

I.V Care Ltd

# Good Oaks (Reading)

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Good Oaks Reading is a domiciliary care agency. It provides personal care to people living in their own homes. The service supported older people, people living with dementia and people with a physical disability.

Not everyone who uses the service receives personal care. CQC only inspects where people receive personal support with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection it the service was providing personal care to 33 people living in Reading, Henley-on-Thames, Chieveley, Newbury and surrounding areas.

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

People experienced excellent consistency and continuity of care from a stable staff team which had a significant impact on the quality of people's wellbeing and consistently achieved successful outcomes.

Without exception people and relatives told us they felt fully consulted, empowered, listened to and praised the staff for their outstanding support. Staff were extremely responsive, consistently placed people and their families at the heart of their service and went the extra mile to address people's needs.

The registered manager and staff were passionate about creating an inclusive family environment within the service. People and relatives consistently told us that the extra-ordinary efforts of staff to include them in social events, made them feel special and that they had an extended family.

Staff skilfully encouraged social contact and companionship, which ensured people maintained relationships important to them, which helped to protect them from the risk of social isolation and loneliness.

People were protected from avoidable harm by staff who had received appropriate training and knew how to recognise and report abuse.

Staff understood and provided the support people required to keep them safe and protect them from identified risks, such as malnutrition, falling, choking, developing pressure sores and infections.

There were enough suitable staff to consistently meet people's needs and provide safe care.

People received their prescribed medicines safely from staff who had completed the required training and been assessed to be competent.

Staff had the necessary skills to meet people's needs and were well supported by registered manager to develop their knowledge in line with good practice.

People had the necessary support to eat and drink in line with their needs and preferences.

Staff worked well with people, families and health and social care agencies to support people's wellbeing. People's health was effectively monitored by staff to ensure people received the right support from the wider health and social care network.

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.

Staff treated people with kindness and respect. People were supported to express their views about their care and their wishes were respected. People's privacy and dignity were respected and promoted during the delivery of their care.

Staff supported people to raise concerns and complaints, which were responded to effectively to improve people's experience of the care provided. The service was not supporting anyone with end of life care. However, the registered manager had provided people with the opportunity to discuss their wishes and preferences in this regard, which were subject to regular review.

There was an open and positive culture within the service, which enabled effective communication with people, their families and other stakeholders. The registered manager effectively engaged with people, staff and professionals to seek their views, which were used to drive service improvements. Quality assurance processes were in place to ensure the provider had oversight of the service performance. The service effectively collaborated with key organisations to ensure the safe and effective delivery of people's care.

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

Rating at last inspection

This service was registered with us on 29/10/2018 and this is the first inspection.

Why we inspected

This was a planned comprehensive inspection.

Follow up

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

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Good Oaks (Reading)

## 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

This inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also wanted to be sure there would be people at home to speak with us.

We visited the office location and completed two home visits on 17 October 2019. We completed surveys of people, their relatives and staff we were unable to speak with on the day of our site visit between 18 October and 28 October 2019.

#### What we did before the inspection

We reviewed the information the registered manager sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed the notifications received from the provider. The law requires providers to send us notifications about certain events that happen during the running of a service. We contacted local authority teams engaged with the

service, including safeguarding and quality assurance teams. We used this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and 14 relatives of people who used the service. We spoke with the registered manager, deputy manager and 13 care staff. We reviewed care plans of eight people, including risk assessments relating to skin care, falls management, and nutrition. We reviewed the daily progress and medicine administration records of six other people. We looked at eight staff recruitment files, together with the provider's training and supervision schedules. We also examined other documents relating to the management of the service, including policies, procedures and quality assurance documents.

#### After the inspection

We spoke with four health and social care professional. We continued to seek clarification from the provider about evidence found during the site visit and considered further documentation provided by the registered manager.

# Is the service safe?

## Our findings

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

This was the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and trusted the staff who supported them.
- A relative told us, "All the Good Oaks team put my [relative's] safety and care at the very top of their priorities and ensured that her specific needs are fully met and that she is happy and comfortable before leaving."
- People were kept safe by staff who had received appropriate training, understood their roles and responsibilities in relation to safeguarding procedures and how to protect people from harm and abuse.
- Staff told us that whenever they had raised issues, the management team had listened to them and taken decisive action to resolve their concerns.
- Staff demonstrated clear knowledge of the provider's whistleblowing policy and procedures.
- Staff told us that the service priority was to ensure people they supported were safe but they also felt valued by the management team, who were also interested in their welfare.
- Staff were required to contact the duty manager at the end of their late shifts, which assured staff were safe and well and ensured that people's bedtime visits had been completed. This meant that the duty manager could then check to ensure people and staff were safe.

