Oakleaf Care (Hartwell) Limited

Cunningham House

Inspection report

Hilltop House
Ashton Road, Hartwell
Northampton
Northamptonshire
NN7 2EY

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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?	Good
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

Cunningham House provides a range of specialist short term assessment and rehabilitation programmes for people with acquired brain injuries, other neurological conditions or early onset dementia. They may also have other associated complex cognitive impairments or physical disabilities. Cunningham House is registered to accommodate up to 18 people. On the day of our inspection there were 16 people living in the service.

The inspection took place on 2 and 3 March 2016.

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

We found a progressive, extremely caring and highly positive atmosphere which resonated throughout the service and within the delivery of care provided by staff. People and their relatives were placed firmly at the heart of the rehabilitation pathway, with all aspects of care, recovery and rehabilitation being focused on them, their therapy goals and aims.

The service was led by a dedicated and passionate registered manager, who was tremendously well supported by a resilient and optimistic management team within the provider organisation. The culture and ethos within the service was open, encouraging and empowering; staff were openly proud to work for the service and wanted it to be the very best it could be. Staff and the registered manager were exceptionally well motivated and inspired by the role they were employed to do. They were very committed to their work and faced up to any challenges and used these to improve the delivery of service. Each member of the staff team had exceptionally strong values with a shared vision. They strived to give people a constructive and meaningful care and rehabilitation experience and provide high quality care.

Staff attended regular meetings, which gave them an opportunity to share ideas, and exchange information about possible areas for improvements to the registered manager. Ideas for change were welcomed, and used to drive improvements and make positive changes for people. Quality monitoring systems and processes were used robustly to make positive changes, drive future improvement and identify where action needed to be taken. All staff, irrespective of their role, wanted standards of care to remain high and so used the outcome of audit checks and quality questionnaires to enable them to provide excellent quality care.

People felt safe and secure in the service and were calm and relaxed in the presence of staff. Staff demonstrated an awareness of what constituted abuse and understood the relevant safeguarding procedures to be followed in reporting potential abuse. They had a good understanding of how to support people when they became anxious or distressed. Potential risks to people had been identified, and plans implemented to enable people to take positive risks and to live as safely and independently as possible.

Robust recruitment checks took place in order to establish that staff were safe to work with people before they commenced employment. There were sufficient numbers of staff available to meet people's care and support needs and to enable them to participate effectively in their rehabilitation programme. Safe systems and processes were in place to protect people from the risks associated with medication.

Staff received a robust induction at the start of their employment and went on to receive regular training, based upon best practice in acquired brain injury, which provided them with the knowledge and skills to meet people's needs in a holistic and person centred manner. They were very well supported by the registered manager and the rest of the senior management team, in respect of supervision and appraisal. They told us this enabled them to remain motivated and responsive to people's individual needs.

Staff consistently sought people's consent before they provided care and support. Where people were unable to make certain decisions about their care, the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were followed. Where people had restrictions placed upon them, staff ensured people's rights to receive care that met their needs was protected, and that any care and treatment was provided in the least restrictive way.
People were supported to access suitable amounts of nutritionally balanced food which was designed in conjunction with a dietician to ensure that an appropriate nutritional intake was received. A variety of meal options were available for people, which included specific health and cultural dietary requirements and which were based upon their specific dietary needs.

Staff worked closely with other professionals within the multi-disciplinary team to ensure people's health and well-being needs were fully met and to ensure that where possible, any rehabilitation goals were met.

People and their relatives were fully involved in the planning of their care and felt included in discussions, being able to have their say at each step of the way. Staff listened and respected people's views about the way they wanted their care, treatment and rehabilitation to be delivered. Staff were passionate about their work and driven by a desire to provide high quality care.

People were supported to develop and maintain life and social skills and regain some independence, using individually created rehabilitation programmes. The support for this was provided by a passionate and highly skilled, multi-disciplinary staff group, who shared a strong person centred ethos. Staff supported people to move forward, adapting these when their needs changed and working to overcome any barriers.

Within the staff team, there was a strong understanding of people's interests and preferences and the team worked to provide a wide range of activities that were not only tailored to people's individual needs but which worked on rehabilitation goals, often in an unassuming way. People were actively supported to integrate within the local community, using local facilities to avoid social isolation. To facilitate this, the service had developed links with local schools and churches.

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.

People were protected from abuse and avoidable harm and felt safe living within the service. Staff were able to recognise signs of potential abuse and knew how to report any concerns they had.

