

Caretech Community Services (No.2) Limited Oaklands

Inspection report

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Ratings

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

Summary of findings

Overall summary

We carried out an announced inspection of the service on 28 October 2016. Oaklands is registered to provide accommodation for up to six people who require nursing or personal care, some of whom may be living with a learning disability. At the time of the inspection there were four people living at the home.

On the day of our inspection there was a registered manager in place. 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.

The risk to people's safety was reduced because staff had attended safeguarding adults training, could identify the different types of abuse, and knew the procedure for reporting concerns. Risk assessments had been completed in areas where people's safety could be at risk. People had the freedom to live their lives as they wanted to. Staff were recruited in a safe way and there were enough staff to meet people's needs and to keep them safe.

Accidents and incidents were investigated. Assessments of the risks associated with the environment which people lived were carried out and people had personal emergency evacuation plans (PEEPs) in place. Safe procedures for the management of people's medicines were in place.

People were supported by staff who received an induction, were well trained and received regular assessments of their work. People felt staff understood how to support them effectively.

The registered manager ensured the principles of the Mental Capacity Act (2005) had been applied when decisions had been made for people. The registered manager was aware of the requirements to apply for and implement Deprivation of Liberty Safeguards where required.

People were encouraged to lead a healthy and balanced lifestyle. This also included, where appropriate, people buying and cooking their own food. People's day to day health needs were met by the staff and external professionals. Referrals to relevant health services were made where needed.

People had an excellent relationship with the staff. People were supported by staff who were very kind and caring and treated them with respect and dignity. People were encouraged to lead independent lives and care and support was tailored to enable people to do so. Innovative methods were used to communicate with people and there were individualised processes in place to help people understand and to contribute to, decisions about the care. There was a high emphasis on person centred care and staff were aware of the importance of encouraging people to lead their lives in the way they wanted.

People were provided with the information they needed if they wished to speak with an independent advocate, to support them with decisions about their care. People's friends and relatives were able to visit whenever they wanted to and agreed processes were in place to support people with visiting their relatives.

People's support records had a strong, person centred approach, where people were empowered to achieve their goals and ambitions. People's care and support needs were regularly discussed with them and progress on achieving their goals was regularly discussed and reviewed. People were encouraged to take part in activities that were important to them and staff provided as much or as little support as people wanted. People were provided with the information they needed, in a format they could understand, if they wished to make a complaint.

People, relatives and staff spoke highly of the registered manager; they found him approachable and supportive. The registered manager ensured all people received high quality and person centred care. The registered manager understood their responsibilities and ensured people, relatives and staff felt able to contribute to the development of the service. Staff were encouraged to develop their roles and the registered manager delegated responsibilities to support them with doing so. People who used the service were encouraged to provide their feedback on how the service could be improved. There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided, which included regular review and input from a representative of the provider.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The risk to people's safety was reduced because staff had attended safeguarding adults training, could identify the different types of abuse, and knew the procedure for reporting concerns.

Risk assessments had been completed in areas where people's safety could be at risk. People had the freedom to live their lives as they wanted to.

Staff were recruited in a safe way and there were enough staff to meet people's needs and to keep them safe.

Accidents and incidents were investigated. Assessments of the risks associated with the environment which people lived were carried out and people had personal emergency evacuation plans (PEEPs) in place.

Safe procedures for the management of people's medicines were in place.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received an induction, were well trained and received regular assessments of their work. People felt staff understood how to support them effectively.

The registered manager ensured the principles of the Mental Capacity Act (2005) had been applied when decisions had been made for people.

People were encouraged to lead a healthy and balanced lifestyle. People's day to day health needs were met by the staff and external professionals. Referrals to relevant health services were made where needed.

Is the service caring?

Outstanding ☆

The service was very caring.

People had an excellent relationship with the staff. People were supported by staff who were very kind and caring and treated them with respect and dignity.

People were encouraged to lead independent lives.

Innovative methods were used to communicate with people and there were individualised processes in place to help people understand and to contribute to, decisions about their care.

There was a high emphasis on person centred care and staff were aware of the importance of encouraging people to lead their lives in the way they wanted.

People were provided with an independent advocate, if appropriate, to support them with decisions about their care. People's friends and relatives were able to visit whenever they wanted to and agreed processes were in place to support people with visiting their relatives.

Is the service responsive?

Good ●

The service was responsive.

People's support records had a strong person centred approach, where people were empowered to achieve their ambitions.

People's care and support needs were regularly discussed with them and progress on achieving their goals was regularly reviewed.

People were encouraged to take part in activities that were important to them and staff provided as much or as little support as people wanted.

People were provided with the information they needed, in a format they could understand, if they wished to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff spoke highly of the registered manager; they found him approachable and supportive. The registered manager ensured people received high quality, person centred care and support.

