

## Godswell Park Care Home Limited

# Godswell Park

### Inspection report

Church Street  
Bloxham  
Banbury  
Oxfordshire  
OX15 4ES


Tel: 01295724000

Website: [www.godswellpark.co.uk](http://www.godswellpark.co.uk)

Date of inspection visit:  
25 February 2020  
09 March 2020

Date of publication:  
23 April 2020

### Ratings

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

# Summary of findings

## Overall summary

### About the service

Godswell Park is a residential care home providing personal and nursing care to 36 people aged 65 and over at the time of the inspection. The service can support up to 48 people.

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

People continued to receive outstanding care from consistent knowledgeable staff that exceeded their expectations. The service continued to embrace technology to promote people's freedom and minimise risks. The provider had maintained an excellent overview of risk and safety to inform action and business plans. They had sustained the services of an independent health and safety consultancy to ensure they were compliant with all current health and safety law.

The service had maintained exceptional staffing levels that met people's needs and kept them safe. There was a significantly high ratio of staff and very low turnover which helped ensure staff had an excellent understanding of people's needs and personalities. The service never used agency staff. The service had an exceptional and inclusive approach to promoting the safety of its staff and was seen as a good place to work by staff and external organisations.

The provider continued to go above and beyond to explore innovation and ensure excellent infection control measures were in place. For example, the provider had maintained their state-of-the-art air purifier system which delivered pressurised and filtered air to each floor. This allowed constant air flow in and out of the building therefore reducing the risk of allergens such as dust and pollen. We saw the environment was very clean and smelt fresh. The service also sustained their ozone laundry delivery system which ensured people's washing was completely infection free.

The service had sustained a genuinely open culture in which all safety concerns raised were highly valued as integral to learning and improvement. Safety alerts, results of investigations and analysis of events were communicated at staff meetings. Opportunities to learn from external safety events were identified.

The provider had gone to extra lengths to continuously assess and review people's care provision when they first came in. They had introduced a 'new resident welcome pack' which allowed instant ongoing review of care from the person's perspective and identified any lessons to be learnt.

People remained very well cared for by highly skilled staff who had an in-depth understanding how to support people with different needs. Since the last inspection, people using the service and their families had been supported to take part in the recruitment of staff and volunteers and had an influence on the outcome. Meal times at Godswell Park were considered social events and people continued to experience an outstanding dining experience. The service maintained a strong emphasis on the importance of eating and drinking well. People continued to benefit from the extensive, attractively landscaped grounds with a huge variety of plants and flowers. People experienced positive outcomes regarding their health and

wellbeing. The home had excellent systems and processes for referring people to external services. These were applied consistently and had a clear strategy to maintain continuity of care and support.

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

People continued to receive outstanding care from highly motivated staff. Godswell Park had a strong and visible person-centred culture which ensured that staff in all roles were highly motivated and offered outstanding care and support that was exceptionally compassionate and kind. The home's philosophy of high-quality care made care and compassion every staff member's business.

Respect for privacy and dignity remained at the heart of the service's culture and values. It was embedded in everything that the service and its staff did. People and staff felt respected, listened to, and influential. Godswell Park's philosophy continued to be around ensuring people maintained independence. There was an exceptional, inclusive approach to care that valued people and relatives and made them partners in care provision.

Arrangements for social activities continued to meet people's individual needs and followed best practice guidance so people could live as full a life as possible. The service continued to go the extra mile to find out what people had done in the past and evaluated whether it could accommodate activities and made them happen. The service had maintained close working relationships with healthcare professionals and provided commendable end of life care. People experienced a comfortable, dignified and pain-free death. People continued to receive personalised care and support specific to their needs, preferences and routines. Visiting professionals told us the service was focused on providing person-centred care and support and achieved exceptional results.

The provider's vision and values continued to put people at the heart of the service. These were centred around provision of a high-quality service to people. The values were developed with people and staff in meaningful and creative ways and were owned by everyone. People and staff ran the service and had clear control of how the care was delivered. The registered manager provided exceptional leadership and had developed a dedicated staff team who were committed to the vision and values of the service. Staff were motivated by and proud of the service. They loved being part of dedicated team and vowed to provide excellent care.

The stable leadership at the service continued to be exceptional. The registered manager was supported by three hands on directors. They were all passionate about their roles and had a clear vision to keep improving the quality of the service. Godswell Park had a track record of being an excellent role model for other services. It worked in partnership with others to build seamless experiences for people based on good practice and people's informed preferences. The service continued to be an important part of its community and had maintained and further developed community links to reflect people's needs and preferences.

Rating at last inspection and update

The last rating for this service was outstanding (published 26 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was exceptionally safe.

Details are in our safe findings below.

Outstanding 

### Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding 

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

# Godswell Park

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of three 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.

#### Service and service type

Godswell is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced on the first day. We revisited the home announced on the second day to meet with the registered manager.

#### What we did before the inspection

We reviewed the information we held about the service and the service provider. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also reviewed the provider's previous inspection reports. We used all of this

information to plan our inspection.

