and the action plan the registered provider had sent us following our previous visit.

We reviewed the notifications and any safeguarding information or concerns we had received. A statutory notification is information about important events, which the provider is required to send to the Commission by law.

We looked at the provider information return (PIR) which the registered provider had completed and returned to us. A PIR provides us with information about the service, including what they do well and what they want to improve. The PIR provided appropriate information and had been returned promptly by the registered provider.

We contacted the local authority and CCG (clinical commissioning group) for feedback about the Oak Trees Care Home. Healthwatch had undertaken an 'enter and view' visit in September 2015 and we reviewed their report from this visit. Healthwatch is the consumer champion for health and social care.

During our visit we spoke with 13 people who used the service, six of their relatives or visitors and a visiting healthcare professional. We also spent time observing the care and support provided, the lunch time meal and the activities people engaged in. We spoke with eight staff, including the registered provider, registered

manager, nursing staff, care workers and the chef.

We looked at documents and records that related to people's care and the management of the home. This included a range of training records, medicine records, quality assurance records, policies and procedures. We looked at three people's care plan records and four staff files in detail.

We requested that the registered provider and manager sent us additional information following our inspection visit. This was provided promptly as agreed. We also spoke with the North Yorkshire Fire and Rescue Service to obtain their feedback following our inspection visit.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection of Oak Trees Care Home in October 2014, we identified a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to the safety and suitability of the premises. During this visit we found that improvements had been made.

A health and safety audit had been completed by a specialist external company in October 2016. This had resulted in an action plan, with completed actions recorded. The registered provider informed us that since our last inspection visit they had reviewed and replaced the window restrictors at Oak Trees Care Home. Window restrictors allow windows to be opened a certain distance, but prevent people being able to fall out of the open window. During our visit we found that storage and utility areas of the home were secured when not in use. This meant that people could not inadvertently enter unsafe areas. There was evidence of on-going redecoration and renewal throughout the home. For example, the kitchen/dining area and a bathroom looked new and fresh. New corridor carpets had being ordered to replace those which were worn. People's bedrooms and communal areas were clean and comfortable places for people to spend time, with personal possessions evident in people's rooms. There were no unpleasant odours.

All of the people we spoke with told us they felt safe living at Oak Trees Care Home. For example, one visitor told us they felt confident and happy to leave their relative in the home, because they were well looked after and kept safe. People seemed at ease and there was a pleasant and comfortable atmosphere apparent on the day of the inspection.

There were policies and procedures to guide staff on the action to take in response to allegations or suspicions of abuse. Staff members had received safeguarding training and could tell us what they would do if they had concerns about someone's wellbeing or treatment. All the staff we spoke with told us people were well treated, but that they would feel able to raise any concerns they might have with the registered manager and provider. One staff member said, "I have never seen any safeguarding issues or things where I have thought 'oh my goodness what is going on'. I would say if anything was not right."

There were safe recruitment and selection processes in place, to reduce the risk of unsuitable staff being employed. The two recruitment records we viewed contained completed application forms, which included details of past employment, and interview records. At least two references and a Disclosure and Barring Service (DBS) check had been obtained prior to staff starting work. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

The registered manager and provider described how staffing levels were guided by the dependency of people living at the home. There was a rota in place to ensure enough staff were on duty to safely support people. At the time of our inspection 32 people lived at the home and the registered provider told us how they aimed to have two nurses and six care staff on duty during the day until 4pm. One nurse and four care staff were then on duty until 8pm. Over night there was one nurse and three care workers on duty. Kitchen, cleaning and housekeeping staff were also employed. In addition, the home benefitted from a full time

registered manager, and various part time posts, including a deputy manager, training coordinator, administrator and physiotherapist. Rotas showed that these staffing levels were provided a lot of the time, but that on some occasions less staff were on duty due to unexpected sickness.

We observed that the staff were kept busy throughout the day. All rooms had a nurse call alarm so that people could call for help when needed. One person told us, "Sometimes you have to wait a while before someone comes, but the staff have other people to look after." Another person said "There are other people that live here and we can't all call them at once." One person described how their medication could be late sometimes depending on how busy the staff were. However, people were also complimentary about the staff, who they said worked hard. For example, one person told us, "The staff cannot do enough for you." A healthcare professional told us, "They are stretched and busy, but isn't everyone? Lots to do all of the time, but they do really well." They went on to say that people always looked clean and cared for when they visited and that anything that did need doing was promptly dealt with.