The registered manager understood their responsibilities and ensured people, relatives and staff felt able to contribute to the development of the service.

Staff were encouraged to develop their roles and the registered manager delegated responsibilities to support them with doing so.

People who used the service were encouraged to provide their feedback on how the service could be improved.

There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided, which included regular review and input from a representative of the provider.

Oaklands

Detailed findings

Background to this inspection

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

This inspection took place on 28 October 2016 and was announced. The provider was given 24 hours' notice because we needed to ensure the small number of people living at the home would be available during the inspection.

The inspection was conducted by one inspector.

Before the inspection, the provider completed 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. We also asked commissioners of the service and the local Healthwatch to provide us with feedback about the service.

To help us plan our inspection we reviewed previous inspection reports, information received from other agencies and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with three people who used the service, two relatives, two members of the care staff and the registered manager.

We looked at the care records for all four of the people who used the service. This included people's medicine administration records and accident and incident logs. In addition we reviewed company quality assurance audits and policies and procedures.

After the inspection we attempted to contact three health and social care professionals for their views of the quality of the service provided. One of these responded to our request and advised they felt unable to comment due to their limited knowledge of the service.

Oaklands was last inspected on 17 February 2014 and was fully compliant with all of the areas which we inspected.

Is the service safe?

Our findings

People and their relatives told us they or their family members were safe when staff supported them. One person said, "I feel very safe living here. I have no issues with that at all." Another person gave us a thumbs up sign when we asked them if they felt safe. A relative said, "When I go to bed, I know [my family member] is being looked after 200%." Another relative said, "[My family member] tells me they feel safe."

People were supported by staff who understood how to reduce the risk of people experiencing avoidable harm. Staff attended safeguarding adults training and a safeguarding policy was in place. The staff we spoke with could identify the different types of abuse people could encounter and could explain who they would report these concerns to. This included reporting concerns to the local authority safeguarding team and the CQC. The registered manager told us they had not needed to report any concerns to the local authority but had a clear understanding of what was expected of them if they needed to.

Effective processes were in place to reduce the risk of people experiencing financial abuse. The deputy manager told us daily checks of people's finances were completed. We checked the financial records for all four people living at the home. We found the amounts recorded tallied with the amounts stored in the home's safe.

Assessments of the risks to people's safety were conducted. There were detailed individual risk assessments for each person in relation to their care needs and behaviour. These included, accessing the community, the environment in which they lived and their ability to manage their own safety. Each risk assessment had been regularly reviewed to ensure the care plans in place to manage the risk continued to be appropriate to each person's individual needs.

Each person's care records contained assessments of people's ability to carry out tasks around their home. This included carrying out domestic tasks, which we observed people doing independently during the inspection. There was a clear emphasis on promoting people's ability to lead an independent life, whilst maintaining their safety.

The people we spoke with did not feel their freedom was restricted in any way. A relative said, "[My family member] can do what they want to. The staff don't stop them, unless they feel there may be some danger."

We looked at records which contained the documentation that was completed when a person had an accident, or had been involved in an incident that could have an impact on their safety. Records showed these were investigated by the registered manager, or other appropriate person, and they made recommendations to staff to reduce the risk to people's safety. The registered manager carried out regular analysis of these incidents to identify any trends. This enabled them to put preventative measures in place, if needed, to reduce the risk of reoccurrence.

Regular assessments of the environment where people lived were carried out to ensure that people's safety was not placed at risk. We saw regular servicing of gas and electrical appliances had been carried out to

ensure they were safe. The exterior of the home was secure to ensure unauthorised people could not gain access to the home. Each person had personalised emergency evacuation plans (PEEPs) in place that took into account people's physical and mental health needs when a speedy evacuation of the premises was needed. Regular fire drills were also carried out to ensure people were aware of what would happen if there was a fire at their home. A business continuity plan was in place which contained information about what would happen if there was a loss of power, water or if the home was uninhabitable for a period of time.

People told us there were always enough staff available to keep them safe when they needed them. One person said, "There are always people there if I need them."

The registered manager told us that although a formal assessment of people's level of dependency was not carried out, they regularly reviewed people's care and support needs and ensured there were sufficient staff in place if those needs changes. The staff we spoke with felt they were able to meet people's needs during their shifts and thought there were enough staff during the day and night to keep people safe. One staff member said, "There are staff here to help people to do what they want to. I've stayed later sometimes, but I choose to."

We checked the staff rota to see whether the appropriate number of staff were working during the inspection and they were. The registered manager told us they had a small and effective staff team that had an excellent understanding of people's needs. They told us staff were willing to work longer hours if needed to ensure people received the support they required. They also told us that the staff team were flexible and covered shifts at short notice, which meant no agency staff were needed to work at the home. This meant people received care from a consistent staffing team who understood their needs and reduced the risk of them experiencing avoidable harm.