#### During the inspection

We spoke with 15 people and four relatives. We looked at six people's care records and five medicine administration records (MAR). During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. We spoke with the three directors, registered manager and 10 staff which included, care staff, domestic staff, activities coordinator and kitchen staff. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the registered manager and provider to validate evidence found. We received feedback from one social and health care professionals who regularly visited people who received care from the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

### Assessing risk, safety monitoring and management

- The service continued to embrace technology to promote people's freedom and minimise risks. For example, people had pendant call bells, that worked outdoors to allow them to enjoy home grounds.
- The provider had maintained an excellent overview of risk and safety to inform action and business plans. They had sustained the services of an independent health and safety consultancy to ensure they were compliant with all current health and safety law. They had also maintained their emergency back-up systems for both the water and electricity which ensured enough supply in the event of interruption.
- People continued to benefit from an innovative lighting system in people's rooms and bathrooms with automatic lighting which still significantly helped to reduce potential falls. The registered manager continued to complete regular falls analysis which identified trends mainly around when people were waking up in the morning. The analysis also took into account people were becoming frailer and more prone to falls. Preventative equipment such as alarm mats had been put in place. Emphasis was made to people to ask for support and bathrooms and toilets in the service had a 'Please Call Don't Fall' signs in place. This had resulted in reduction of falls.
- Risks were continuously reviewed following changes in environment. For example, following installation of a dolphin water feature in the garden, it was noted a lot of children loved the water splashing. The provider facilitated legionella water testing from the fountain to reduce any risks of legionella infection.
- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure the risks were managed and that people were safe. People's risk assessments included areas such as their mobility, nutrition and medicines. Some people had risk assessments for managing their own medicines to maintain their independence. Staff were familiar with and followed people's risk management plans.
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken.

### Staffing and recruitment

- The service had maintained exceptional staffing levels that met people's needs and kept them safe. There was a significantly high ratio of staff and very low turnover which helped ensure staff had an excellent understanding of people's needs and personalities. The service never used agency staff.
- High staffing levels meant staff could provide good, personalised care to people without rushing and the providers told us they had intentionally over recruited. The provider had maintained a long-standing core team of staff who had joined before the home opened.
- People were exceptionally positive about the number of staff and told us there were always plenty of staff



around. One person said, "We have the best staff supporting us. Someone always comes along swiftly if I ring my call bell." A relative told us, "I think they are very generously staffed here."

- On the day of the inspection we saw, staff were not rushed and took time to continuously engage with people. This was actively encouraged by the management team as part of the person-centred ethos of the service. The atmosphere was very relaxed with happy faces all around. One person told us, "Staff work so well here together. There is happiness in the corridors from cleaners, chefs, nurses, carers up to the managers. They have time and this is how it always has been."
- The provider had further improved the balance of care staff and housekeeping staff and used the staff mix innovatively. For example, the creation of an infection control committee had freed up more time for care staff. This meant that staff had time to spend with people to develop and maintain positive and meaningful relationships.
- The service had an exceptional and inclusive approach to promoting the safety of its staff and was seen as a good place to work by staff and external organisations. One member of staff commended, "I love it, best job I've had. Really feel you've achieved something. Make a difference to people's lives. I wouldn't work anywhere else."
- The directors continuously completed detailed analysis of staffing levels which indicated they were 100% over the recommended levels. They used this to ensure there would always be enough staff when people's needs or staff circumstances changed.

#### Preventing and controlling infection

- The provider continued to go above and beyond to explore innovation and ensure excellent infection control measures were in place. For example, the provider had maintained their state-of-the-art air purifier system which delivered pressurised and filtered air to each floor. This allowed constant air flow in and out of the building therefore reducing the risk of allergens such as dust and pollen.
- We saw the environment was very clean and smelt fresh. The home had an established housekeeping team who led the infection control committee. People commented about the cleanliness and said, "The cleaning schedule is exceptional" and "It's clean everywhere. My room is pristine, and they take cleaning matters seriously."
- The service also sustained their ozone laundry delivery system which ensured people's washing was completely infection free. One person who often struggled with allergies commented, "I have not had any bouts of allergies since I have been here. Lint was always my nightmare."
- The service's infection control lead continued to conduct departmental audits to ensure robust practices were carried out throughout the home. Following the last inspection, the service had created a cross departmental infection control committee which ensured policies and procedures were maintained, delivered training and made recommendations. The aim of the committee was to set and maintain the highest standard, they had achieved this.
- The service had a Level 5 rating from the Food Standards Agency. This is the highest rating and confirms the service was meeting national best practice guidance in the safe management of food.

#### Learning lessons when things go wrong

- The service had sustained a genuinely open culture in which all safety concerns raised were highly valued as integral to learning and improvement. All staff were open and transparent, and fully committed to reporting incidents and near misses.
- All staff are encouraged to participate in learning to improve safety as much as possible, including working with others in the system, and, where relevant, participating in local, national, and international safety programmes. Safety alerts, results of investigations and analysis of events were communicated at staff meetings. Opportunities to learn from external safety events were identified. For example, following reports of choking incidents in homes, staff raised concerns about potential care staff response times to a choking

incident if it happened in the restaurant. The providers immediately investigated the possible options available to reduce the risk. As a result, an 'anti-choking device was purchased along with an associated staff training course. The registered manager commented, "It's good to have it and pleased we have not had to use it yet."