Staff assisted everyone who lived at the home to take their medicines. At the time of our visit no-one was able to look after their medicines independently. Each person had their medicines stored in their own room, where suitable lockable medicine storage had been provided. We observed the nurse on duty administer four people's tea time medicines. This was done respectfully, with appropriate explanations given to people.

Arrangements were in place for the safe storage and recording of controlled drugs. Controlled drugs are medicines that require increased monitoring due the risk of their misuse. We checked a sample of medicine records in the controlled drugs register against medicine stock and found that these tallied. This showed that these medicines had been administered in accordance with prescribing instructions. A fridge was available for medicines requiring cool storage and regular monitoring of the fridge temperature ensured these medicines were stored within the recommended temperature ranges.

We found that there was a lack of clarity around the administration of medicines and topical applications given on an 'as required basis'. Topical applications are medicines applied externally, such as creams. Some medication was being given 'as required' when prescription instructions stated it should be given regularly. The nurse was able to give a clinical explanation of the reason behind this decision, but the prescription instructions should have been updated to reflect the situation. Other medicines and topical applications were prescribed 'as required', but there was no individual 'as required' guidance available to support staff in their safe and consistent use. Medicine administration records for some of these topical applications were blank, meaning it was unclear if they had been used or not.

The registered provider had in place a policy and procedure for the safe administration and management of medicines and provided a copy of this to us during the inspection. We observed that this document was dated 2008 and did not provide detailed guidance on the management of 'as required' medicines or the arrangements for administration and recording of topical applications, which may sometimes be administered by care staff rather than nurses.

We recommend that the registered provider consults and implements current best practice guidelines on managing medicines in care homes.

People's care records included risk assessments to help staff care for people safely. We saw risk assessments had been completed to help prevent falls, risks associated with manual handling, maintaining skin integrity and other areas relevant to individual people's care.

We looked at a selection of maintenance records. These showed that the service's premises and equipment

had been serviced and inspected appropriately. For example, up to date service and inspection records for fire equipment, manual handling equipment, electrical installations and appliances were available. The home had been given a five star rating (the best available) for food hygiene in September 2015.

The service had an up to date fire risk assessment which had been completed by a specialist company in November 2016. Information about each person living at the home and their personal evacuation plan was available. An inspection had recently been undertaken by the Fire Authority. This had resulted in some required actions to improve fire safety. We spoke with the fire officer who confirmed that the registered provider was currently taking appropriate action and that they would continue to monitor their progress.

Good

Is the service effective?

Our findings

The people who lived at the home and relatives we spoke with all thought that the staff were very well trained and were able to meet their needs. For example, one person told us, "The staff listen to you and respond. They seem to know what we want before we ask."

All staff we spoke with said that they were supported to complete formal qualifications and training that was considered essential by the registered provider. Staff also told us that if there was any other relevant training they wished to complete they felt management would support them to do so. "The management listen and respond to any requests," was one comment made to us by a member of staff.

We spoke with the training coordinator about arrangements for monitoring and providing training, and looked at training records. New staff completed an induction when they started in their role, which included key topics and care certificate standards. The care certificate is a nationally recognised set of standards that should be covered as part of induction training of new care workers. Training records showed that staff had recently completed a range of relevant training, such as safe moving and handling, food hygiene, infection control, fire safety, safeguarding, MCA and DoLS and equality and diversity. The training coordinator was able to explain their plans for future training and developments they wished to make, to ensure the staff team remained up to date and aware of best practice.

We saw that new members of staff had received reviews of their performance during their probationary period. Existing staff had received an annual appraisal and regular supervision sessions to monitor and evaluate their performance and support needs. A 'supervision' planner and record was available to help management ensure that staff supervision and support sessions took place.

We observed that people who lived at the home looked well cared for. People were supported to be clean and dressed appropriately. We saw staff assisting people throughout our visit and observed that care and support was provided when needed. The relatives we spoke with were also happy with the care provided at Oak Trees.