• Staffing and recruitment

- People and relatives spoke from experience when they told us the registered manager and deputy manager were contactable at any time day or night. Relatives who sometimes did not live locally, told us the registered manager's response when called in the early hours, provided them with reassurance and extra peace of mind.
- The provider's retention of staff was a real strength of the service, which meant people experienced good continuity and consistency of care from a small number of staff, who knew them well.
- The provider had a robust recruitment system to ensure only staff suitable were employed to support people made vulnerable by their circumstances to stay safe.
- Comprehensive assessments by the registered and deputy managers clearly identified the ratio of staff and skills they required to support each person. This ensured staff were deployed, with the right mix of skills to deliver care and support to meet people's needs safely.
- People, relatives, staff and records confirmed that enough suitable staff were consistently deployed to meet people's needs and to keep them safe.

Assessing risk, safety monitoring and management

- Risks to people's safety had been identified and were managed safely.
- Risk assessments were reviewed regularly with the person, which ensured they were up to date and

accurately reflected people's changing needs.

- People and relatives consistently told us the time taken by the management team to fully explore their needs and risks to their safety reassured them and instilled confidence in the service.
- Staff effectively implemented control measures in accordance with risk management plans to keep people safe.
- Staff understood individual risk assessments and could clearly explain how they minimised risks to people's health and well-being. For example, the appropriate support people required to avoid falling, choking or pressure sores.

#### Using medicines safely

- The provider's policies and procedures gave clear guidance to enable staff to manage people's medicines safely, in accordance with current guidance and regulations.
- Staff understood their role and responsibilities in relation to each person's medicines.
- Staff competency to administer medicines was assessed regularly by the registered manager, to ensure their practice was safe.
- Daily records confirmed that people received their medicines as prescribed and in a manner they preferred.

#### Preventing and controlling infection

- The service managed the control and prevention of infection in accordance with recognised best practice.
- Staff had completed relevant training in relation to infection control and food safety.
- People's health was protected because staff consistently followed good food safety and hygiene practice when preparing or handling food.
- Staff had access to the necessary personal protective equipment (PPE) to minimise the risk of infection. We observed staff consistently wearing PPE, such as disposable aprons and gloves, when required.

#### Learning lessons when things go wrong

- All accidents and incidents were immediately reported to the duty manager, recorded and then reviewed daily by the registered manager.
- The registered manager listened to staff feedback and acted upon it to make sure people received safe care.
- Staff raised issues promptly when people's needs changed. For example, where their staffing ratio required to be increased or their personal supportive equipment needed to be changed.

# 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.

This was the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People consistently received effective care and support from staff, which achieved successful outcomes
- People and relatives consistently told us staff had the required skills and knowledge to meet people's health and emotional needs. Staff provided effective care to meet people's needs.
- People and relatives consistently told us the staff delivered care in accordance with their assessed needs and guidance within their care plans, which we observed during the inspection.
- The provider carried out pre-admission assessments to make sure they understood and were able to meet people's health, care and medical needs. These assessments considered all aspects of people's lives and were regularly reviewed and updated.
- People and their relatives told us they had been actively involved in creating and developing their care plans.
- Staff had developed care plans, which were tailored to meet people's individual and changing needs, for example, when their ability to mobilise deteriorated.

Staff support: induction, training, skills and experience

- The management team effectively operated a system of training, supervision and appraisals. This enabled staff to develop and maintain the required skills and knowledge to support people according to their needs.
- The registered manager and deputy manager operated an effective competency framework. This was based on regularly working alongside care staff, which ensured that staff delivered care in accordance with their training and people's care plans.
- All staff had successfully completed the Care Certificate which was confirmed by staff records and the provider's training schedule. The Care Certificate sets out learning outcomes, competencies and standards of care that care workers are expected to achieve.
- New staff had completed an induction process that equipped them with the necessary skills and confidence to carry out their role effectively. This included a period shadowing a senior staff member to introduce them to people and demonstrate how they wished their care to be delivered.
- Staff consistently told us the length of their shadowing period had no set time scale and was based on the individual staff member's confidence and competence. One staff member told us, "The manager was great. Before I went out on my own I had an assessment and the manager asked me if I was ready."
- Staff told us the registered manager made themselves available to provide additional training and support if staff were unsure about anything.
- When required, staff received additional training in specialist areas relevant to the needs of individual people, such as training in caring for people living with dementia. Staff consistently told us their training was

'excellent' and fully prepared them to meet the needs of people.

