

Porthaven Care Homes No 2 Limited

Penhurst Gardens Care

Home

Inspection report

Penhurst Gardens
New Street
Chipping Norton
Oxfordshire
OX7 5ED

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10 October 2017

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Website: www.porthaven.co.uk

Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Outstanding	
Is the service well-led?	Good	

Summary of findings

Overall summary

We inspected this service on 10th October 2017. Penhurst Gardens Care Home is a new service that opened in December 2016. It is registered to provide personal or nursing care and accommodation for up to 58 people. On the day of our inspection 16 people were living at the service. Two more people were being admitted on the day of our inspection and further admissions were planned for the upcoming weeks. People only occupied the ground floor with a view for the first floor to become operational when more people moved in. This was our first inspection at this service.

There was a registered manager in post. 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.

There was a positive culture within the service that reflected the provider's stated aim of providing support 'created with you in mind'. The registered manager and the team had a clear vision about how they wished the service to be provided to people. Staff talked about 'personalised support' and they aimed to improve people's lives and enable them to live the lives the way they wanted. People were supported by skilled, knowledgeable staff that provided people with effective care. Staff effectively supported people in a way that recognised them as individuals and enhanced their well-being.

People had exceptional opportunities to enhance their social inclusion and participate in various activities that met their needs and took account of their preferences. Feedback from people reflected that activities provision enhanced their well-being and sense of purpose.

People's care plans were current and gave clear guidance to staff on how people wished to be supported. Staff knew people's needs well and used this knowledge to provide people with personalised care that put their well-being at the centre of the service delivery.

Staff benefited from training and support that was focused on motivating them and recognizing individual strengths. The provider ensured staff were supported to develop their work practices as well as assisted them with personal growth. Staff spoke positively about the support they received from the management. Staff supervisions and meetings were carried out regularly. Staff told us the management was very approachable and supportive and that there was good communication between the departments.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The records surrounding processes of assessing people's capacity were detailed and reflected staff involved people as much as possible. Staff had excellent understanding of MCA and people's rights to make their own decisions were respected.

People were complimentary about the quality of food at the service. The registered manager ensured procedures were in place so people had balanced diet and received their correct meals that met their dietary needs and preferences. The meal service we observed was an example of a very positive, social experience enjoyed by people. This included people who chose to remain in their bedrooms.

People complimented the caring nature of staff. People's dignity, privacy and confidentiality were respected. People's end of life wishes had been recorded and people were supported to have a pain free and dignified death.

People told us they were safe at the service and did not need to wait for the support. There were sufficient numbers of staff deployed to keep people safe. Appropriate checks were carried out before staff started to work to make sure they were suitable to work with people. The provider had safeguarding procedures in place and staff knew how to escalate any concerns.

People's views were sought and acted on as required. People and their relatives knew how to complain and we saw complaints were managed well and in line with the provider's policy.

There were arrangements in place to manage risks to people's safety. Risks surrounding people's pressure areas, nutrition or mobility were in place and gave clear guidance how to manage these risks. People received their medicines safely and as prescribed. Medicines were stored and administered as per manufacturer's guidance. People were supported to have their health needs met. Robust communication ensured important information was shared with staff. Prompt referrals were made when required and advice followed up.

People spoke positively about the way the service was run. People's relatives complimented good communication, staff commented on good team working and effective working relationships between the departments.

The provider had effective quality assurance systems in place to monitor the service and to drive continuous improvements. The provider worked well with other professionals including local health professionals to ensure people were safe and well cared for. The registered manager met their legal statutory requirements to inform the relevant authorities of notifiable incidents.

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.

There were sufficient staff to keep people safe.

Staff were confident how to raise concerns in relation to abuse of vulnerable people.

Medicines were managed and stored safely.

Good 

Is the service effective?

Good 

The service was effective.

There was focus on people's consent to the care and records of processes to assess people's capacity to make specific decisions were in place.

Staff training was comprehensive and enabled staff to perform well in their roles and develop.