Safe recruitment procedures were followed to ensure people received care from appropriate staff. Records showed that before all staff were employed, criminal record checks were conducted. Once the results of the checks had been received and staff were cleared to work, they could then commence their role. Other checks were conducted such as ensuring people had a sufficient number of references and proof of identity.

People told us they were happy with the way their medicines were managed within the home. One person said, "I look after my own medicines. They [staff] check each week that I have taken them, but then leave me to it, it's my choice." A relative said, "[My family member] is well aware of the importance of taking their medicines. The staff are encouraging and are very empowering."

The registered manager told us there were individualised processes in place to support people with managing their own medicines, with support from staff if they wanted or needed it. The registered manager said, "We have really seen the 'independence process' for medicines work. It has reduced the risk of refusal [to take the medicines]. There are people here now who would never have taken their medicines before, now they do so voluntarily."

We reviewed each person's medicine records to see if processes were in place to ensure they were appropriate for each person's level of need. We saw a variety of approaches were in place. For one person, they had full control over their medicines. They took them on their own without staff supervision. They completed their own medicine administration records and also recorded if they had decided they did not want to take the medicines. These records were regularly reviewed by staff and the medicines process was discussed with the person regularly during meetings with their key worker, to ensure they remained happy and confident with the process. We spoke with this person and they told us they were happy to be given the

confidence of the staff to manage their own medicines.

For other people in the home, their level of independence varied, but all maintained some form of control over their medicines. People's care records were clearly updated and the risks associated with this approach were regularly reviewed. The registered manager told us if they felt a person was at risk of not taking their medicines or taking the wrong ones or the wrong amount, they would discuss this with them to agree a new approach.

We checked people's medicine administration record, (MAR) and saw these had been completed appropriately. In each person's MAR there were photographs of them to aid identification, information about their allergies and the way they liked to take their medicine, in case staff needed to support people with taking their medicines. This reduced the risk of administering medicines to the wrong person.

Medicines were stored safely and securely and each person's cabinet, where the medicines were stored, contained a thermometer. This was used by people to ensure the medicines were stored at a safe temperature. The effectiveness of medicines can be affected if they are stored at too high or too low temperatures. The records for all four cabinets showed they were within the recommended safe limits.

There were effective processes in place to ensure unused medicines were disposed of safely and that people's medicines were reordered in a timely manner. There was evidence of regular medicine audits being completed. Staff administering medicines told us they had completed medicines management training and their competency was regularly checked. Records viewed confirmed this. Medicines policies for each aspect of medicines administration and management were in place.

Is the service effective?

Our findings

People and relatives spoke positively about the way staff supported them or their family member. One person said, "They have helped me to lose weight. They then helped me to buy a whole new wardrobe." Relatives felt the staff who supported their family members were knowledgeable, well trained and understood how to provide effective care. One relative said, "The staff are very conscientious, the people come first." Another relative said "[My family member] needs a team around them who understands them. The staff clearly do."

Staff received a detailed induction which provided them with the skills needed to support people in an effective way. The registered manager told us once the induction was complete the new staff worked closely with more experienced staff to assist them in getting to know the people they were supporting.

Staff received on-going, comprehensive training designed to equip them with the appropriate skills for their role and to keep them up to date with changes in best practice guidelines. Staff completed a variety of training including the safeguarding of adults, autism awareness and how to support people living with a learning disability. Staff were also encouraged to develop their role by completing externally recognised diplomas, (previously known as NVQs) in adult social care. Records showed all staff had completed these courses. The staff we spoke with told us they felt well trained.

The registered manager told us, and the records we viewed confirmed that staff received regular supervision of their role. The registered manager told us they completed monthly supervisions for staff to ensure they were carrying out their role to the best of their ability, to praise good practice, and also to discuss areas where there may room for improvement. The staff we spoke with all spoke highly of the registered manager and told us they felt supported to carry out their role to the best of their ability. A member of staff said, "I feel supported. The manager tells us what we need to do to improve, but also what I'm doing well."

People's care records contained individualised communication support plans to provide staff with the guidance they needed to communicate effectively with people. We saw that people had varying ability to communicate verbally. We observed staff use a variety of techniques to communicate effectively with each of them. The techniques used were carried out in line with the guidance as recorded within their care plan records.

People's care records contained individualised guidance on how they wanted and needed to be supported should they present behaviours that challenge. The registered manager told us the use of restraint at the home was banned and staff had been trained to use other, non-aggressive techniques to manage situations where people's safety could be at risk. Records showed staff had completed a nationally recognised qualification in 'non-violent intervention training' and staff could explain how they used the skills gained from this training to support people.