- There was an open and honest culture to support learning from errors and staff told us they were encouraged to report incidents, accidents and near misses. The service had robust procedures in place to investigate any events or complaints and to identify the root cause. Incidents were analysed in order to put measures in place to prevent re-occurrence. We saw significant event analysis forms' which clearly identified learning from events. For example, hair and beauty were a big part of life at Godswell. The provider sought two part-time hairdressers and people complained about being rushed as well as being charged if they cancelled due to poor health. The hairdressers had got to know people well as well as their needs. The provider dismissed the two hairdressers without fully involving people and this created an uproar. The provider decided to employ a hairdresser who could take as much time as people required. The provider admitted they did not handle the departure of the previous two hairdressers well and this resulted in animosity from people towards the new hairdresser. Following consultations with people, they have now recruited two new hairdressers and people are happy.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe living at Godswell. One person told us, "I never have any worries at all, they (staff) pounce on things very quickly here. The care is very good and kindness is more important than efficiency, I have absolutely no complaints at all." Another person said, "I am perfectly happy living here really. I think my daughters did very well to find this place, I know they are pleased with my life here."
- People were supported by staff that knew how to raise safeguarding concerns. One member of staff told us, "I would report to nurse in charge then higher if needed."
- The provider had safeguarding policies in place and the team reported concerns accordingly.
- The service's culture, staff induction, training and supervision arrangements successfully promoted a child-centred approach to safeguarding. The service had recognised the need to include safeguarding training for children since they had started working with local schools and toddler groups.

Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines. Staff used an electronic medicine monitoring system which was linked to the pharmacy. The system maintained an overview of stock, improved audit trail and reduced the risk of mismanagement.
- Staff had been trained in administering medicines and their competency checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.
- However, where people were prescribed when necessary medicines (PRN), there were no PRN protocols in place to guide staff. We brought this to the management's attention and they immediately addressed it.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Staff support: induction, training, skills and experience

- People remained very well cared for by highly skilled staff who had an in-depth understanding how to support people with different needs. Staff had excellent knowledge of people's individual needs and used it to provide personalised approaches to care. We observed staff effectively used their skills to respond effectively when people needed support.
- Since the last inspection, people using the service and their families had been supported to take part in the recruitment of staff and volunteers and had an influence on the outcome. For example, the registered manager sought staff performance feedback through individual and group meetings with people. This fed into the staff probationary reviews and ensured staff were a good fit for the home. People told us they liked being part of this process.
- Staff training continued to be delivered around people's individual needs. For example, a psychometric test was used to determine individual levels of empathy and caring of potential staff. Empathy training also included staff trying an ageing suit so they could experience what people may encounter as they got older and less mobile. One member of staff told us, "The old person body suit training gave me a clear understanding of our residents and how best to support them."
- Newly appointed staff went through a thorough induction which included a full day of induction, practical skills training and a four-week mentorship programme. This allowed staff enough time to get to know people and understand their individual preferences.
- The provider had a proactive support and appraisal system for staff, which recognised that continuing development of skills, competence and knowledge was integral to ensuring high-quality care and support. For example, staff had been supported to complete the nurse assistant training which had bridged a gap between carers and nurses.
- Staff continued to receive specific training in areas such as Parkinson's, diabetes and palliative care. Qualified nursing staff had extensive experience of working with the elderly and with key relevant skills and maintained their professional registrations with the nursing and midwifery council (NMC).

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

- Meal times at Godswell Park were considered social events and people continued to experience an outstanding dining experience. The service maintained a strong emphasis on the importance of eating and drinking well. The service provided excellent quality food with a variety of different options to choose from each day.
- People we spoke with continued to be overwhelmingly positive about the quality and presentation of the food. People told us, "The food is unbelievable. The four chefs are brilliant", "I get to eat some very good food, a lot of thought is given to diet here I think. I eat well and I can always ask for anything", "You don't

have to wait long to be served here the food is always hot and well presented" and "Food is fantastic. As you can see, I cleaned up my plate. Perfect portions."

- On the day of the inspection we experienced a flexible, full restaurant and room service. People had a choice of a three-course meal. Sherry was offered before lunch and wine was available if people requested it. People were served their meals by waiting staff who knew their needs and preferences very well. People who needed support from staff were supported discretely in a dignified way. People who required extra assistance, continued to be supported in a separate assisted dining room where they could experience table dining without embarrassment.
- People continued to be fully involved in decisions around meal choices and staff took nutritional advice into account. Staff were aware of people's individual preferences and patterns of eating and drinking and there was flexibility when needed or requested. For example, most people preferred to have their evening meals in their rooms after a long day. The management team and staff respected this and still ensured people enjoyed their meals.
- The provider employed a team of four qualified chefs. People were fully involved in the selection of menus. The chef often met with people to discuss meal options and gather feedback which was used to make changes. For example, people had fed back they liked plain food. The chefs worked with them and produced a plain food menu which people could have during any meal.
- The service continued to use creative ways to encourage food to be as attractive as possible when people were on specific diets such soft diets. Food moulds were used to improve the presentation of pureed food. Records showed this had improved the food intake and helped maintain people's weight.
- The service embraced different cultural, religious and ethical issues around people's choice of food to make sure their wishes were respected. For example, on the day of the inspection it was pancake day. Pancakes were offered and they were a favourite of the day. People chatted about it being pancake day and they all reminisced about a pancake race held last year. This caused a lot of laughter as they recounted how competitive both staff and people had been. One person said, "It was marvellous." Records also showed several festive celebration meals had been provided such as Chinese New year.