There were effective systems in place to support people to eat well and have their dietary and healthcare needs met.

Is the service caring?

Good 

The service was caring.

People complimented the staff and told us staff were caring and compassionate.

People's dignity and privacy was respected.

People's confidentiality was respected and their independence was promoted.

Is the service responsive?

Outstanding 

The service was very responsive.

People had exceptional opportunities to enhance their social inclusion and participate in various activities which met their

needs, took account of their preferences and enhanced their well-being and sense of purpose.

People's care plans outlined their needs, wishes and preferences and people told us they received support that met their needs.

People knew how to raise concerns and concerns were responded to. The provider saw concerns as a part of driving improvement and they valued and acted on feedback received.

Is the service well-led?

Good 

The service was well-led.

The registered manager has effective systems for monitoring and assessing the quality of service and worked to an on-going action plan to drive continuous improvement.

Staff were aware about whistleblowing policy and knew how to escalate concerns outside the company.

There was a positive approach, a transparent and open culture and positivity demonstrated by the registered manager and the team.

Penhurst Gardens 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 and to look at the overall quality of the service.

This inspection took place on 10th October 2017 and was unannounced. The inspection team consisted of two inspectors 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. Additionally two newly recruited inspectors attended to observe the inspection for their learning and development.

Before the inspection, we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to tell us about. We did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Throughout our inspection we spent time observing care at the service. We spoke to seven people and eight relatives. We also spoke with the registered manager, the nurse deputy manager, two senior care assistants, one care assistant, the maintenance man, the home trainer, the lifestyle co-ordinator, one member of housekeeping team and the chef.

We looked at records, which included five people's care records and sixteen people's medication administration records (MAR). We checked recruitment, training and supervision records for four staff. We also looked at a range of records about how the service was managed. Following the inspection we contacted a number of external health and social care professionals and commissioners to obtain their views about the service.

Is the service safe?

Our findings

People felt safe in the service. One person told us, "Life not bad at all. Feel safe and sound". Another person said, "Safe and very nice here". Comments from relatives included: "Feel that [person] is safe and well cared for" and "Safe. They keep a close eye on people".

The provider had a safeguarding policy and procedure in place. The safeguarding log we viewed demonstrated the registered manager followed the policy, referred safeguarding concerns to the appropriate external bodies as required and took appropriate action to ensure people were safe. Staff had safeguarding training and they were knowledgeable about their responsibilities in relation to protecting people from suspected abuse. Staff were confident any issues raised would be taken seriously by the management. Staff comments included: "I'd speak to the person, explain that I needed to follow that up. Report to the manager or to the head of nursing".

There were enough staff to meet people's needs. Throughout the inspection we saw any requests for support were responded to promptly. Staff were not rushed and had time to spend with people. People that stayed in their bedrooms had access to a call bell. Staff in communal areas were available and vigilant. People commented they did not have to wait long before support arrived. Comments from people included, "Buzzer for help. Staff get to me quickly, even at night - reassuring", "Don't have to wait long at all if you need help" and "Usually straight there if I need help, especially at night". Staff also told us there was enough staff. One staff member said, "We've got sufficient staff for current people at the home".

Records relating to recruitment of new staff showed relevant checks had been completed before staff worked unsupervised. These included employment references and Disclosure and Barring Service checks (DBS). These checks identify if prospective staff were of good character and were suitable for their roles and allowed the registered manager to make safer recruitment decisions.

People's care records contained risk assessments surrounding people's support needs and individual abilities. These included risks associated with people's mobility, tissue viability or risk of malnutrition. For example, one person was assessed as at risk of pressure damage. We saw an air flow mattress was in place to reduce the risk of developing pressure areas. We noted the mattress was at the correct setting for the person's weight and the settings were checked on a daily basis.