Risk assessments were in place, which meant that people benefitted from an approach which enabled them to take positive risks. Staff supported people in a way that minimised risks to their health and safety.

Staff were recruited using a robust process. They were sufficient in numbers skill mix and experience, so as to support people to remain safe.

Suitable arrangements were in place for the safe administration, recording and disposal of medicines.

Is the service effective?

Good

The service was effective.

Staff received a robust induction and regular supervision sessions to support them to develop their skills and knowledge to enable them to perform their duties effectively.

People were supported to make their own decisions and appropriate systems were in place to support people who lacked capacity to make decisions for themselves.

People's nutritional needs were appropriately met and they were consulted about their preferences. Meals were designed to be nutritionally balanced and menu choices were made in consultation with a dietician.

People had access to appropriate healthcare support, based upon a multi-disciplinary approach.

Is the service caring?

Good

The service was caring.

Staff were kind, and caring in their approach to people. They were committed to supporting people to be as independent as possible and valued them for who they were.

People were fully involved within their care planning. They were treated with dignity and respect and staff worked hard to ensure this was maintained not only amongst the staff team, but between each person as well.

People were supported to maintain strong family relationships. Relatives and healthcare professionals often considered that staff went 'above and beyond' to ensure that people were treated with care and compassion.

Is the service responsive?

Good

The service was responsive.

Staff took time to get to know people before they moved into the service, so the provision of care could be tailored to their specific requirements using creative ways. They knew people's individual needs, likes and dislikes and provided truly person centred care.

People had a choice about their daily routine and any activities they chose to do were flexible, so they had some control over their lives.

People and their relatives were encouraged and supported to provide feedback and express their views on the service. Feedback was used to drive improvements.

Is the service well-led?

Outstanding

The service was extremely well- led.

People were placed at the heart of the service delivery. They were supported by a highly motivated, consistent and dedicated team of care staff who worked to the provider philosophy and mission statement.

The management team promoted strong values and a person centred inclusive culture. Staff were proud to work for the service and were supported in understanding the values to ensure that high quality, holistic care was given to people.

Management arrangements were in place to ensure the effective day to day running of the service. The management team were very approachable and supportive, toward people, relatives and staff helping them to reach their full potential.

The provider had robust systems in place to monitor and improve the quality of the service people received. There was a strong emphasis on continual improvement and the use of best practice guidelines to benefit people and staff.

The service worked with relevant professionals and related organisations to promote understanding of acquired brain injury. They had received accolades for the work they had achieved.

Cunningham House

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 2 and 3 March 2016 and was unannounced. The inspection was undertaken by one inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection. Prior to this inspection we also reviewed all the additional information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

During our inspection, we observed how staff interacted and engaged with people who used the service during individual tasks and activities. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with nine people who used the service in accordance with their communication abilities, and observed the way in which others interacted with staff members. As some people were unable to express themselves fully due to their complex needs, we also reviewed written feedback from their relatives. We spoke with two healthcare professionals prior to the inspection to determine their views of service delivery.

Over the two days of our inspection we spoke with the registered manager, the Rehabilitation and Liaison Manager, one Lead Community Support Worker (CSW) and the unit doctor, one Clinical Lead Nurse, two registered nurses, the family liaison officer, the Head of Therapy, three programme assistants, three CSW's, the head cook and a horticulture therapist. This gave us a wide insight into staff views across each of the specialisms.

We also spoke with the local authority and clinical commissioning group to gain their feedback as to the care that people received.

We looked at six people's care records to see if their records were accurate and reflected their needs. We reviewed eight staff recruitment files, four weeks of staff duty rotas, staff training records and further records relating to the management of the service, including quality audits and health and safety checks.

Good

Is the service safe?

Our findings

People considered they were safe at the service and that the care they received enabled them to remain safe. One person told us, "Yes, they look after me and keep me safe." Two people nodded and smiled when we asked them if they felt safe. Another person blinked in response to the same question to indicate they felt safe. In written feedback, one relative stated, "Residents are safe in all respects." Another said, "He is safe, in good hands."

Healthcare professionals had no concerns about people's safety within the service. One told us, "They use the right equipment to support people and are aware of safeguarding systems and processes." People were supported to understand what being safe meant as part of their rehabilitation programme, and were encouraged to raise any concerns they had about this.