There was a strong emphasis on ensuring people were able to make decisions about their own care and staff ensured people were offered choices throughout their daily life. Each person's care records contained

numerous examples where people had given their written consent to the care and support provided for them by staff. An example being an agreement to the level of support people wanted with their personal care.

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. We checked whether the service was working within the principles of the MCA.

The registered manager and staff had a clear understanding of the requirement to consider the principles of the MCA when decisions were made about people's care and support needs. Records showed that people living at the home were able to make many decisions for themselves. Where people needed further staff support the appropriate legal process had been followed. For example, where people were unable to understand how to manage their own money effectively and therefore could be at risk of financial abuse, MCA assessments were completed which enabled staff to manage people's money for them.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had a good understanding of the DoLS process. They told us applications had not been made for the four people who lived at home as no restrictions were placed on them. However, the registered manager told us they continually reviewed people's care needs and if their needs changed, they would consider making the appropriate applications to ensure people were protected.

People were involved with and actively encouraged, to plan, buy and cook their own food where they were able. People had regular meetings with the staff to discuss the food they wanted to buy and to help plan their meals for the week. Staff told us people enjoyed doing the shopping and cooking their own food as it gave them a greater sense of independence.

We observed people making their own food and using the kitchen safely and independently of staff. People's care records showed their food and drink likes and dislikes had been discussed with them. Staff told us they ensured people were offered a wide range of meals, which were cooked by people who lived at the home, sometimes with staff support. The menu, available in an easy to understand picture format, showed up to four different options were made available for people. People were encouraged to choose healthy options, but as people were able to make their own decisions, staff told us they respected people's choices. A person who used the service told us the staff supported them with meals that were part of their cultural background, which they enjoyed.

People's care records contained guidance for staff when supporting people who may be at risk of choking or excessive weight loss or gain; with referrals to dieticians or speech and language therapists (SALT) being made if professional guidance was needed.

People told us they felt staff supported them effectively with their day to day health needs. One person said, "The quality of the care and the support they give is really very good. I can go and see my doctor when I need to." A relative told us their family member's health had improved since living at the home. The Provider Information Return (PIR) sent to us prior to the inspection stated; 'All people have an agreed health action plan in place. People have annual health checks and regular medication reviews with their GPs. Other professionals involved with their care include; dentists, opticians, chiropodists, reflexologists, and support

from the mental health learning disability team.' People's health action plans confirmed what was stated in the PIR. People had regular access to external health and social care professionals, some of which visited people at the home. The plans were regularly updated, with the input of each person, to enable staff monitor to people's health. Where any areas of concern with people's health had been identified, action was taken quickly to address it. Each person's health needs had been assessed and guidance for staff with supporting them was provided, in detail, in people's care records. This included guidance for supporting people living diabetes.

Is the service caring?

Our findings

People who used the service and the relatives we spoke with all felt the staff were kind and genuinely cared about them or their family members. One person who used the service said, "The staff are very good, outstanding in fact. They help me when I'm low, but also help me to achieve what I want." Another person said, "I really really like them." A relative said, "The staff are miracle workers. They are so helpful; they really do seem to care. They are fantastic and the care is absolutely fantastic." Another relative said, "The staff seem very caring, they have formed really strong bonds with each person at the home."

We reviewed records which contained feedback that people, relatives, visitors and health and social care professionals had given about the service. A health and social care professional wrote, 'I was welcomed and informed and provided with up to date information. The staff are very friendly and the manager and staff are very energetic and proactive about the service users.'

Staff we spoke with could explain how they provided compassionate care and support for people. They spoke passionately about the people they supported and showed a genuine warmth and empathy for all of the people living at the home. Although we did not see people show any signs of distress or discomfort during the inspection, the staff explained the individualised processes they would follow to support each person. One staff member told us each person had very different needs as to how they wanted staff to support them if they became upset and they ensured people got the support they needed. A person who used the service and the relatives we spoke with told us staff regularly went above and beyond the level of care that they expected. The person told us staff regularly stayed behind after their shift if they needed them and they respected the staff for doing this.

A relative said, "[My family member] is a priority to them [staff]. In their own time they take [my family member] out. They are there when [my family member] needs them. They understand that continuity is what [my family member] needs. The staff don't just go home when their shift has ended, if they are needed, they stay." Another relative said, "Compared to other homes [my family member] has been in before, this is easily the best. They [staff] just do so much more here. Well above what I would expect. It's why [my family member] has been settled here for so long." A staff member said, "We will take people to go to the football in our time, or to go to pubs or clubbing. We are happy to do it. We don't mind doing that bit extra."

A person who used the service told us they, their relative and their social worker decided to nominate the staffing team for the provider's internal national annual awards ceremony for the 'Team of the year' award. The team made it through to the final nominations for the night. The relative said, "They should have won it in my opinion, they are that good. But it was nice to be able to show our appreciation."