People's medicines were managed safely. Medicines were stored securely and only designated staff had access to these. The medicine room temperature and medicine fridge temperature were monitored and recorded daily to ensure medicines were stored as per manufacturers' guidance. People's medicine administration records (MAR) contained necessary information and there were no gaps in recording. Medicines were managed and administered by trained staff. We observed people receiving their medicines. The nurse wore a 'do not disturb' tabard to alert other staff the medicine round was in progress. This enabled to minimise the disruptions. They administered each person's medicine according to their individual needs. For example, some people required more time and assistance than others. The nurse took their time and they were patient and professional in their manner. When people had taken their medicines

the nurse signed the MAR to confirm they had been administered. We checked the controlled drugs (CD). CDs are controlled under the Misuse of Drugs legislation. We found these were stored accordingly to the guidance and the CD register was always signed by two members of staff where these medicines were administered. We undertook a stock check of a sample of medicine and found these all to be correct.

There was a good system to record all accidents and incidents. We viewed the log and we noted the records clearly showed what action was taken following a person suffering an accident or incident. For example, consideration of additional equipment and involvement of any external professionals was recorded. All accidents were summarised and reviewed monthly to ensure any trends or pattern could be identified.

People were protected from risk of infections. The environment was well presented and clean. Staff adhered to infection control procedures. We observed hand sanitising gels were placed at strategic points throughout the home and washing stations were well stocked. People were protected from environmental risk through the rigorous maintenance and monitoring of equipment. The records confirmed various equipment checks, water testing, fire equipment testing and electrical and gas certification was carried out and monitored by the maintenance person and the registered manager.

Is the service effective?

Our findings

People told us they were supported by skilled, knowledgeable staff that provided people with effective care. Comments from people included, "I think people are extremely well trained. Never had any problems" and "I do get out of bed most days but I need a hoist. [Staff are] Very careful and know what they are doing". People's relatives were equally positive and comments from them included, "Nursing staff extremely competent" and "A good core of carers to support people".

Throughout our inspection we saw examples when staff effectively used their knowledge of people's needs coupled with the right techniques to ensure people received care that met their individual needs. For example, we observed one person that suffered from severe sight impairment was supported by a member of staff with mobilising. The staff member took time to explain where the person was, talked to them around any possible obstruction and helped the person to sit when the person reached their destination. All this was done in very effective way with compassion and emphasis on the person being in control. Another person occasionally displayed a behaviour that could be described as challenging. The team worked together and they found an effective management technique. During episodes of anxiety and feelings of emotional anger staff encouraged the person to express this in a creative way. The person would go to the art room to be given a canvass, cotton buds and some paint. The staff would encourage the person to express their feelings by pressing the paint buds on the canvass to produce a painting. This meant staff effectively supported the person's behaviour in a way that enhanced person's well-being.

One relative told us their family member suffered a life threatening stroke during the night. This had been noticed by a vigilant member of staff, emergency services were called and the person was taken to hospital where the person was given clot busting medicine within the required four hour window. The relative told us the staff informed them promptly and that the person made a full recovery. They added that during the person's stay in hospital three staff from Penhurst Gardens, in their own time, took turns to visit the person on a regular basis.

Records confirmed and staff told us they received training that was effective. All staff received an induction and they worked alongside another experienced member of staff. Staff training reflected the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is nationally recognized standards that should be covered as part of induction training of new care workers and reflects a good practice as set out by Skills for Care. This included health and safety, safeguarding, dementia, infection control, dignity, moving and handling and more. Additionally, staff were supported to attend courses such as external tube feeding and other specialist clinical training. The staff at the service benefitted from an in-house trainer who worked with the team to tailor the support to the needs of the staff and the people who used the service. For example, the in-house trainer had developed training around people's oral care for staff. Staff were positive about the training received. Comments from staff included, "Quite a thorough induction, definitely prepared for the role. They encourage you to do as much as you can, they saw potential and have been supporting me" and "Very good induction and training". Staff told us and records confirmed staff were regularly supervised. We viewed samples of staff supervision and saw it was meaningful and covered all aspects of staff development, care practices and performance. If

required a clear plan of action was drawn and 'items for discussion at next supervision' were listed. As a result of development opportunities for staff Penhurst Gardens staff secured four finalists positions in the South West Care Awards for 2017, and these were in the following categories: Chef of the Year, Nurse of the Year, Newcomer to Care (Leisure & Wellness) and Trainer of the Year.