Staff demonstrated their awareness of how to keep people safe and had easy access to relevant policies and procedures to support them in how to protect people in the event of any suspicion of abuse. One staff member told us, "I would always report anything to the nurse and we would ensure that statements were written and people kept safe." Another staff member told us, "We work hard to keep people safe. We always report anything we need to and work together to make sure there is an accurate record of what took place." Staff told us that the training they received reinforced the actions they should take in respect of any safeguarding issue. The registered manager also discussed how they would raise a safeguarding concern to ensure people's safety on any information arising from a complaint, should this be necessary. When a safeguarding matter had been investigated records showed that this was discussed with staff so that lessons could be learnt and action taken to avoid reoccurrence. Records showed the registered manager was aware of their responsibility to report allegations, and made relevant safeguarding referrals to the local authority and the Care Quality Commission (CQC) when appropriate.

Risks to people's safety had been minimised through robust assessments, which identified potential risks. Some people were aware they had risk assessments in place, and knew that they were there to help keep them safe. Other people explained through discussion how they were enabled by staff to face risks in a safe way; for example, to have a graduated exposure to spending time outside of the service. A healthcare professional also commented on how robust the risk assessment process was as it enabled people to attempt to take positive risks, and was the first step towards regaining independence and achieving rehabilitation goals.

Staff felt confident that the risk assessments in place helped them support people safely, both within the service and in the community. One staff member said, "I do think that people are given the chance to face risks but alongside that we keep them safe." It was clear that risk assessments were positive and designed to help promote people's independence, maximising what they were able to do for themselves whilst also working towards achievable goals. Examples of risk assessments included manual handling, skin integrity and accessing the local community but also those linked to rehabilitation and treatment goals, which included the use of drills and electrical equipment outside in the garden area. Where arrangements were needed to support people to return home or to a longer term service, we found there was a robust process

in place to enable this to happen. Risk assessments highlighted any potential risk factors, with plans then being implemented to ensure a safe and successful transition for the person and their relatives.

The registered manager told us, and records confirmed that general risk assessments were used to identify environmental risks to people, staff and visitors. For example, in respect of accessing the garden areas within the service. They ensured measures could be implemented to reduce the impact of these risks to people. Risk assessments were in place, as well as continuity plans to provide staff with guidance on actions to take in the event of an emergency, such as fire, loss of utilities or extreme weather conditions.

Staff had been recruited safely into the service. One staff member said, "I was not allowed to start until they had both of my references back and they had also got my DBS check back." Another staff member said, "Yes, they got all of the information they needed back before I could start." The registered manager told us that all staff employed by the service underwent a robust recruitment process before they started work. They explained that staff references were checked along with the content of Disclosure and Barring Service (DBS) check, before new staff were able to start in their roles. If there were any gaps, or convictions highlighted, the provider would investigate further, before allowing somebody to start work and we found that a new risk assessment process had recently been implemented for this. Recruitment checks included two reference checks, (DBS) checks, visa checks and a full employment history review. Records showed relevant checks had been completed to help reduce the potential for unsuitable staff being employed within the service.

People considered there were enough staff on duty. One person said, "They are always about and you can find them if you need to." Another person blinked when we asked them if there were enough staff on duty to support them. A relative commented that, "Staff levels are good." One staff member said, "As long as we have someone in charge the numbers are fine. We ensure the skill mix is good across the board. If agency staff are used then they are consistent which is better for people and for us." Another staff member told us, "Staffing is not a problem, there are enough of us to do what we need to; it can be hard, don't get me wrong as people have some complex needs but we pull together and work hard." If people's needs changed, additional staffing was provided to ensure people were kept safe. The registered manager explained that staff worked across services managed by the provider, which ensured that if there were any gaps to fill, staff knew people's needs and people felt safe with the staff supporting them.

The multi-disciplinary team approach within the service meant that there was an appropriate skill mix of staff, most of who could be 'hands on' when required. Managers and ancillary staff were trained to help people with personal hygiene needs, which meant that additional support could be provided to staff if this was required. In order to ensure that people experienced a package of care that increased their independence and worked through the rehabilitation potential, the service had access to a full range of staff. For example, qualified nurses, community support workers and a family liaison team in conjunction with a large therapy unit. We looked at rotas and saw that staffing levels were set and planned in advance and based upon people's levels of dependency. They showed that numbers of staff were consistent within the service. Staffing was sufficient to meet the complex needs of people and to maintain their personal safety.