- Staff told us the registered manager had encouraged their professional career development and had supported them to achieve additional qualifications relevant to their role and responsibilities.
- Professionals reported that people experienced effective care from staff who had the required skills to carry out their roles and responsibilities competently.

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

- The registered manager placed a strong emphasis on the importance of eating and drinking well. This ensured staff supported people to eat and drink enough to maintain a healthy, balanced diet of their choice.
- People and relatives reported that staff actively encouraged people to drink to ensure they were protected from the risks of dehydration. One relative praised staff determination to encourage their loved one to drink more, which has had a positive impact on their health.
- Staff ensured people had access to their preferred drinks, which were left within their reach, when staff completed their visits.
- Care plans detailed people's specific dietary requirements, preferences and any food allergies.
- Staff knew people's food and drink preferences and were able to tell us what action they would take if they identified a person to be at risk of malnutrition.
- We observed staff encourage people who lived with dementia to eat, by offering alternatives and checked when people said they had already eaten to make sure this was the case.
- If people needed support preparing food or drink, this was recorded in their care plans, and support was provided in accordance with their wishes.
- Staff followed guidance from relevant professionals to protect people from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Relatives consistently reported that the effective interaction between the provider and other agencies had a significant, positive impact on the health and welfare of their loved ones.
- Staff made prompt referrals to GPs, specialist nurses and other relevant healthcare services, which ensured people's needs were met.
- Staff ensured that people received consistent, coordinated, person-centred care and support when they were referred to, or moved between different services.
- Staff worked closely with healthcare professionals to ensure people had the correct equipment they required to promote their safety and independence. For example, staff had arranged visits by occupational therapists, which led to more appropriate supportive equipment being provided to meet people's needs.
- Healthcare specialists consistently told us staff effectively followed their advice and guidance to ensure people's support met their needs and achieved successful outcomes.

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.

When people receive care and treatment in their own homes an application must be made to the Court of

Protection for them to authorise people to be deprived of their liberty. At the time of inspection, the service was not supporting anyone who was subject to such an authority.

- People's human rights were protected by the registered manager and staff who had completed MCA training and were able to demonstrate their understanding of consent and the MCA. A relative with professional knowledge of MCA told us, "[Named registered manager] has demonstrated good knowledge of [loved one's] rights in terms of mental capacity and dignity."
- Care plans clearly detailed how staff should support people to make choices, using their preferred methods of communication. We observed staff seeking consent from people using simple questions and giving them time to respond.
- The registered manager and staff empowered people to make their own decisions. For example, the activities they wished to take part in.
- Where required, support plans identified people to consult about decisions made in the person's best interests. Best interest decisions had been made legally, in accordance with current legislation and guidance. For example, advanced decisions regarding people's wishes in relation to resuscitation and their preferred place to die.

# 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.

This was the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff were highly motivated and consistently told us they were inspired by the registered manager to deliver care that was caring and compassionate.
- People experienced caring relationships with staff consistently who treated them with kindness and compassion in their day-to-day care. One relative told us, "They [staff] are so kind and considerate. They are the best carers you could wish for."
- Relatives told us their loved one experienced good continuity and consistency of care from regular staff, with whom they shared a special bond. Relatives consistently praised the caring attitude of the registered manager, deputy and staff. For example, a relative said, "All their [Good Oak] carers really do care and will do anything you ask." Another relative said, "The girls [staff] are always cheerful and take a keen interest in [loved one]. They are just so kind and caring. It is the highlight of our day when they come."
- People experienced sensitive interactions with staff, which were consistently kind and gentle. This was confirmed during our observations, where staff engaged in meaningful conversations with people whilst delivering support. Staff were focussed on caring for the person and not just completing tasks.
- Staff overwhelmingly spoke with pride and passion about people they supported. For example, one staff member said, "I love working for Good Oaks. It is the best care company I have worked for because everyone involved wants to care for people and the clients [people] are so brilliant. I love caring for them and it makes me so happy to see them smiling. I love it when we all get together for social events."
- Staff training included equality and diversity, which prepared staff to meet people's diverse needs arising from their individual cultures. People's diverse needs were clearly identified in their care plans and staff provided support to meet them, including those related to disability, gender, ethnicity and faith. All staff had completed training to become dignity champions.
- Staff understood how to care for each person's emotional and spiritual wellbeing in line with their wishes and support plans.
- The management team assessed and monitored the delivery of care and support by staff to ensure it was delivered in a kind and caring manner.