People's rights to make their own decisions were respected and they were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. We found staff confidently used MCA and where people lacked capacity to make a specific decision clear records were in place to reflect this. For example, one person was assessed whether they had capacity to consent to stay in a secured unit which had a keypad system on entry. The assessment record included the full details of the conversation with the person held to determine whether they were able to understand, weigh and retain the information.

Throughout the day we saw staff offered people choices, giving them time to express a preference and respecting their choice. People told us they chose how they wished to spend their days and their decisions were respected. Comments from people included, "Can decide when I get up, go to my room for a sleep", "Can go in to the garden when I want" and "Choice here. Go out in the garden, get up when I like". We observed staff asked people for their consent before supporting them with their care needs. Staff had good understanding how to support people in line with the principles of the Act. One staff member said, "You need to assume people have capacity unless it's proven otherwise. People have rights to make unwise decisions. If we help people we make sure it's a least restrictive and in their best interest". Another member of staff said, "We must presume people have got capacity".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager made applications to the local authority when people were assessed as being deprived of their liberty.

People were complimentary about the food at the service and said they could have alternative options if there was nothing on the menu that suited their preferences. Comments included, "Very good breakfast. Like bacon and egg – marvellous" and "Food (is) good, a good variety. I really enjoyed my dinner today". Information about peoples' changing nutritional needs was passed to the chef by staff. The chef attended daily briefing meetings to ensure the kitchen staff were up to date with any changes in peoples' health that may require a change in nutrition, such as weight gain, loss or changes in ability to swallow. We observed people had supplies of drink in their rooms, access to drinks in the café and we saw staff checked on peoples' drinks and encouraged them to drink. There were regular nutritional meetings held between the care and kitchen staff. We saw the minutes from these meetings and noted people's nutritional needs any changes and menus were discussed. The provider told us they sought advice from an external Nutritional Advisor.

We observed the lunch service, tables were beautifully laid with freshly laundered linen table cloths and napkins. People were offered a choice of where they would like to have their meal, in the dining room or in their bedroom. We saw people made real time choices of meals and were receiving their correct meals. Where people needed help they were supported by staff appropriately, staff gave clear explanations about the individual items on people's plate, offered small amounts of food and waited between mouthfuls.

People were supported to meet their healthcare needs. Any actions following professionals' input were

recorded in a form of action plan and followed. Prompt referrals were made when required and people were supported to see a range of external professionals. People told us they could see a GP if they wanted to and in addition they had access to a chiropodist and an optician. We saw staff involved specialist health professionals when needed. For example, one person living with Parkinson's was supported to see a Parkinson's nurse. The person was supported to attend clinics at the hospital. Comments from people included, "(I) see the doctor when I need to, in fact he is coming to see me tomorrow for a check-up", "The chiropodist comes in to see me" and "See the GP, yes certainly you can get GP if needed". One external professional told us, "From what I have seen to date from the manager, they are happy to receive input from all services".

Is the service caring?

Our findings

People complimented staff and their caring nature. Comments included: "They know my name. I like it here", "They always ask if you are alright", "Young carers are very, very good" and "Care staff are wonderful". People's relatives were very positive about the staff. Relatives' comments included, "Staff very understanding, very impressed with the care at all levels", "This home has given me peace of mind in that [person] is being looked after" and "Care staff vigilant and caring".

Throughout the inspection we observed how staff interacted with people and only saw a caring, patient, person centred and thoughtful approach. Staff were professional, patient and polite to the people they supported. For example, one person appeared agitated and was pacing up and down the corridor. We saw staff intervened and distracted the person by offering them to 'help out' in the dining room. The person seemed calmer and more settled thereafter. This meant staff knew the person's needs and used distraction techniques appropriately to enhance the person's well-being.