People received the support they needed to take their medication safely. One person told us they received their medication when they needed it and in a way that they wanted it. For example, one person told us how they preferred having their tablets in yogurt and we observed that staff administered it in this manner. Staff that had responsibility for administering medication told us that the system was in a state of transition because they were changing from boxed medication to a dosset box system. Until this took place they were working with their current cycle of medication and ensuring that this was administered safely. We observed that people were supported to have their medication in a calm and relaxed manner and they were receptive

towards staff when were offered this. Staff confirmed that they supported people to take their medication, in accordance with their prescriptions. For example, one person had a variety of eye drops prescribed to be given in a specific order and at specific times. We observed that these were administered as prescribed and with the person's consent.

Staff and the registered manager explained that qualified staff received training and competency assessments before they were allowed to administer medication for people, to ensure they could do so safely. We found that the service had a monitoring system in place to make sure medication stock levels were accurate and that a daily, running balance was maintained which enabled staff to identify any discrepancies in a timely manner. The amount of medication in stock corresponded correctly to Medication Administration Record (MAR) charts, which had been signed by two staff members when medication was administered. Unused medicines were returned to the local pharmacy for safe disposal when no longer needed. Medication was administered and managed safely and appropriately.

Good

Is the service effective?

Our findings

People told us that staff understood their support and rehabilitation needs, and were content with the care they received because it met their needs. One person said, "Yeah, they know what to do and when it needs doing." One person smiled and nodded when we asked them if staff knew how to support them properly in accordance with their needs. People's relatives showed they were also very confident in staff's ability. One relative said in written feedback, "They know what they do."

In order to ensure that people were facilitated to achieve their rehabilitation potential each of the disciplines involved in the rehabilitation pathway, were provided with a comprehensive induction package. Part of this induction was a brain injury awareness and provider introduction training week. Staff told us that during their induction they carried out shadowing, where they observed established members of staff carrying out their roles and got to know the people they would be supporting. One staff member said, "The induction really helped to give me the confidence I needed to start working more independently. You are never alone though, even when you have started, you can always ask for help and support." Another staff member told us that the process had ensured they were equipped with the necessary skills to carry out their role. The registered manager confirmed, and records showed, the provider had a robust induction programme, which covered core essential standards of basic care. The induction programme enabled staff to be assessed against a variety of competencies, which took them through until the conclusion of their probation period.

Staff also received a significant amount of training which they said benefitted the way in which they delivered care to people. One staff member said, "We are given lots of training and we are given the option of extra qualifications. I am doing a distance learning diabetes course at the moment. You only have to ask if you want to do something." Another staff member told us, "We get lots of training which all helps to retain our clinical skills, for example, defibrillator training, catheter care and tracheostomy. The in house training in respect of suctioning empowers us as nurses." Staff training records confirmed that they received regular training, including refresher sessions, to keep their skills up-to-date. Staff completed a mixture of face-to-face and online learning in areas such as first aid, brain injury, epilepsy, communication, as well as a number of other courses, relevant to their roles.

Staff received regular supervisions. They told us that these sessions were a useful way to discuss their performance, as well as raise any concerns or issues they may have. One staff member said, "Supervisions really help us to know what we want to do and to gain support about things." Another staff member told us, "We have a responsibility to do supervisions and do appraisals. I have a planner to say when they are next due." Supervision records confirmed staff had regular supervision and appraisal to identify and address any training and development needs.

People's consent was sought before any care or treatment was delivered. People told us they were able to make their own choices and were supported by staff to make decisions about how they lived their life, including where they spent their time, what they did and what they ate. Staff told us they made sure they only provided care in line with people's wishes. Our observations also confirmed staff gained consent before providing people with support, for example, with moving to another room or whether they wished to

participate in a therapy session. Staff were observed to ask questions such as, "Is it ok if we sit you on here?" or, "Can we move your hand a little bit?" Care plans also confirmed that people's opinions were sought and reflected in their care and support programmes.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff members told us that they were aware of the principles of the MCA, and applied it to their role if they suspected that people may lack the mental capacity to make decisions for themselves. They told us that they did this to ensure that any decisions made on a person's behalf, were in their best interests. For example, the registered manager explained to us about one person who had been admitted to the service with a Do not Attempt Cardiopulmonary Resuscitation (DNACPR) in place. Staff had considered that this person had appropriate capacity to make their own decision on this matter and with their support; the decision had been rescinded so it was in accordance with their wishes. Where possible, the service worked hard to ensure that people were supported and empowered to state their views on things that were important within their care pathway. Care records detailed that there had been a consideration of people's mental capacity, with full documentation of any meetings that had taken place as part of this process.