All of the people living at the home were able to follow their chosen religion or to follow and embrace their cultural needs. One person told us they were supported by staff to cook and eat meals from their cultural background. We spoke with this person's relative who told us how pleased they were that their family member was being supported with this and that they had seen the person's interest in their cultural background flourish as a result of the input of the staff. The person who used the service told us they had spoken with staff about attending a course to help them to learn their native language and they were being

supported to access this course.

We saw other examples where people's cultural beliefs were encouraged and respected. The registered manager, in conjunction with another service within the provider group, held an event that celebrated different cultures from around the world. People were able to dress up in the clothes of other countries and they ate food from around the world. The registered manager told us how they wanted to ensure that people were offered the opportunity to embrace other cultures within their daily life and how this knowledge would assist them when meeting people from within their multicultural local community.

Innovative ways of talking and listening to people were incorporated in the daily support people received from staff. 'Talk Time' was used regularly. This process gave people the opportunity to talk with their key workers to discuss anything they wanted to. This included a review of their care records but was also an opportunity for people to discuss how they were feeling and if they needed any further support from staff to improve their lives. We looked at a sample of these records for all four people who lived at the home. We saw staff used individualised methods to help ensure that all people understood what was being discussed. Signs and symbols were used for people that were unable to read. Where people had agreed an objective to do something, this was always revisited at the next meeting to ensure staff were held accountable for completing agreed tasks. This also supported staff in building trusting relationships with people.

Each person's care records had clear guidance in place for staff to follow when communicating with them. We observed staff communicate in a calm and reassuring way to all people living at the home. Staff had a clear understanding of each person's behaviour and mannerisms. They understood when to continue the conversation and when to leave the person alone. A relative said, "[My family member] doesn't say much, but when they do, the staff have a clear understanding of what they are saying. They understand [my family member] so well."

The registered manager told us and records confirmed that staff had attended training in areas such as 'Valuing People', that were specifically designed to support staff with respecting and empowering people to make their own choices about their care and support needs. Throughout all four people's care records we saw a variety of individualised processes were in place to ensure people were able to understand their care records and to enable them to contribute fully to them. The registered manager told us they did not use standardised care planning documentation. We saw examples of care plans where signs, symbols and pictures had been used to explain and to agree the content. For others there was a mixture of words and writing. One person had contributed to the actual writing of their own care plan. This individualised approach ensured people were able to contribute to, and fully understand, the content of the care plan and what it meant for them.

Staff had an excellent understanding of people's life history and personal preferences and used that information to form meaningful relationships with each person at the home. One person who used the service took a great deal of pride from telling us they had written their own life history when they came to the home. They felt the staff used that information well to help them to understand their past and to help support them in the future.

The registered manager told us before people came to the home they and their relatives were asked for as much information as possible about the person and their past. This then enabled the staff to have a detailed understanding of each person's life and the support they needed from them. A staff member said, "One person had a history of being very nervous and was reluctant to go out. As we knew this before they came we were able to support them, taking this into account. Now the person is much more confident and goes out and enjoys life."

People were provided with a 'welcome guide' when they first used the service, in a format they could understand. This guide provided people with information about how to keep themselves safe, the services' approach to equality, diversity and human rights and how staff would use different ways to communicate with them. Information was also provided about how they could access advice from an independent advocate if they wanted it. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

Treating people with dignity a key focus for this service. People were made aware of how they should expect to be treated by staff and they were informed who the dignity champions at the home were if they felt their dignity had been compromised. A dignity champion is someone whose role is to ensure that all people are treated with dignity and to address any areas for improvement if needed. The provider information return (PIR) stated, 'Our service promotes and respects individual's privacy, dignity, independence and human rights by placing their needs, wishes, preferences and decisions at the centre of assessment, planning and delivery of care, treatment and support.' All staff had completed equality and diversity training and spoke knowledgeably about each person's individual needs.

People felt empowered to lead their lives in the way they wanted to. People's care records contained assessments of their ability to undertake tasks and to make decisions about their life independently of staff. One person said, "I've become much more independent since I've moved here. I go to the gym, the shops, see my family. They're [staff] there if I need them, but only if I do." A relative said, "[My family member] couldn't do anything independently now they can do so much. The staff have given [my family member] their life back."

A staff member told us they felt the 'house day' process had had a significant impact on people's lives. This process gave each person a day where they were responsible for the 'running' of the house. This included planning and making meals and carrying out domestic tasks. If staff support was needed then they were there to assist, but people were also encouraged to do as much for themselves as possible. The people we spoke with enjoyed their house day and felt happy that they contributed home life.