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

- Godswell Park was a purpose-built home which had been decorated to a very high standard. People's rooms were personalised and decorated with personal effects which gave it a home feel. Rooms were furnished with people's own furniture and adapted to meet their individual needs and preferences.
- People continued to benefit from the extensive, attractively landscaped grounds with a huge variety of plants and flowers. The grounds also boasted of several sitting areas, paths, pergolas, garden ornaments and a summer house which was equipped with tea and coffee making facilities. There were attractive features consisting of Dolphin feature and a flock of sheep which people loved watching. It was clear people enjoyed the views. One person commented, "The view of the garden is terrific, what a view. The man who maintains the garden works so hard, he is terrific, and he stops and talks. He has put so many interesting plants in the grounds."
- There were different areas for people to use for their preferred activities, and private space to spend time with their families or visitors, or to have time alone. For example, cinema and day rooms with access to the gardens. The cinema room was very popular, and people spoke about recent films and shows. The service had maintained the use of a state-of-the-art sun therapy room for people to relax and promote their health and well-being. Anyone was welcome to use it including staff and relatives.
- The provider explored new equipment and technologies to support the delivery of high-quality care and independence. People were able to do more things independently. For example, people had access to Alexa. There were computers and printers available in the lobby for people to use at any time.

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

healthier lives, access healthcare services and support

- People continued to experience positive outcomes regarding their health and wellbeing. The home had excellent systems and processes for referring people to external services. These were applied consistently and had a clear strategy to maintain continuity of care and support. This allowed effective information sharing and continuity of care. Where referrals were needed, this was done in a timely manner.
- The registered manager continued to work collaboratively with doctors and carried out regular reviews of people receiving medicines in order to reduce the use of these where possible. We saw the records that confirmed people had been assessed as no longer needing some medicines. One person told us, "They scale down your medicines as much as possible, with the GP."
- We received extremely positive feedback from health care professionals, on how staff worked collaboratively to support people to achieve timely care with good outcomes. One professional told us, "I find that nursing staff and carers alike are very honest and open in their practice to ensure the resident gets the best care and outcome. We often sit together with staff to discuss options and different approaches to problem solving for a resident. When I make any recommendations, they are put in place immediately. Safe practice and current research-based evidence for care is uppermost." When changes were implemented, the provider had systems to immediately notify staff of the changes in care.
- The service had excellent links with health and social care services. People's care and support was planned and coordinated when people moved between different services. The service involved people in decisions about their health and encouraged people to make choices, in line with best interest decision-making. One relative told us how their loved one had improved in a very short time since they came to Godswell Park. They said, "[Person] came straight from hospital in a very poorly state having broken a hip and needing quite intensive twenty-four-hour support. In the six weeks or so they had been at the service, not only had they made a good and steady recovery physically, now needing much less support with day to day living, they are much happier in themselves." Staff told us they followed healthcare professionals' advice and sought further guidance when needed.
- Staff had been empowered to share knowledge and take responsibility through a championship initiative. There were champions in areas such as dignity, infection control, well-being and communication. These champions actively supported staff to make sure people experienced good healthcare outcomes leading to an outstanding quality of life.

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

- People's physical, mental and social needs were holistically assessed, and their care, treatment and support delivered in line with legislation, standards and evidence-based guidance, including National Institute for Health and Care Excellence (NICE) and other expert professional bodies, to achieve effective outcomes.
  - The registered manager and staff sought to improve people's care, treatment and support by identifying and implementing best practice. They had embraced the new oral health initiative in line with the NICE guidelines. This was well embedded in people's care and had a positive impact on their well-being.
  - The provider had gone to extra lengths to continuously assess and review people's care provision when they first came in. They had introduced a 'new resident welcome pack' which allowed instant ongoing review of care from the person's perspective and identified any lessons to be learnt. This ensured people's assessed needs were being met and any shortfalls addressed instantly whilst the person was still settling in.
- Ensuring consent to care and treatment in line with law and guidance
- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights to make their own decisions were respected and people were in control of their support. Care plans contained consent to use of photographs and to care documents signed by people or their legal representatives.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "Residents have a right to make their own decisions. We support them to make decisions that are right for them. If we have to make decisions for them, then it would be in their best interest". People were given choices as staff worked to the principles of the MCA.
- Where people did not have capacity to make specific decisions, these had been made in their best interest by staff following the best interest process.