During our visit the nurse on duty had gone round the building to check on and assess people. They logged their findings on the computer care record and told us that if they had any concerns about people's health or wellbeing they would inform the registered manager and contact the relevant GP. People we spoke with told us that staff contacted and involved relevant healthcare professionals when needed. Relatives said that staff kept them informed about any changes in their relation's health.

We saw evidence in people's care records of the involvement of healthcare and other relevant professionals. For example, we saw evidence of involvement by the GP, speech and language therapist (SALT), chiropodist and optician. During our visit we spoke with a visiting healthcare professional. They told us that the staff at Oak Trees Care Home requested their input appropriately and followed their advice. They told us, "They [the staff] make notes. I've never known anything not be followed up or actioned," and, "People's best interests are kept central."

We saw that people's nutritional needs and risks had been assessed and care plans were in place setting out their support needs and preferences. People's weight was monitored and staff were able to describe what actions they would take if someone appeared to be losing weight. Where relevant care plans included advice from SALT and details of requirements relating to textured diets and thickened fluids.

We observed the lunch time meal and spoke with the chef. The chef confirmed that they made "everything from scratch," and that they asked everyone what they wanted for their meals each morning. They also described how they catered for different dietary preferences and needs. For example, they currently catered for two vegetarians and twelve people who needed a soft consistency diet, and produced homemade high calorie smoothies [nutritional milkshake type drinks] for people at nutritional risk.

There was a choice between chicken pie and cheese salad for the lunchtime meal. The food was well presented and looked appetising, with a variety of vegetables available to accompany the pie. The salad was a substantial meal in itself. There was plenty of food available and people were asked if they had eaten enough. Staff were well organised. They used a monitoring sheet to ensure everyone received their meal and any support they required. A choice of hot and cold drinks were made available at meal times and throughout the day. During the morning homemade biscuits were served and during the afternoon homemade cakes were made available.

We observed that staff made sure people were comfortable, could reach their meal and had everything they needed. There was a member of staff present at all times in the dining room and when one person asked for some help the member of staff sat down next to them and assisted in a very pleasant manner. Staff were aware of people's likes and dislikes and encouraged people to eat and drink if necessary.

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. At the time of our visit no-one living at the home was subject to a deprivation of liberty authorisation. We discussed with the registered manager their understanding of current best practice for DoLS authorisations. The manager had an understanding of their responsibilities and confirmed that people using the service had regular individual reviews of their care, including their local authority or continuing healthcare commissioner [the people who arrange and fund people's care] where this was appropriate. No concerns had been raised during these reviews regarding potential unauthorised deprivation of liberty. We also saw that staff had received training on MCA and DoLS during 2016.

During our visit we observed staff offering explanations and gaining informal consent from people before caring out care tasks.

Good

Is the service caring?

Our findings

People told us that the staff were polite, respectful and protected their privacy. One person who had been at Oak Trees for a relatively short time said that they had been very dubious on coming into the home, but would now recommend it to anyone. Another person told us, "All the staff are very good."

The registered manager and training coordinator were identified as dignity champions for the home. This meant that they had a responsibility for ensuring all staff understood the importance of treating people with dignity and respect. We saw that the staff showed kindness and respect towards the people living at Oak Trees. We observed staff knocking on the door and asking if it was okay for them to come in before entering people's private rooms.

We saw that staff offered explanations before undertaking care tasks with people and explained what was happening to help people feel at ease. For example, when we saw a person being moved with a hoist we saw that this was done in a collaborative way, with staff explaining what was happening and providing reassurance to the person being moved.

Assistance with meals was provided pleasantly and in a way that respected and maintained the person's dignity. For example, we observed a member of staff serving a meal to a person who was sat in the lounge. They explained what they were doing, adjusted the table so that the person could reach their meal and placed a serviette on their knee. They then showed and explained what was on the person's plate and asked if everything was okay before leaving.

During our visit staff involved people in their care and offered people choices about how they spent their day to day lives. For example, choices about meals, snacks and drinks, where people spent time and what they wanted to do. Staff offered people assistance when needed, but also allowed people to do what they could for themselves and maintain independence where possible.

Training records showed that staff training included equality and diversity, to make staff aware of potential discrimination and help them recognise and respond appropriately to people's individual needs and preferences. This had also been a topic discussed during a staff meeting. One staff member told us, "If nothing else we should remember to be respectful, tolerant and kind to each other."