People told us staff respected their privacy when supporting them. People told us staff always knocked on their door before entering and we saw staff leave people alone when they asked to be.

There was a respectful and compassionate approach to end of life care. Where staff felt people would not come to unnecessary distress this was discussed with them. We saw examples in people's care records where people had made specific requests if they were needed.

The registered manager told us people's relatives and friends were able to visit them without any unnecessary restriction. Two relatives told us they had agreed specific times, dates and travel arrangements with the registered manager to enable them to see their relatives when the person wanted to see them.

Is the service responsive?

Our findings

People led active, meaningful and interesting lives and were supported by staff to do things they may not otherwise have been able to do. A person living at the home said, "I go bowling, play pool, go to the cinema. We all go out together sometimes. I've been clubbing which I'd never done before. The staff have really helped me to improve my life, they really understand me." A relative said, "The activities are totally [my family member's] call. It is totally focussed on their personalised needs. Whatever they want the staff support them." Another relative said, "[My family member] has a busy schedule, they go to lots of places and they tell me that they enjoy everything."

People were given the right support from staff to succeed. People's life history and past experiences were taken into account and used to agree a plan of action. Where people had raised concerns about specific places, environments or situations they were not comfortable with, staff supported them, offered reassurance and alternatives where possible. This included whether people felt confident enough to engage with people within their local community. The registered manager told us they had spoken with the owners of local shops, businesses and attractions about the people living at Oaklands and offered them guidance on how they could interact with them when they engaged with them. Reassurance was offered to the people living at the home that the local community would welcome them and staff told us all four people were confident now to engage with their wider community.

People's quality of life had significantly improved since they started living at Oaklands. Staff had an excellent understanding of people's individual support needs and they spoke enthusiastically about how they contributed to these improvements. We spoke with two relatives about their family member's past experiences with other services before they came to live at Oaklands. Both relatives told us that the quality of the support received at Oaklands was the best their family members had ever had received and they had seen this make a positive impact on their lives. One person living at the home described their past life and told us how grateful they were to the staff for helping them to make positive changes to their life. The person also said, "They've definitely helped me get my life back on track. They have helped me control and to understand my behaviour. They really are brilliant."

People felt consulted, empowered, listened to and valued by staff who used innovative and individual ways of involving people with choices about their life. Staff worked flexibly to ensure all people were able to lead their lives in the way in which they wanted to. This included staff changing their days off to enable them to support people with their chosen activity if other staff were not available. Encouraging people to make independent choices about their daily lives was commonplace. Staff spoken with had a thorough understanding of people's individual preferences, supported by detailed and personalised care records, to enable all people to lead an active and fulfilling life, each on their own terms. A staff member told us, "Our aim is to give people as positive and luxurious a life as possible. We help all people living here. We can see clear progress for all people. For example, [name of person] was very nervous when they came here and wouldn't go out. Now they are much more confident and they go out and enjoy their life." We checked this person's care records and we could see there had been significant improvement with their approach to leading their own life. We also saw spoke briefly with this person before they left to go out for the day. They

were clearly very happy and left the home with a spring in their step.

The service was flexible and responsive to people's individual needs and preferences, finding creative ways to enable people to live as full a life as possible. All four people living at the home led active lives, encouraged by staff to do the things that were important to them. People's care records also showed where people wished to have quieter, less active days; they were supported to do so. All four people's care records were completed thoroughly, showing the daily choices each person had made. Staff understood what each person wanted to do and respected their choice. A person who used the service said, "I decide what I want. If I want to do something, they fully support me."

People were supported and lived in an environment that, if they wished to spend time there, provided them with the things that made their life comfortable and enjoyable. There were several places throughout the home where people spent time doing the things they wanted to. A spacious lounge with satellite television, DVDs, games and books were available for people, as well as a large garden for people to use. People were encouraged to personalise their own bedrooms and group discussions took place when changes to the décor or the furniture within the home were made. One person told us they chose the clothes they wanted to wear and were pleased that staff had supported them in buying a new range of clothes.

Records showed staff had received training for 'person centred thinking and planning'. The registered manager told us this training was important as it gave staff a better understanding of how to ensure that people received their care and support in the way they wanted it. The staff we spoke with had a detailed understanding of people's care and support needs and gave innovative examples of the way they supported people, both with their daily lives and to help them to achieve their long term goals and dreams.

People were encouraged and provided with the support from staff to take ownership of the planning and delivery of the care and support they wanted from staff. For example, the registered manager had ensured that each person's records were individualised and took into account their ability to understand the information recorded. They ensured each person was encouraged to complete as much of their records for themselves as possible. We saw one person had written the vast majority of their care records themselves, and updated them regularly. We saw examples where others living at the home had also contributed to the design, layout and recording of the information within their own care plans. A staff member told us by people completing their own records they had a greater sense of ownership, taking pride when things they had wanted to do had been achieved. One person we spoke with took great pride in explaining to us how they had completed their own care records.