## Is the service caring?

### Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People continued to receive outstanding care from highly motivated staff. Godswell Park had a strong and visible person-centred culture which ensured that staff in all roles were highly motivated and offered outstanding care and support that was exceptionally compassionate and kind. The home's philosophy of high-quality care made care and compassion every staff member's business. Everyone, without exception, spoke of the commendable kindness, compassion and understanding shown by staff. People said, "They are terribly nice the girls (carers), we are definitely spoiled to have them", "They (staff) are extremely nice and are always very helpful and careful" and "I think the main thing is the kindness and generosity". One relative told us, "We appreciate the outstanding treatment my mother has received since arriving at Godswell Park. She has experience of Godswell in all its manifestations from the physiotherapy to the food, from the beautiful grounds to the daily activities, but most especially the kindness and attention of all the staff."
- It was clear people living at Godswell were accustomed to outstanding care and their expectations were high. They cared for individuals and each other in a way that exceeds expectations. On the day of the inspection we witnessed some very discreet acts of compassion amongst people. For example, during lunch one person was dribbling whilst talking. The person seating next to them nudged them discreetly each time this happened.
- Staff demonstrate a real empathy for the people they care for. One person told us how staff had supported them. They said, "When I came here I was grieving deeply, I had been married for 65 years and my husband had died. I went down to the music session and the music set me off into tears. A carer came and put her arms around me and told me she was grieving too, for her mother. She persuaded me not to leave the room and said I should cry with her. There is a warmth here which is very evident. One of the nurses said, 'you've joined the family' here."
- Staff at all levels were passionate about their roles, showing an overwhelming commitment to ensuring people were at the heart of the service. Comments we received about the service described the family atmosphere and the extraordinary impact relationships had on people's well-being. These included, "Everything here is perfect. Homely atmosphere" and "If I can't be in my home, I would rather be here".
- Throughout the inspection there was an exceptionally caring, relaxed, happy atmosphere. Everyone enjoyed each other's company and interactions showed how people and staff valued each other. Without exception the interactions between people and staff at all levels were kind and compassionate. Staff took time to have meaningful conversations with them, using their knowledge and understanding of people to engage with them on a personal level. Staff were extremely sensitive to times when people needed caring and compassionate support. It was clear staff knew people well.



Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity remained at the heart of the service's culture and values. It was embedded in everything that the service and its staff did. People and staff felt respected, listened to, and influential. One member of staff told us, "I feel I'm listened to. After the CQC inspection we had a brainstorming session to talk about how we could continue to improve, and we were all listened to." The service continued to have a dignity champion who passionately believed that treating people with dignity was a basic human right, not an optional extra. They kept staff up to date with any changes to ensure people received compassionate, person centred care. The service had a 'dignity care pledge' banner displayed in their reception reminding people of their commitment.
- Godswell Park's philosophy continued to be around ensuring people maintained independence. Staff only offered help if asked or when obvious person needed help. There was a strong emphasis on independence. The provider had maintained the use of equipment to maximise independence. This included, motion sensor toilet flushes, large call bells and large button telephones. We saw people benefitted from these devices. For example, people used personal alarms when they went for walks outside the building. People had access to waterproof call bells for use in the spa baths to promote independence and allow some privacy.
- People told us staff supported them to be independent and they said, "You are always being encouraged to walk here. We go to the cinema downstairs and around the beautiful gardens", "I am certainly encouraged to keep active, there are lots of places to be" and "I don't come down very often but today I have as I have had a walk in the garden this morning and seen all the flowers, one of the girls took me round."
- People were continuously encouraged to be independent. For example, one person was fiercely independent and was supported to walk themselves to the GP surgery. The person told us this was very important to them.
- There were many examples of people's confidence and independence improving as a result of the support they received. For example, a couple shared a room but one of them started to deteriorate. Staff recognised the impact this was having on the couple's relationship, well-being and independence. Following discussions, a decision was made to move them to separate floors however, ensuring they still spent time together every day. This had a huge positive impact on both of them and one of them is now more independent. One member of staff commented, "It's really lovely to see them together. They both enjoy being together."
- The environment had been adapted for people to continue being independent and do things they loved. For example, people who loved gardening had access to raised beds. The provider also facilitated a gardening club and one person told us how much they enjoyed being involved in potting up the flowers in the spring.
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept safe and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect information.

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

- The service continued to be exceptional at helping people to express their views and staff understood their preferences, wishes and choices. People's views were continuously sought through individual meetings, group meetings and afternoon tea meetings. People chose how they preferred to give their views. For example, one tea meetings consisted of three people and they chose to talk about new staff feedback, food choices and environmental changes. They also suggested a change in shopping trips time from morning to afternoon to allow them more time to prepare. This change enabled more people to come along and had been implemented. People loved that most of them could go out together.
- There was an exceptional, inclusive approach to care that valued people and relatives and made them



partners in care provision. The provider created opportunities for people to be involved in their care. People had staff key workers. A keyworker is a staff member responsible for overseeing the care a person receives and liaised with families and professionals involved in a person's life. This allowed staff exceptional opportunities to know people better and build meaningful relationships with them and their relatives. One person told us, "We have named nurses and carers. We can call them anytime we want if we need to discuss anything. I respect them. They know me very well and I think we have a great relationship."