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

- Care plans were developed with people, their relatives and advocates, where appropriate, relevant professionals and from the staff team knowledge, which had been gained from working closely with them.
- Care plans and risk assessments were reviewed regularly, which ensured they were accurate and reflected people's current needs and preferences.

- People and relatives consistently told us they were fully involved in decisions about all aspects of people's care and support.
- During home visits we observed staff providing reassuring information and explanations to people whilst delivering their care. For example, whilst supporting people to move and transfer from their wheelchairs.

#### Respecting and promoting people's privacy, dignity and independence

- Staff consistently treated people with dignity and respect and maintained their privacy. We observed staff discretely supported people to rearrange their dress when required to maintain their personal dignity.
- When people were confused or disorientated, staff provided gentle reassurance, which eased their anxieties and improved their wellbeing.
- When people were approached by staff, they responded to them with smiles, known gestures or by touching them, which showed people were comfortable and relaxed in their presence.
- Where staff supported people with sensory impairments we observed meaningful interactions encouraged by staff adopting techniques, in accordance with people's support plans. For example; ensuring they were in the right position and at the right level to communicate with people effectively.
- Staff knew how to support people in ways which comforted them. For example, we observed staff gently holding people's hands.
- People's care plans promoted their independence safely. People's abilities were reviewed and any change in their independence was noted. People and relatives consistently told us staff encouraged them to be as independent as they could be.
- Care plans contained information about respecting and promoting people's dignity. Staff described how they supported people to maintain their privacy. For example, how they followed the provider's policy when people requested personal care.
- Staff had completed training and demonstrated knowledge in relation to their responsibility to maintain the confidentiality of people's care records to protect their privacy. The provider had appropriate systems in place to protect people's confidential information, whilst ensuring this was readily available to those authorised to view it.

## Is the service responsive?

### Our findings

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

This was the first inspection for this newly registered service. This key question has been rated outstanding.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Excellent consistency and continuity of care provided by a stable staff team has had a major impact on the quality of people's wellbeing. For example, one relative praised the quality and flexibility of their relative's care. They told us, "In my opinion [care staff] have enabled my [relative] to stay in her own home this year. [Care staff's] commitment, sincerity and helpfulness has really improved my [relative's] wellbeing. [Named staff] frequently overstays to provide some evening company."
- Staff were extremely responsive and went the extra mile to address people's needs in relation to protected equality characteristics. Without exception, relatives of people living with dementia praised the skill of staff, which had resulted in a reduction of their loved one's anxieties and associated behaviours. For example, one relative told us, "It is so important to have continuity of carers [staff] from a small team. The carers [staff] are very gentle, kind and very understanding of [loved one's] condition."
- People and relatives frequently told us that Good Oaks was "Head and shoulders" above other care provider's they had experienced. For example, one relative who had been in despair told us, "We have now found Good Oaks. The staff are all very well trained, professional and friendly. I cannot fault them on any level. Their dedication and commitment to the safety and quality of [loved one's] care is exceptional."
- People, relatives and professionals, provided overwhelmingly positive feedback about the service. Since the service began to support people, the registered manager had received 18 written compliments from people and their relatives. These compliments consistently described the service to be exceptionally caring and responsive to people's needs. One person wrote, "I like the idea that I can get in touch with the staff 24 hours a day. This stops any anguish I might have knowing my carers [staff] are just a phone call away. They have gone up and beyond anything I have received before."
- The management team and staff consistently placed people and their families at the heart of their service. The deputy manager told us that people were the experts when it came to how they needed their care to be delivered and was passionate about making sure their wishes were carried out.
- The registered manager actively involved people, their family, friends and staff in the development of their care and support plans. For example, one relative told us, "From the outset, the manager has demonstrated excellent communication with us and whenever there has been a concern over [loved one's] needs and changing health, [registered manager] has made a point of visiting personally to assess the support required."
- Without exception people and relatives told us they felt fully consulted, empowered, listened to and valued. For example, one relative told us, "My [loved one] got very depressed on return from holiday. Good Oaks staff went above and beyond any usual care criteria, to make sure he was "heard", listened to and given positive reinforcement. There was much laughter along the way and my [loved one] became himself

again."