People were supported to maintain relationships that were important to them. Friends and relatives were able to visit freely and we saw people coming and going throughout our visit. One relative described how they felt comfortable spending time at Oak Trees, saying, "The staff always make me feel welcome and I always get offered a cuppa and a home-made bun."

The manager told us that family and friends were welcome to stay and have a meal when they visited. There was a small nominal charge for visitor's meals, with the proceeds going into the "resident's fund" to help pay for additional activities and events that people would enjoy.

People could also leave the home to visit family or friends if they wished. For example, one visitor said, "I took my mother in law home to have Christmas lunch." They went on to describe how the staff had been very supportive helping to get them ready and leave the building.

Where people wished to remain at Oak Trees, rather than going into hospital, arrangements were put in place to provide end of life care. This enabled people to stay in their home. Some staff had completing a recognised qualification in the principles of end of life care, with the registered provider informing us that it was their intention for all care staff to attain this qualification.

Good

Is the service responsive?

Our findings

Staff at Oak Trees were in the process of transferring people's care records onto a person centred software package. The new system provided a complete assessment, risk assessment, care planning and care recording system that staff could access and update easily from hand held devices or computer stations.

At the time of our inspection nine people had been fully transferred onto the new system, with staff time allocated over the next few weeks to transfer more people fully onto the system. The registered provider and manager acknowledged that this transitional period was difficult, but were very positive about the opportunities the new system offered for assessing and planning people's care needs, and monitoring the care that was needed and provided. For example, we were shown how when staff added people's weight the system automatically calculated and updated their nutritional risk, flagging up any concerns so that staff were aware and could take appropriate action.

The records we looked at included person centred information and details about people's needs and preferences. Records on the new system clearly showed where people's needs had changed and what had been done about those changes. It was easy to get an up to date picture of the person's care needs. We could also see a clear record of the care that had been delivered and by which members of staff. The registered manager explained this was a useful management tool which they used to ensure people received the correct care.

We asked five people living at Oak Trees and six relatives if they had seen, read or contributed to their or their relations care plan. They all said no, but were happy with the care they received, felt that their needs were being met and would be able to discuss anything with staff if they wanted to. However, some of the care records we view included signatures to show that people had been involved. We also discussed with the registered provider and manager how they planned to involve people more fully in routine reviews of their care plans and records using the new system and how this could be evidenced. For example, eventually the system would enable people to log in and check their own care records if they wished. This could potentially include people's relatives, where they had a legal right or the person's consent, to access their care records.

Staff were able to give us examples of action they had taken to respond to people's preferences and provide person centred care. For example, one person living at the home liked to spend time in their bedroom and also liked discos and the colour pink. Staff showed us how they had redecorated the person's bedroom to reflect their preferences, complete with pretty pink wallpaper, a glitter ball and ceiling lights. Another person had wanted green curtains, so these had been provided. The maintenance staff had also asked one person what their favourite flowers were and reflected their preferences in the person's window boxes during the summer.

There was an activities co-ordinator, hairdresser and physiotherapist employed by the home, who all regularly spent time in at Oak Trees. On the day of our inspection the hairdresser was visiting. We saw people enjoying having their hair done, with staff helping people to access the conservatory and hair salon

for their appointments.

Staff explained that people's hobbies were encouraged when possible. One person was sat knitting and another person had numerous books in their room, because they enjoyed reading. One person told us how they had been out for a walk with a visiting relative. The people we spoke with all thought highly of activities co-ordinator and enjoyed their company and activities they provided.

The activities coordinator kept a record and summary of activities, events and entertainments that had taken place. This showed that a variety of activities had taken place during 2016, including group and individual activities. We also saw that the activities coordinator had attended meetings with people who used the service to get feedback and ideas on what people would like to do.

The home had a complaints procedure and kept a record of any complaints or commendations they received and the actions taken in response. There had been no formal complaints made directly to the home since our last inspection, but there had been one complaint made to CQC, which we had passed to the registered manager to investigate.

The manager described how they maintained contact with people and their families to encourage open feedback. There was information about the complaints procedure and a comments box available in the home's reception area. People who used the service and relatives we spoke with felt able to raise any issues or concerns with the staff and management if the need arose.