- There were many examples of staff using their exceptional caring approach to achieve significantly improved outcomes. Relatives were extremely positive and told us how living at the home positively affected their loved ones. One relative commented, "When they (carers) are feeding her, she does chew everything so slowly and they are so patient with her when they assist her and they are also very good at monitoring her food and always encourage her to eat more. They certainly noticed that her appetite had improved recently."

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Arrangements for social activities continued to meet people's individual needs and followed best practice guidance so people could live as full a life as possible. The service continued to go the extra mile to find out what people had done in the past and evaluated whether it could accommodate activities and made them happen. For example, one person who moved from out of area struggled to settle in. Staff worked with the person and discovered they loved swimming. The person loved to talk about past swimming experiences. The registered manager arranged for them to meet someone from the lunch club who also loved swimming. A meaningful relationship had been formed and the person loved this. Staff also discovered the person's love of music. The registered manager arranged for the person to have a voice control electronic device which the person can control to listen to music and they absolutely loved it. The person had really settled in well.
- People had access to a full programme of activities which were overseen by committed, passionate and experienced team of coordinators. Activities included; book club, wellbeing exercises, board games, quizzes, walks, weekly news reviews, music mornings, poetry group, yoga, flower club, art club, films in the in-house cinema and reminiscence sessions. People who enjoyed gardening had access to raised beds and potting sheds in garden. There was also a summer house with kitchen where people spent time with each other and families. People told us a lot of relationships had been formed through this. There were two ponds where people enjoyed sitting on bridge.
- The provider continually sought ways to review and improve activities provision. An analysis of activities showed only half of people attended group activities. As a result of this and also learning from other providers, individual activity days were developed where people had one to one activity each week. This particularly benefited one person who did not enjoy group activities. Staff found the person really enjoyed and benefitted from the one to one time chats. The registered manager popped in once a week to chat to the person who said this and made them feel special and important. Another person had become much frailer and could not attend activities. Activity staff visited them and supported them to follow their interest in art. Staff told us the person really enjoyed this.
- Outside trips which included visits to museums, garden centres, country parks and shopping trips had been maintained. We observed co-ordinators involved people in suggesting activities they would enjoy and like to see included in the programme. Four separate activities were provided on most days, in addition to one-to-one conversations with more private people.
- People told us they enjoyed the variety of activities. They commented, "I do go to some events, they always come and tell me they are doing something that day", "I wanted to try the trip to the Yurt as I am new- it was good, I enjoyed it and it was very well organized" and "I do the quiz and Art on Wednesday and a

choir comes once a month and I go along to News and Views too and the craftwork."

### End of life care and support

- The service had maintained close working relationships with healthcare professionals and provided commendable end of life care. People experienced a comfortable, dignified and pain-free death. We saw feedback from relatives following end of life care was positive. Comments included, "Gratitude to all staff who cared for [person] during their time at Godswell Park. The warmth and dedication of staff made [person] feel special. I was impressed with the high standards from the food through to the excellent nursing care- right to the final hours of [person's] life. No one let them down" and "Everyone made [person's] life comfortable. Expert care was delivered with such kindness, good humour and discretion. Every member of staff deserves a medal for making Godswell the place it is. [Person] was fortunate enough to spend their last moments of life here."
- There was a rapid response to people's changing care needs and advice on care and support for people and carers at the times they need. Staff knew people very well and how best to support them. For example, one person's condition had progressed, and they wanted to make their last days positive. The person did not want any social involvement but rather spent quality time with family. Staff found out the person enjoyed warm climate. They arranged for the person to spend more time in the sun therapy room with their partner which the person enjoyed. They were more positive and talked about holidays. It was a very calm and peaceful experience which made their last days bearable. The registered manager told us they often went in to check on the couple and would find them peacefully asleep holding hands. The partner was very grateful for these last precious moments.
- The service continued to actively look for ways in which they could improve people's end of life care. They had maintained a detailed mortality analysis conducted after each death. This assessed the cause of death, the care given prior to death, and whether anything could have been done to improve the person's final days along with any palliative training needs or potential lessons that could be learnt. This analysis had resulted in the implementation of counselling for both staff and relatives. Staff talked about how beneficiary this had been.
- The service strove to continue to be outstanding and innovative in providing person-centred end of life care based on best practice. They were exploring the benefits of The Gold Standard Framework (GSF). GSF is a practical systematic, evidence-based approach to optimizing care for all people nearing the end of life, given by generalist front-line care providers.
- Records showed staff had attended end of life care training. Staff told us they were supported by the service with empathy and understanding.
- People's preferences relating to end of life were recorded. This included funeral arrangements and preferences relating to support. The home ensured these preferences took account on people's cultural and spiritual needs. One person told us, "We discussed about end of life and no need for hospital admission. I want to be cared for here."
- People who had passed were remembered through individual books where staff wrote their memories, and this was shared with relatives.