Another person asked staff to use the telephone. The staff dialled the number for them and then handed over the phone. When the person had finished the member of staff put an arm around the person and said, "Would you like a cup of coffee?", "Yes, please" said the person. This reflected staff showed kindness and genuine concern about people.

People told us they built positive caring relationships with staff. Comments from people included, "Staff do work hard. I find I can relate to them" and "Staff are very kind and very understanding. It goes without saying that they are extra helpful". Staff were passionate and they spoke about their roles with pride. One staff member said, "It's very lovely to hear what difference we make to people's life, I know we make a difference to people". Another said, "Team and atmosphere are happy".

Staff recognized and respected people's cultural diversity and individuality. People could bring their personal belongings and we saw people's rooms were personalized. People had memory boxes situated outside their bedrooms that were filled with various mementos and items of importance to people that reflected their past interests and hobbies. Provider had policies surrounding equality and diversity in place. People told us they felt their unique way of living their lives were respected. One person said, 'Feel treated as individual'. One relative said, "Really treat [person] as an individual, like he is still a person, (staff) want to know what he was like in the past". People were supported to have information in accessible to them format if needed for example, the provider's statement of purpose was available in large print should people require. An external health professional told us, "They appear to know their residents' well and appear to embrace their differences and respect these. They are always respectful when talking to the residents and call them by their preferred names".

People's dignity and privacy was respected. We observed staff knocking on people's bedroom doors, waiting to be invited in, and closing doors after them. On leaving we heard staff asking if people would like their door open or closed. One person told us, "Dignity and respect – privacy, yes, (staff) always knock on my door". One relative told us, "[Person] is always clean and tidy when I come in". Another relative told us,

"[Person] has always used linen serviettes. Here they provide these at mealtimes. It's what he likes and is used to. This is so important for his dignity".

People were encouraged to remain independent. On the day of our inspection we saw staff promoted people's independence and mobility by encouraging people to do as much for themselves as possible, intervening only when necessary. One person's relative told us, "Staff encourage mobility, [person] was immobile for three days, they didn't give up on him, back walking next day". Staff were aware of importance to maintain people's independence. A staff member told us, "If somebody is shadowing me I'd explain we're here to keep people as independent as possible. If you're new it can be tempting to do things for people (as in being kind), but actually it does not help".

Staff received training around data protection and they told us how they ensured people's confidentiality. A member of staff said, "We don't discuss other people's issues or families. Don't talk about people outside Penhurst Gardens, be careful on social media". People's confidential files were stored locked, when staff used information stored electronically on computers they had their own individual logins.

People's end of life wishes had been recorded. Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) documents were in place. One person was receiving palliative care and had relevant documentation in relation to this. For example, anticipatory medication, and a proactive care plan. A proactive care plan summarises the person's needs and is easily communicated between teams and other services as necessary. Anticipatory medicines are medicines which are sometimes used for people at the end stage of life. Anticipatory prescribing is designed to enable prompt relief at whatever time a person develops distressing symptoms. One relative said, "End of life is very well managed, not distressed or obviously in pain. Not doing anything [person] doesn't want to, staff always popping in and out, turned regularly".

Is the service responsive?

Our findings

People benefitted from staff that excelled in supporting them to maintain confidence and self-esteem, by empowering them to participate in meaningful social activities and play an active part in the local community. We found that activities provision was a real strength of Penhurst Gardens. This area was led by an exceptionally passionate and enthusiastic lifestyle co-ordinator. They ensured people could take part in a range of activities, with some people being able to continue with previous interests whilst others tried new things and experiences they themselves might have not considered, to have an enhanced sense of well-being.

People were exceptionally complimentary about the activities provision at the service. Comments from people included, "Always something on the go here - never bored, try new things", "Lots of trips some quite low key like the garden centre but enjoy getting out", "Things to do, keeps you interested" and "The activity person is full of life finding things for us to do". People's families also praised the stimulation their relatives received. Comments from people's relatives included, "Lots of interesting activities. Take [person] out" and "(Staff) spend time with [person], help [person] with his newspaper, talking about events".