Good

Is the service well-led?

Our findings

Before our inspection visit we received feedback from the local authority and clinical commissioning group about some concerns they had regarding record keeping at Oak Trees. This related to the availability and accessibility of care records during the transition to a new computer based care records system. We discussed these concerns with the registered manager and a member of the senior management team during our inspection visit, and looked at two peoples paper and computer care records in detail.

Oak Trees was in the process of transferring people's care records onto a person centred software package. All staff had received training on the new system to help them use it. The registered manager told us how the daily handover meeting included sharing "pearls of wisdom' about the system and information staff had learned about making it work. However, there was no formal implementation plan with clear dates as to when the transfer to the new system and installation of additional staff computer stations would be complete.

The computer records we looked at were up to date and provided staff with the information they needed to safely provide and monitor people's care. The new system was innovative and accessible, offering many positive opportunities once the system was fully implemented and embedded in staff practice. Where people were still to transition onto the new system they had a paper care record. We found that some up to date information was also stored on computer, rather than in the paper file, which had caused some confusion. We discussed this with the registered provider and manager, who agreed to ensure that the new system was fully implemented as soon as possible and with minimal disruption to people using the service and staff.

The service had a registered manager, who had been registered with us since 2010. When talking with the staff they spoke highly of the registered manager and a visiting healthcare professional commented, "[The registered manager] is very good. Bags of enthusiasm and common sense."

Some of the staff we spoke with had worked at Oak Tree Care Home for many years and said they are very happy there. A staff member told us, "They are quite a good company to work for. They do listen." All of the staff we spoke with said they would recommend the home to a loved one.

All the visitors we spoke with knew who staff were and their role in the running of the service. People told us the management were all very approachable and people had no concerns about speaking to any of the management, nurses or seniors staff if needed. One comment made to us by someone living at the home was, "It's like one big happy family."

We saw that feedback had been sought from people and their relatives through questionnaires and meetings. For example, a questionnaire regarding food and mealtimes, and a relatives satisfaction questionnaire had been undertaken during 2016. Feedback received was positive. Meetings had also been held involving the registered manager, chef and activities coordinator, so that people could discuss their wishes and preferences with those staff members.

The registered manager was supported by the registered provider's senior management team. For example, a member of the senior management team came to Oak Trees during our inspection to provide information and support to the staff team. We also saw recent management team meetings, where the registered manager and provider had discussed the home, any recent events and the actions needed in response. Records were also available to evidence the formal supervision of the registered manager, although these records were found to be very brief and business focused.

The registered provider employed a quality assurance advisor to update and implement policies and procedures for all of their services. The registered manager had also implemented a local process to ensure that staff were made aware of any changes. Policies and procedures were available through the home's computer system and paper copies of key information were also available in the home. During our inspection we requested and were provided with a number of policies and procedures. However, the policies and procedures covering the management of medicines and DoLS were dated 2008 and 2014 respectively, did not adequately reflect changes in best practice guidance or case-law. It is important that staff have access to up to date policy and procedures to guide their practice.

Arrangements were in place to ensure that routine maintenance and safety checks were kept up to date. The registered manager showed us how a programme of audits and reports had been used to monitor quality. Examples of topics covered by audits included medicines, infection control, room cleaning, manual handling equipment, air pumps and mattresses, and falls. However, medicine audits had not effectively highlighted and improved the practice issues we identified in relation to topical applications and 'as required medicines.' External specialists had been employed to carry out a health and safety audit and fire risk assessments. These arrangements were under review in response to feedback received from the fire and rescue service, to ensure their effectiveness.

Notifications about certain events and changes must be made to the Commission in accordance with legal requirements. Since our last visit we had received notifications about certain events at the home. We discussed the notifications that had been made with the registered manager. They were aware of notification requirements and able to describe when they must submit a notification. Records of accident analysis confirmed that there had been no recent serious injuries.

It is a legal requirement for providers to display their current inspection rating and we saw that this information was clearly displayed in the home's reception area. Before our visit we checked that the provider was also displaying their rating clearly on their website. The website showed the home's CQC rating and a link to the CQC website so that people could access further information if they wanted.