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

- People continued to receive personalised care and support specific to their needs, preferences and routines. People's care plans reflected individual needs with clear guidance for staff to follow to ensure person centred care. Care plans were extremely detailed and gave guidance in a respectful manner, at each stage reflecting the views of the person and recognising the importance of others in people's lives. Care plans were regularly updated to reflect people's changing needs. The provider used an electronic recording system which provided clear audit trail of people's care and any update.

- The service continued to keep routines to a minimum. People chose when and how to have support. For example, when they needed personal care and where they wanted to have their meals. Staff knew people's preferences and respected their choices.
- Visiting professionals told us the service was focused on providing person-centred care and support and achieved exceptional results. For example, staff supported one person to lose weight and this had a positive effect on the person. The person was beginning to see the benefits of losing weight.
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.
- The service had maintained a key role in the local community and had continued to be actively involved in building further links. Contact with local community resources and support networks had been sustained. The registered manager believed strongly in the benefits to people and children of intergenerational work. There were various projects taking place with people and school children. For example, the home hosted Cinema showing of Mary Poppins and invited local school children. They watched the show together and people were still talking about it. The service also hosted a local nursery, a senior school and art week. People talked about how they enjoyed the interactions.
- The service understood the needs of different people and delivered care and support in a way that met those needs and promoted equality. For example, the provider employed a pastoral care assistant who often visited people who might have circumstances that might need more contact. People told us they appreciated the pastoral support and saw its benefits. Pastoral support was also available to staff.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had communication needs assessments completed as part of the care planning process. Where people were hard of hearing, there was guidance prompting staff to speak clearly and slowly. Staff told us they followed this guidance.
- Staff were aware of people's communication needs and preferences. For example, we saw staff cleaning people's glasses and were told staff assisted people with hearing aids. Large print documents such as menus and activity diaries were available when needed. People had access to talking books or braille and other specialist aids. We saw people benefitted from these devices, particularly people with vision impairments.

#### Improving care quality in response to complaints or concerns

- The provider had maintained effective systems to encourage people and staff to make complaints and we saw the complaints procedure displayed all over the home. The registered manager told us they used complaints as a learning process to improve care. The service had received one complaint which had been thoroughly investigated addressed in line with their policy. The outcome of the complaint was still pending.
- People and their relatives told us they knew how to make a complaint. One person commented, "The directors' and managers door is always open, you can go to them with anything."
- The provider continued to improve the way people could feedback about care. For example, an electronic feedback system had been introduced where feedback could be given before leaving the service.
- There were many compliments and cards of appreciation regarding excellent care. These echoed the highly positive feedback we received at inspection.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The provider's vision and values continued to put people at the heart of the service. These were centred around provision of a high-quality service to people. The values were developed with people and staff in meaningful and creative ways and were owned by everyone. This was supported by ensuring people had choice on how they wanted to live and spend their time.
- People and staff ran the service and had clear control of how the care was delivered. One person commented, "Lots of people here are clever and they know all the ways and the rules and they rule the roost here". Another person told us, "We say what we want, and it's done. I think we run this place ourselves." For example, people had requested a better mode of transport which accommodated more people including those using wheelchairs. People and staff were involved in the process of purchasing of a new mini bus. There had been several consultations and trials before the right one was agreed. The home has just unveiled the new bus which was more spacious, accommodated more people, and had more space for wheelchair users. On the day of inspection, a group of people had used the bus to visit a local Yurt where people could have coffee and shop. Several people talked about how much they loved the new bus.
- The registered manager provided exceptional leadership and had developed a dedicated staff team who were committed to the vision and values of the service. Staff commented, "I am definitely valued, really listened to", "I care about the home, I care about my job. Manager is respected as a boss but she's like a friend. Directors are like that. If there's anything we need to improve residents' lives, we have it" and "Manager is brilliant. You can talk to her about anything. I can really trust them, I've never felt that before."
- People and relatives told us the service was exceptionally led. They said, "They are a lovely firm you know", "They (carers) like the residents. I note that the staff and residents and all the staff together all get on well together, the management work very hard on that and I appreciate that."
- Staff were motivated by and proud of the service. They loved being part of dedicated team and vowed to provide excellent care. Staff told us, "I care about the home, I care about my job. There is a positive culture with a can-do attitude. We always look for learning from the past but in a positive way to help us move forward" and "There is good teamwork, we get on pretty well, we can always resolve our issues. We are here for the residents, it's not about us. This is promoted by all the staff and we are always open and honest with each other".
- Godswell Park's philosophy continued to treat and respect people as if they were one's own parents. They truly believed keeping staff happy and motivated was an integral part of that philosophy. The management team actively promoted an ethos of team work and mutual support amongst the various teams at Godswell Park. Staff engaged in interdepartmental team meetings allowing them to discuss and identify areas of