Staff used knowledge of people's past life and their hobbies to enhance people's well-being and their experiences. For example, staff identified one person liked to do new things. The person was supported to take part in a BBC Radio Oxford programme where they were interviewed about their schooldays and life experiences. The staff previously arranged for them to visit and feed the penguins at a local wildlife park. Another person, a former ballerina was visited by an Irish dance group. They also told us about the day the local fire brigade visited – the person told us it was very enthusiastic for them to meet the firemen. Another person used to work as a former police dog handler and the staff organised a police dog handler to come in, with a dog. They arranged for the person to receive a visit from a representative in the police force weekly. They were asked to lay the wreath on behalf of the police at a remembrance service. The lifestyle co-ordinator told us, "[Person] is now buzzing with life you can't imagine the difference in them". Another person previously had an interest in motorcycles and spent time at the TT races on the Isle of Man so the lifestyle co-ordinator arranged for them to visit a vintage motorcycle enthusiast to view his collection of bikes. We spoke to these people who were full of their experiences and the enthusiasm and life.

The activities provision empowered staff as well as people. For example, staff with specific skills used these skills to enrich people's lives, such as the maintenance man who ran a basic DIY group. This enabled people to try new activities they hadn't done or continue to follow a previous interest. During the day we observed a bake off competition. This enabled staff not only to show their baking skills but also bring some of their local culture and cuisines to the home's community. For example, one of the staff, who was born in Italy, was making a tiramisu. The event was a great success and enjoyed by all.

People told us they had the choice of participating in a wide range of activities. This included quizzes, reminiscence chat, craft sessions, memory games, skittles and cinema, listening to music, basic fitness. Additionally external entertainers, including a creative minds group and a variety of musicians visited. People had the opportunity to interact with animals and to go out on visits and trips and these were a

highlight of peoples' experiences. People told us about a visit to a lavender farm, a local garden centre and the natural history museum in Oxford. The registered manager was in a process of appointing a designated driver for the home's minibus and told us this would enhance outings provision. On the day of our inspection we saw one to one sessions were taking place with people who chose to remain in their bedrooms.

The lifestyle co-ordinator ensured people had opportunities to experience real community interaction that enhanced people's wellbeing and gave them a feeling of purpose. Links were being established with the local community via the activity programme. A local school choir visited regularly. The first 'Dementia Café' in Chipping Norton had been held at the service. Penhurst Gardens Care Home held a number of fundraising events including raising money for the Alzheimer's Society. Additional plans were being considered to further strengthen links with local school by offering pupils the chance to do work experience and work toward their Duke of Edinburgh Award scheme at the service.

Before people came to live at Penhurst Gardens Care Home their needs had been assessed to ensure these could be met. The assessments were carried out by suitably trained senior staff. On the day of our inspection we saw the deputy manager going out to assess a potential new service user. This allowed information to be gathered which was necessary for forming people's support plans. People's care records contained personalised information about their health care, likes, dislikes, preferred routines and wishes. One external health professional told us, "Excellent person centred care plans that I read for new admissions that give a holistic feel to the new resident and their family".

People and relatives, where appropriate were actively involved in care planning process and regular reviews. Comments from people and relatives included, "Talk things through with me, ask me if everything is alright", "Care plan, on-going process. Asked to review care plan and sign every two months. I have made suggestions that were acted on" and "Review the care plan. Talk it through with them weekly".

People's care plans gave clear guidance to staff on how people wished to be supported. For example, one person's care plan said, 'I tend to refuse (support) at times. Please come back after a few minutes and offer it again in a calm and unhurried manner'. The records were clear, up to date and regularly reviewed. There was a 'resident of the day' scheme when a different person's needs were considered. That included input from all departments including care, kitchen, housekeeping, maintenance and activities. This ensured people's holistic needs were reviewed regularly and met and their well-being maintained.