Each person's care records contained clearly described goals and achievements that had been discussed and agreed with each person. People living at the home and their relatives told us they felt they or their family members were encouraged to set goals and to agree plans of how to achieve them. One person said, "I have many ambitions and the staff have helped me to achieve them. The next thing for me is to learn to speak another language." The person then continued to tell us how the staff had supported them in researching colleges and language schools that may be able to support them with this.

We saw other numerous innovative examples of person centred care and support which enabled people to achieve their goals and ambitions. These ranged from larger scale ambitions such as going on holiday abroad, going to college and achieving qualifications for the first time, to day to day tasks such as managing their own finances, using public transport alone and using a mobile telephone. Equal emphasis was placed on each ambition, no matter how big or small.

Before people started using the service, pre-assessments were carried out to ensure staff would have the

right skills and experience to meet their needs. The registered manager told us before people came to stay they were offered the opportunity to spend time at the home, getting to know the staff and the people they were going to live with. One relative spoke with praised this process. They said, "[My family member] loved the place instantly. They knew it was the place for them the first time they went."

Ensuring people received the care and support they wanted was a fundamental aim at Oaklands. The registered manager told us to enable them to achieve this they ensured people's care and support needs were regularly reviewed with them and/or their relatives where appropriate. Each person had a designated key worker who they met with regularly to discuss the care needs, their goals and ambitions and if they had anything that was troubling them. The registered manager also attended these reviews and between all present, agreements were made before any changes were implemented. Where specific action points had been agreed, these were discussed at the next meeting to ensure they had been achieved. Where they had not, a detailed explanation was recorded, in a way which each person would understand, and what was going to be done to complete it.

In addition to the review process, each person had a daily log book which they or staff could complete to record what people had done each day. These documents were used during each review to monitor the progress towards each person's agreed goals and ambitions. This open and transparent approach to the planning of each person's individualised care, ensured people's wishes were always at the centre of the day to day tasks and activities within the home.

Individualised and agreed processes were in place that enabled each person to receive support with their personal care in the way they wanted it. People's care records contained clear, individualised guidance for staff on how people would like their personal care to be provided. The registered manager told us people had varying levels of ability and the staff were aware of how much support people wanted. Each person's care record gave detailed and very clear instructions for staff, explaining what they would like to do for themselves and what they wanted staff to support them with.

People were provided with an 'easy read' format of how to make a complaint. This format provided people with signs, symbols and pictures to assist them with their understanding of the information. None of the people we spoke with raised any concerns about this process. People were also encouraged to discuss any concerns that they may have in their regular meetings with their keyworkers. One person said, "I've never had to make a complaint, but if I did, I know it would be dealt with immediately." Relatives also felt confident with the complaints process and told us although they had not needed to make a formal complaint, if they have raised any issues with the registered manager, however small, it was always dealt with immediately. They also told us if an incident had occurred, they were informed immediately. We reviewed the provider's complaints policy and complaints register. We saw complaints had been responded to in line with the company policy. The registered manager told us they used the learning from any complaint made as they continually strived to improve people's lives.

Is the service well-led?

Our findings

There was a clear emphasis on people being encouraged and supported to lead as fulfilling a life as possible. People were empowered to overcome any obstacles, such as limitations in their mental and physical well-being, to aim high and to succeed in life. A dedicated and enthusiastic staffing team was in place, led by an excellent management team, to support each person in the way they wanted them to.

The provider had ensured the registered manager and staff were provided with a working environment that demanded excellence, but also encouraged them to develop their roles, equipping them with the skills needed to provide all people with high quality, person-centred care. For example, the registered manager assigned individual areas of responsibility for each member of staff. Each member of staff was expected to develop their knowledge and to support each other, if they needed guidance in a specific area. We spoke with staff and they told us the roles included; medicines, finance, infection control, food hygiene and risk assessment. This ensured the staffing team had the confidence to make decisions for themselves, without the need of reassurance from the registered manager.

Staff felt valued by the registered manager and the provider. They felt empowered to develop their skills and felt confident that the registered manager continually looked for ways to improve the quality of the staffing team. Staff told us they felt they were able to build a career at the service. A member of staff told us the registered manager was currently supporting them to complete their Level 5 Diploma (formerly known as NVQs) in adult social care. This qualification enables the staff member to gain the knowledge required to manage an adult social care service. They told us their aim in the future was to manage their own home and felt they were supported both by the registered manager and the provider to achieve this aim.