The registered manager told us that DoLS applications had been submitted for some people living at the service. Records contained DoLS care plans and copies of authorisations raised to deprive people of their liberty, and the registered manager had a log of DoLS applications and authorisations, to ensure any DoLS in place remained in-date and valid.

People told us that the food they received was good and that they were encouraged to make their own choices about meal options. One person told us, "I like the food here." Staff worked hard to ensure that people received a healthy dietary intake, and we found that menu choices were designed in conjunction with a dietician to ensure they were nutritionally balanced and where appropriate, fortified or pureed to the right consistency to meet people's specific requirements. Staff told us that they encouraged people to make healthy choices and supported them to have a balanced and nutritious diet that was in accordance with their individual needs. People's weights were regularly monitored to ensure that people remained within a healthy range. Where indicated referrals to dieticians had been made for further assessment. Records confirmed that people were supported to have a sufficient amount to eat and drink, based upon their specific dietary requirements.

People were supported to access a wide range of healthcare professionals from across the multi-disciplinary team to support and maintain their general health. Relatives were kept updated about the outcome of people's medical appointments. Staff considered that having access to an on-site multi-disciplinary team meant they could ensure people's general health and well-being was well catered for. The registered manager told us about some planned changes to the staff team that would see the introduction of practice nurses, who would have responsibility for monitoring health related conditions and undertaking required observations. This would a holistic perspective of people's day to day healthcare needs. We spoke with one healthcare professional who had no concerns about the support the service obtained to ensure that

people's healthcare needs were fully met. They said that the service worked hard to ensure people saw who they needed to, for example, psychiatrists and psychologists and mental health teams. People were supported to maintain good health and have access to healthcare services.

Good

Is the service caring?

Our findings

People were content with the care and support they received. One person told us, "Yes, it's ok here. I didn't like it at first and I used to be a naughty boy, running off. I don't do that now and they have really helped me with my anger management. That's a lot better now." Another person said, "It's great!!" when we asked them if they liked being at the service and were happy with the staff who cared for them. Others showed by their facial expressions and body language that they felt well cared for and smiled at us, or gave us a 'thumbs up' gesture when we asked them if they were happy. We saw some people laughing and gaining comfort from being close to staff, seeking reassurance from being near to them. We also observed positive relationships between staff and people, with some moments of compassion. Staff sat with people to reassure them when this was needed and maintained close eye contact to make them feel valued and listened to. Records showed that people gained a lot from the relationships they had made with staff; one person had written their thoughts down about the staff that supported them and likened them to a member of their family, for example, little sister, big sister and grandfather. People considered that staff supported them in a way which enabled them to progress and move forward towards reaching their goals.

Relatives were pleased and happy with how staff cared for their loved ones. One relative said in written feedback, "Always fully committed to giving the best care they can." Another relative said about the service, "Staff are always friendly and courteous." Other comments included, "Couldn't ask for any better care, [Name of Person] is well looked after." Another family commented, "Just to say a big 'Thank You' to you all for being so nice and caring to our lovely son. We as his family have been very appreciative of all the hard work involved, sometimes in difficult situations." We found that staff worked hard to make people and their relatives feel cared for, often going that extra mile; for example, arranging, paying for and attending funerals when there was no-one else to do this, sending flowers to relatives when they had lost a loved one and making memorials for people who had lived at the service, such as benches or a brick in the wall of the building to remember someone. It was evident that even though people were not living at the service any more, they lived on in staff memories.

Healthcare professionals were also extremely positive about the way in which people were treated by staff. One said, "You can tell that the staff are really committed to people with a brain injury." In some of the other feedback we reviewed, we found that one healthcare professional had stated that the therapeutic relationship with people was exceptional. They detailed their conversation with one person who had told them that the service had helped him a lot and that staff were brilliant. They acknowledged that they were making good progress. Another professional had indicated that the service's focus on the individual optimised the rehabilitation potential of people with even the most challenging problems; they felt that the outcome often exceeded the expectation. Healthcare professionals considered that staff helped people to have the best experiences they could in life following their brain injury and worked in conjunction with each other to achieve the best possible outcome.

Staff told us they worked hard to help motivate people as part of their rehabilitation programme. They worked to increase their skills and abilities within a variety of areas, to give people a sense of value, self-worth and satisfaction. They told us they wanted people to flourish and gain new life skills. One staff

member told us, "We really do care about people, all of us do. Lots of staff come in on days off to take people out to do things because they care for them and want to have these experiences." Another staff member said, "It really is a privilege working with people, even if they achieve something that on the face of it is small, to them it is massive and should be celebrated." Staff wanted the best for the people who lived in the service and worked hard to fulfil this for them, helping them on to another stage of their rehabilitation journey. The registered manager felt they had the right staff team in place to support people. They told us, "My staff are great, they really are. They would do anything for people and go above and beyond to deliver that extra mile."