- People experienced exceptional person-centred care, which consistently achieved outstanding outcomes. Successful treatment of pressure injuries, wounds and infections had allowed people to lead healthier, more active lives. For example, staff had developed a close bond with a person who had been bedbound for a long time, which had an adverse impact on their health and mental wellbeing. Due to the excellent support and encouragement provided by staff, this person is now able to walk independently with a walking aid. This has led to a significant improvement in the quality of their life and their ability to socialise. Another person who was discharged from hospital with a serious pressure sore received exceptionally responsive skin care from staff, working closely in partnership with district nurses. The treatment provided, quickly healed the pressure sore. This person who was at high risk of pressure sores, had experienced a significant reduction in the incidence of pressure sores, due to the effective skin care provided by staff.
- The registered manager had developed a holistic approach and worked effectively with relevant professionals to improve people's health and well-being. Visiting professionals consistently told us the service was focused on providing person-centred care and support. One professional told us how they were impressed by the tenacity and determination displayed by the registered manager, whilst advocating for a person they supported. The registered manager's robust support of the person's rights culminated in the provision of more appropriate health and social care support.
- People and relatives consistently told us that being supported to remain at home had a significant impact on achieving successful outcomes. People and relatives told us that if they became unwell they wished to be cared for at home and did not wish to be admitted to hospital. The registered manager had effectively worked in partnership with the local Rapid Response and Treatment Team and other health professionals to prevent hospital admissions, wherever possible, thereby respecting people's wishes. This partnership also provided an exceptional discharge service when people went home from hospital. For example, one relative told us, "The Good Oaks team responded quickly, constructively and positively to my [loved one's] hospitalisation and upon her discharge ensured that sleep-in night cover was provided and that this could be extended at short notice until my [loved one] felt more confident at home."
- Without exception, families praised the staff for their outstanding support whilst people were being discharged, admitted to, or receiving treatment in hospital. For example, one relative said, "My [loved one] has returned to full health since being discharged from hospital. This has been a result of the care which she is enjoying from Good Oaks. The staff are most sincere, supportive and so kind. It really has been a great help in getting [loved one] back to normal".

### 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.

- The service had taken innovative steps to meet people's information and communication needs over and above complying with the Accessible Information Standard. For example, the registered and deputy manager held initial assessment meetings with people, their families and representatives to jointly create a comprehensive, personalised care plan. Once created this was shared with people and relatives through the provider's care planning and monitoring application. This was then accessible to all authorised parties agreed by the person. This enabled people and authorised representatives to access their care records at any time to monitor the care being provided. Where people were unable to access this technology, the registered manager explored other ways to ensure people were fully consulted and informed about their care. For example, people who lived with sensory impairments had their care options explained using required supportive technology. Where people were unable to use the provider's application they were provided with care records in a format that met their needs. For example, people with a visual impairment

had care plans prepared in a larger font or had the opportunity to receive their records in braille. Staff consistently spoke with people in a way that met their communication needs. For example, staff spoke slowly and clearly, and allowed people time to understand what was happening and to make decisions.

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

- Arrangements to support people to engage in social activities were innovative, met people's individual needs, and followed best practice guidance to enable people to live as full a life as possible.
- Staff encouraged social contact and companionship, which made sure that people maintained relationships that matter to them, such as family, community and other social links. This helped to protect them from the risk of social isolation and loneliness.
- People and relatives overwhelmingly told us the registered manager and staff were passionate about creating an inclusive family environment within the service. The service arranged regular social and charity events and supported people to be involved. For example, when the service hosted or supported regular charity events, such as mud fun runs, coffee mornings and picnics they provided transport to support people to attend. Where people wished to take part in such events, staff came up with imaginative solutions to enable people's wishes. For example, one person with limited mobility, wished to take part in a charity 'Santa fun run'. Staff completed the course together with the person in fancy dress and their wheelchair. People consistently told us they thoroughly enjoyed spending time with their staff and meeting their friends at such social gatherings.
- People and relatives consistently told us that the extra-ordinary efforts of staff to include them, made them feel special and that they had an extended family in the staff team. This had enriched the quality of their lives. and had a positive impact on their health and emotional well-being. One relative told us, "They [registered manager and staff] are wonderful, they have created a big family and are always supporting people to get involved and do things." Another relative told us, "The staff are always there when you need them, and you can tell they really care. You only have to look at how they get everyone involved doing things in addition to their care visits."
- People and relatives consistently told us that staff were extremely good at supporting people to maintain relationships that mattered to them. This helped protect them from the risk of social isolation and loneliness. For example, staff had located a person's sibling and arranged for them to meet and socialise for the first time in seven years.
- We reviewed photographs and documents which demonstrated how staff had been able to support a person who had been housebound, to attend a family wedding and other spiritual ceremonies important to them. This had enriched the quality of the person's life and improved their mental health.
- People and relatives consistently told us that the registered manager and staff went the extra mile to ensure no one they support experienced social isolation. For example, people were supported by the provider with a monthly complimentary visit from their preferred staff. These visits were to support the person do a social or enriching activity of their choice. People told us these visits made them happy and improved their wellbeing.