The registered manager told us the provider had very clear aims and values which he and the staff embraced when supporting people. The provider information return (PIR) sent to us before the inspection stated, 'Staff performance is monitored to ensure they understand the concept of privacy, dignity, independence and human rights and how they should be applied to people who use the service'. The staff spoken with could clearly demonstrate these values and told us why they enjoyed working at the home. One staff member said, "My number one aim here is to ensure that everyone is able to achieve their best".

People living at the home were also encouraged and supported to develop their knowledge about their physical and mental well-being. For example, the registered manager had offered people living at the home the opportunity to attend the National Autistic Society's, 'Autism Show'. This show provided people with the opportunity to learn more about their and others' autism. One person attended and the registered manager told us they had learned much about autism and the person understood more clearly how they may overcome the barriers that autism may present in their life.

People, staff and relatives were actively involved with the development of the service and contributed to decisions to improve the quality of the service provided. As well as contributing to their regular meetings with their keyworkers, people were also encouraged to give feedback via questionnaires. At the time of the inspection the results from a survey were in the process of being analysed. We looked at some of these

results. Questions regarding the accommodation, facilities, cleanliness, care, involvement and overall management of the home had been asked; with people, relatives and visiting professionals stating each of these areas was either 'excellent' or 'very good'.

A regular newsletter, written in conjunction with a neighbouring service from within the provider's group of services, was provided for people, relatives and staff. We looked at the most recent version. It included helpful information about the service, an update on recent activities that people had taken part in and listed the most recent achievements of people living at both homes. The registered manager told us these newsletters were a good way for people to be kept informed of what was happening at the service, but more importantly, to champion people's successes.

There was a strong emphasis on continually striving for improvement at the home and acting on people's views. People, relatives and staff all told us they felt their opinions were valued and acted on by the registered manager. Regular resident, relative and staff meetings were held and all were able to offer their views on how the service could be improved. Minutes of these meetings showed where agreed actions were in place; these were discussed at the next meeting to ensure they were completed. One person living at the home said, "The registered manager values what I have to say. It feels like I am important to him." A relative said, "The manager definitely cares about what I have to say. If I have something to say, I do. Although that is so rare as the care is so good there." A staff member said, "I can discuss anything with the manager. He is clearly interested in what I have to say."

There was a clear and robust system of checking and assessment by the registered manager and the provider to ensure that people received the highest quality of care and support from staff as possible. A fundamental aim of the provider was to ensure that people's views, aims and ambitions were central to the decisions made with them or on their behalf. The registered manager carried out monthly assessments and summaries for each person living at the home. These summaries were widespread and included information such as their current health, welfare and behavioural wellbeing, along with a review of agreed actions from people's 'Talk Time' meetings. The feedback from people's 'Talk Time' meetings, along with more formal reviews of their day to day care needs, provided a clear focus, ensuring people were provided with the support needed to lead meaningful and fulfilling lives.

Relatives and staff all felt the home was well led by the registered manager and he had a positive impact on the staff and their family members. They all felt he made a significant and positive contribution to improving the lives of all of the people living at the home. One relative said, "The manager is great. If I need to speak with him he is always there." Another relative said, "The manager is exceptional; really engaging. We work together to do what is best for [my family member]. The way he manages the home is second to none." Staff also spoke highly of the registered manager. One staff member said, "He is the best manager I have ever worked for. When I first came here, I could see there was a clear system in place to provide excellence for people."

People living at the home told us they liked the registered manager. One person said, "The manager is brilliant; outstanding. He makes sure I am happy. He treats me with respect and treats everyone equally. He is so good. I owe him a lot." Another person nodded their head and smiled when I asked if they liked the registered manager.

The positive impact the registered manager had on the home as a whole, resulted in him being nominated by the staff for 'Most inspiring manager of the year award 2015' at the provider's internal national annual awards ceremony. The registered manager told us they were proud to be nominated and even prouder to have won the award. He told us they felt privileged to win, but also congratulated his staffing team which

contributed to his success.

The registered manager had ensured that people's records were easily accessible and the office environment was well organised, ensuring staff were able to work effectively within the home when the registered manager was not present. Staff spoken with told us the systems the registered manager had put in place, including the personalised care planning systems, enabled them to provide excellent care and support for people.

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place. A whistle-blower is an employee that reports an employer's misconduct.

People and staff were supported by a registered manager who understood their role and responsibilities. They had processes in place to ensure the CQC and other agencies, such as the local authority safeguarding team, were notified of any issues that could affect the running of the service or people who used the service.

The registered manager had a variety of auditing processes in place that were used to assess the quality of the service that people received. These audits were carried out effectively to ensure if any areas of improvement were identified they could be addressed quickly. These included weekly and monthly audits as well as regular senior management reviews conducted for the provider. Where areas for improvement had been identified, action plans were put in place to address them. These were then continually reviewed to ensure sufficient progress was made.