Staff had an excellent understanding of people's social needs and used this information to provide personalised and responsive support to people. For example, one person was supported to take their homeopathic remedies. The person's relative told us, "[Person] has been having these for years and it seems to help. They (staff) are really supportive here in terms of monitoring symptoms". We discussed this with the registered manager who told us, "It would have been easier to have said we cannot accommodate this [homeopathic remedy], but we wanted to allow the person to have their lives as normal as possible". The registered manager referred to the person having the alternative medicine for most of their life and they (the service) did not want to disrupt this practice. This demonstrated the service was responsive to people's individual needs. We noted the person's care plan and risk assessments made reference to this alternative therapy and we saw a letter from the person's GP who had agreed to the person having these.

Another person's health deteriorated and when they had refused fluids mouth care was in place to ensure the person's mouth did not become too dry. We saw mouth care swabs in the person's room. We also observed that the person was sleeping peacefully and staff told us they usually had soft lighting and the person's favourite music playing to aid relaxation. This demonstrated the staff responded well to people's

individual needs.

People and their relatives told us support provided was responsive to their needs. Comments included, "Nursing team patient, competent and know each resident in detail" and "Carers anticipate peoples' needs on a day to day basis".

People and their relatives told us they knew how to make a complaint. Comments from people and their relatives included: "Could talk to anybody if I had a problem", "Manager very approachable. Issues are dealt with and they let me know the outcome of any concerns", "Know we could talk to anybody- no worries" and "I talk to the manager. Approachable, quite happy to see you. Not fobbed off. Let us know what action is taken". Copies of provider's complaints procedure were clearly displayed at the service. This contained information on how to complain and where to go if you felt the complaint was not resolved. The complaints log we viewed showed complaints were managed in line with the provider's policy. The registered manager saw concerns as a part of driving improvement and they valued feedback received. We saw that a recent audit of the complaints recognized it would be beneficial to share the results of complaints analysis with the staff and the registered manager added this to the on-going action plan.

People were able to give their views about the service in various ways such as surveys, an open door policy and via residents' meetings. When an action was required the registered manager ensured it was followed up. For example, people requested that additional electronic tablets were purchased and the registered manager confirmed this was done. The 'you said, we did' section of the home's newsletter gave full details what action has been undertaken in the response to people's feedback. The provider monitored reviews of their service on a leading UK care home review website. The newsletter gave up to date information on the reviews found on this site. We viewed the results and noted these were overwhelmingly positive with majority of the people commenting the service was 'excellent' and they were 'extremely likely' to recommend it to people. As a result the provider was awarded in the 'Top 20 Care Home Group Awards 2017' earlier this year. This was in a category that highlights the most recommended group of care homes.

Is the service well-led?

Our findings

People and their relatives commented on the positive ambience at the service. Comments included, "Such a nice place, a home from home" and "Yes a really nice atmosphere here". There was a friendly, calm and positive atmosphere at the service on the day of our inspection. We were greeted warmly by people and staff. The team at Penhurst Gardens Care Home promoted a transparent and honest culture and a sense of pride to be working at the service.

There was a clear and robust staffing structure in place and staff were aware of their roles and responsibilities. The registered manager was supported by a clinical deputy manager and a team of nurses and care staff as well as designated staff of other departments such as training, maintenance, housekeeping and the kitchen. The senior team were knowledgeable about people's needs and they offered support and direction to staff throughout the day. Effective care and consistency in staff approach that we observed was a result of the high standard of in-house training and the fact that all staff, including the hostesses, receptionist, house keepers, carers and nursing staff, worked well as a team. The registered manager told us they were well supported by the provider. The registered manager also told us any requests for extra training or other were always accommodated by the provider.

People's relatives praised the management and commented positively on how the service was run. Comments included, "The manager is brilliant, managed well with a good atmosphere. Staff like being here", "Always made to feel welcome as a family, huge support from everyone" and "The manager is very approachable. His door is really always open". Staff were also positive about the management. A staff member told us, "Manager is very approachable, you know he'll always help and he knows the answer. He knows what he's doing. Deputy is the most lovely nurse, lovely with service users and patient with us (staff)".