Improving care quality in response to complaints or concerns

- People and relatives consistently told us, the open and transparent approach of the registered manager whenever they raised a concern, was refreshing and reassuring.
- People were confident to share their worries and concerns with staff, who supported them to achieve successful solutions to problems.
- People had a copy of the provider's complaints procedure, in a format which met their needs and knew how to make a complaint.
- The provider had a complaints policy with clear guidance for staff about how to investigate and respond to complaints. Staff could explain the complaints policy and their roles and responsibilities to apply the correct

procedures.

- Records showed complaints were investigated thoroughly and resolved promptly.
- The registered manager had used concerns raised to drive improvements in the service.

End of life care and support

- At the time of inspection, the service was not supporting anyone with end of life care. However, the registered manager was reviewing people's care plans to explore their end of life wishes in more detail.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager, deputy manager and staff placed people and their needs at the heart of the service by ensuring their dignity, independence and choices were prioritised. The provider had adopted a clear set of values based upon caring passionately about people and supporting them to live life to the full.
- People received a service where the provider's caring values were embedded into the leadership, culture and staff practice. Staff were focused to ensure people came first and received good outcomes.
- People experienced personalised care from a stable staff team who knew them well and were committed to ensuring they received care, which was individual to them.
- People trusted the registered manager because they responded quickly if they contacted them. They consistently described the service as well managed.
- People and relatives consistently praised the registered manager for being readily available, empathetic and extremely responsive, whenever they were worried or required support.

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 had a policy in place relating to duty of candour and understood the importance of transparency when investigating something that goes wrong.
- The registered manager had assumed responsibility and accountability when concerns had been raised or mistakes had been made.

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

- The registered manager had developed audits to assess and monitor the performance of the service. For example, monthly audits of people's medicine administration records and daily notes. We reviewed action plans developed from these audits, which highlighted issues found and detailed action required by staff to improve. The registered manager assumed personal responsibility to deliver additional training to staff, identified through these audits.
- The provider held weekly governance meetings with the registered manager, where significant events were discussed to identify areas for improvement.
- There was a clear management structure within the service. The registered manager was highly visible and provided clear and direct leadership, which inspired staff.

- The management team had the skills, knowledge, and experience to lead effectively. Staff told us they felt respected, valued and well supported. People and staff consistently praised the management team and described them as excellent role models.
- The registered manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.
- The management team understood the importance of confidentiality. People's records were kept securely and only shared with those authorised to access them, in line with the General Data Protection Regulations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager spent time with people who used the service and with staff. This enabled them to seek people's views on a regular basis and involve people in any changes.
- People's views were listened to and acted upon.
- Staff consistently told us the registered manager valued their views, which they were encouraged to share during supervisions, team meetings and at any time they needed to talk.

The provider carried out formal quality assurance surveys to obtain the views of people and their families.

Working in partnership with others

- Good Oaks Reading had been accredited by the Support with Confidence scheme, which provides a list of care providers and support services who have been approved and undergone the appropriate training and background checks. Support with Confidence is a joint Adult Social Services and Trading Standards initiative to support people's informed choice of care providers.
- Health and social care professionals consistently told us the registered manager actively sought their guidance and engaged in effective partnership working with multi-disciplinary teams.
- Staff worked together to ensure that people received consistent, coordinated care and support, when they were referred to or moved between different services.
- People consistently praised the support they received when being referred to healthcare professionals and when being admitted or discharged from hospital.