improvement and brainstorm on ideas for maintain outstanding practices.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The stable leadership at the service continued to be exceptional. The registered manager was supported by three hands on directors. They were all passionate about their roles and had a clear vision to keep improving the quality of the service. The constant availability and visibility of the management team allowed continuity and provision of platformed care throughout the year. One relative told us, "Nice to see management at the home on a weekend. Having visited I can see why it is rated outstanding. Good to know that care of this standard can be achieved."
- There was a clear management and staffing structure and staff were aware of their roles and responsibilities. The registered manager sought ways of continuously developing staff roles and ensuring they took ownership of their development. For example, staff had been challenged to take on auditing of medicines and care plans. They told us, "My goal is about empowering staff. Care staff who are trained are better at auditing than nurses. They have a more critical eye."
- Governance continued to be well-embedded into the running of the service. There was a strong framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service. The directors and the registered manager saw this as a key responsibility. They had sustained their remarkable oversight of care provision and service quality. Quality assurance systems included audits and monthly review of care plans. Directors continued to undertake quarterly audits and an independent assessment completed annually in line with CQC criteria. These audits had been continuously used to improve people's care and sustain outstanding practices as indicated in individual areas of this report. The providers also facilitated an independent annual mock inspection in line with CQC criteria. The most recent inspection identified minor areas of improvements which had already been addressed as well as recognised the home as an outstanding service.
- Leaders and managers provided feedback to staff and there was clear evidence that this led to improvement and staff willing to do more. Records showed there was a lot staff appreciation and the providers valued everyone's efforts in delivering high quality care. The directors sent personal thank you notes to staff. Staff received gifts for long service, at Christmas as well as along with outstanding individual achievements. The providers also ensured staff were paid above minimum wages. Staff told us they really appreciated the gestures and felt appreciated.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service continued to be an important part of its community and had maintained and further developed community links to reflect people's needs and preferences. For example, a local lunch club had lost their venue of 21 years as well as volunteers. Some people from the home attended this and this had been a big loss for them. The providers offered to host the club in the home restaurant at no extra cost. There had been huge appreciation from the community. On the day of the inspection we saw the club members had their usual meet up. It was vibrant with people having a wonderful time. People enjoyed the food and interactions and some of the members told us it was their highlight of every week. This had allowed the club to continue and for people to maintain their relationships. People told us new relationships had also been created. The service had continued to host and support a regular Bridge club where local community residents attended. People told us it was popular and well attended.
- The service had also continued to develop further links with local schools and toddler groups as reported in the responsive domain of this report. Pupils on gap years volunteered in the home and supported with activities and gardening whilst gaining experience. People found this experience immensely enjoyable interacting with youngsters. The pupils also gave very positive feedback of the work experience and how

much they had enjoyed engaging with people.

- There was ample evidence of consistently high levels of constructive engagement with staff and people at the service. For example, before any environmental refurbishments to the home, the provider facilitated a lot of consultations with people, relatives and staff. Everyone was fully engaged and kept updated with progress throughout the process. People were involved in the planning and design of the garden as well as choosing plants and features. People were very pleased to be part of the whole project and told us they loved the way the home environment had continued to improve. There was more choice of space for people to spend their times.
- People and their relatives had opportunities to provide feedback through meetings, suggestion boxes, electronic feedback system and surveys. The information gathered was used to improve the service. For example, some comments related to the need for a covered seating area for people to capture the early evening rays before supper. As a result, the provider created an oak framed pergola with various sensory features was built. People were fully involved in the process and selected the herbal plants of their choice. People told us they thoroughly enjoyed spending their evenings there and a lot of relationships had been formed.
- The provider sought staff feedback through surveys and used it to understand how staff felt as well as improve people and staff experience. A recent survey had indicated the service sustained high staff morale mainly due to the low staff turnover.
- Staff told us they felt listened to, valued and able to contribute to the improvement of care. During the inspection we observed effective team working. The atmosphere was very pleasant. Records of staff meeting minutes showed feedback was constantly sought from staff and staff were encouraged to make suggestions on how to improve people's care. The registered manager always acknowledged staff's hard work and commitment.

Working in partnership with others

- Godswell Park had a track record of being an excellent role model for other services. It worked in partnership with others to build seamless experiences for people based on good practice and people's informed preferences. For example, the registered manager had supported hands on some struggling homes with processes and systems to enable them to deliver better care. One of the homes had now been rated outstanding.
- The registered manager also shared good practice with other providers. They spoke at conferences and shared new and upcoming initiatives with local homes. They were also part of an outreach programme which included night shifts. The registered manager had also learnt and gathered some ideas and initiatives to try at Godswell. For example, activities in the reception area such as quiz sheets and word puzzles. This initiative had been well received at the service and people enjoyed the activities. The registered manager told us, "Improvement is a constant thing for me. I'm always learning things from others."
- Leaders, managers and staff strove for excellence through consultation, research and reflective practice. They were part of a working group to standardise Care Certificate across Oxfordshire. This would allow easy and better use of staff across the region.
- The service had maintained partnership with key organisations to support care provision, service development and joined up care. They also continued to host meetings for groups such as the Oxfordshire Care Providers' Association to ensure that staff were kept up to date with best practice.

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

- The provider met their responsibilities in relation to duty of candour. Duty of candour requires that that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.