People's relatives praised the communication, with staff letting people know immediately if the person's health had deteriorated, if changes to care were needed or if there had been an incident such as a fall. One relative told us, "(Staff) always phone straight away if anything happens". The provider had a comprehensive website and quarterly newsletter magazine detailing past and present events and updates about staff changes and new appointments. The newsletter was also used to present staff profiles with a short staff interview and celebrated staff achievements.

Staff were encouraged to attend staff meetings and contribute their ideas to the running of the service. There were regular, various meetings held such as general staff meetings, health and safety meetings and clinical governance meetings. We viewed samples of minutes and saw that areas such as record keeping, training, people's needs and changes were discussed. The registered manager used learning from other organisations as case studies to highlight the importance of good practice. For example, we saw that following a broadcast of underperforming service on panorama, staff discussed the impact of poor practice on people.

Staff told us they were very well supported and their views mattered. Comments from staff included, "Great, good support, manager says his door are always open, I can drop an email to any of them (management)",

"Trainer observed us (our practices) and started spot checks, we'll do that with carers, we tell staff (about checks), it's all transparent, we encourage each other to challenge each other" and "Any staff ideas would be taken into consideration. We've got a 'tree' upstairs and staff put their quotes and thoughts and a comments book. We have thank you file, we're an important part of the team. You don't feel divided between management, team leaders and carers, it's one big team". There was a proactive approach to develop staff and to ensure they followed best practice. For example, the trainer told us they held a weekly study session aimed at staff that struggled with any particular training or for staff that needed some additional support around their diplomas. The trainer told us they sourced a volunteer English teacher who supported staff with language skills. They also developed numeracy, IT and literacy sessions to assist staff with their personal and professional development. They told us they planned to introduce well-being sessions for the staff to help them to deal with the pressure of their roles. The trainer also told us they worked alongside staff to monitor their practices and ensure the training was effective. They said, "You can't be a trainer if you don't know what you're talking about, can't expect staff to do training I wouldn't be able to do myself. It's not just about training, it's also about staff well-being".

The provider had effective systems to monitor all aspects of the service delivery and we saw evidence of various audits taking place. These included areas such as care plans, medicines management, safeguarding, accidents and incidents. The service was supported by various teams from the provider's head office that carried out regular audits, such as the property team or clinical team. The registered manager collated and submitted to the head office a number of various data such as training compliance, people's weight loss or complaints. They also audited the information gathered to ensure that any trends or patterns could be identified. The registered manager had an on-going action plan that ensured any areas requiring action were being addressed. For example, the audit identified that some peoples' 'do not resuscitate' form still had their previous address on and that was raised with the GP to review.

The provider had a whistle blowing policy in place and staff were aware of their responsibilities to report any concerns. Staff told us they would follow the procedure if they suspected any abuse. Staff also knew how to report any concerns outside the organisation if necessary. One staff member said, "I can go to CQC or the Police". Another member of staff said, "I'd raise (any concern) with the (local authority's) safeguarding adults (team) through their website".

The provider worked well with other professionals including local health professionals to ensure people were safe and well cared for. The registered manager ensured the current practices were followed. For example, they signed up for email alerts with Medicines and Healthcare products Regulatory Agency (MHRA). MHRA sends out drug alerts and medical device alerts to healthcare professionals with clinical advice on the safe use of these. They kept a log of alerts with an audit trail that showed if any of the alerts related to any drugs or equipment used at the service. The service was a member of the Oxfordshire Association of Care Providers (OACP). This gave the registered manager an opportunity to participate in information sharing events and network with other local social care organisation. The registered manager ensured they met their legal statutory requirements to inform the relevant authorities including Care Quality Commission (CQC) of notifiable incidents. We received very positive feedback from health professionals who commented on good communication with the provider. One external professional said, "Easily approachable either face to face, telephone or email and very responsive to queries".