Staff supported us to communicate with people, through the use of signs and gestures that people understood. We observed that people acknowledged their understanding of what had been said, and responded with a smile or expression which indicated they were happy. Even when people were unable to participate verbally in communication, staff interacted with that person in accordance with the guidance in their care plans, for example, using sign language to enhance understanding.

People were supported to make choices about every aspect of their daily routine, their daytime activities or what they would like to eat. One person told us, "I can have my say, yes." Staff told us and we observed that they consulted people about their daily routines and activities and people were not made to do anything they did not want to. Care was focused on each person's wishes and needs rather than being task orientated and routine led. Records confirmed that people and their relatives were involved in the care planning process to ensure that the pathway through their rehabilitation was as smooth as it could be.

For people who could not express their wishes the registered manager told us the service used external advocates to support people when making important decisions. In most cases if people lacked the mental capacity to make particular decisions, their relatives, social worker and key worker were involved in making the decision in the person's best interests.

Staff understood how to treat people with dignity and respect and supported as equals, to maintain their privacy. One staff member told us, "I would make sure things weren't over complicated, have good communication and ask for permission before doing anything. I always cover people up to prevent vulnerability." Staff told us that they worked hard to ensure people's privacy and dignity were respected and valued people's contributions in making decisions and choices about their own lives. When people needed support staff assisted them in a discrete and respectful manner. Staff supported people with personal care to the extent they needed but encouraged people to be as independent as they were able to be, even if this was only by washing their face. When personal care was provided it done was in the privacy of people's own rooms. There were systems in place to support staff to maintain people's privacy and dignity.

Good

Is the service responsive?

Our findings

People's needs were fully assessed in a robust manner prior to admission. The registered manager told us that each person had an individual programme in place which underpinned their rehabilitation programme and met their individual needs. The pre-admission assessment process was considered to be an important part of this as it ensured that people were provided with the exact therapy and interventions designed to support them to reach their maximum rehabilitation potential. As part of the pre-admission process, relatives were also involved to ensure that staff had a good insight into what people's lives had been like prior to their brain injury. From this a tailored plan of therapy could be designed.

Staff told us that once a pre-assessment of needs had been completed, care plans and risk assessments would be compiled. Only once this pre-assessment of needs had been completed, would the service decide if they could meet that person's needs. The registered manager told us, and records confirmed that care plans and risk assessments were completed in a timely manner for any new people being admitted to the service. This gave all staff the opportunity to be aware of that person's needs before they started to support them. Relatives valued this approach and felt it helped to provide a structure upon which to base people's care and develop their skills. Careful consideration was also given to which service within the group was suitable for people's needs and which staff would best help them along their transition period before admission took place.

People had an individual and comprehensive care plan identifying their background, preferences, communication and support needs. Staff told us each plan was tailored to address any identified areas of weakness and to play to each person's strengths, ensuring optimum progress along the rehabilitation pathway and therefore the support to grow and achieve positive outcomes. Care plans included an "About Me" section which was undertaken in a person centred manner, enabling staff to gain information into what people liked, disliked and what areas of their life were important to them. Where possible, people or their relatives had signed their care plans to show they agreed with the content and that their contribution to the care planning had been valued.

People and their relatives, participated in the assessment and planning of their care through regular review meetings. All involved professionals reviewed a person's care needs and progress within a wide range of areas, including communication, mobility and therapy as part of a regular report and this information was sent to family members and other involved healthcare professionals before the review meeting. One healthcare professional said, "We receive good quality information before reviews that really helps." Throughout our inspection we observed that staff supported people in accordance with their care plans.

Staff told us care plans were valuable guides to what care and support people needed and therefore needed to be kept up to date so they remained reflective of people's current needs. Care plans had been written in a person centred way which reflected people's individual preferences. Records indicated that monitoring charts for areas such as nutrition and pressure care were completed to ensure that all areas of someone's needs were being met and to ensure the support being provided was appropriate and remained reflective of their full care needs.

During the inspection staff and the registered manager gave us numerous examples where people's rehabilitation programmes had been really successful; so much so that they had been able to return home. People told us that they had been taught daily living skills and social skills to promote their independence and help them on their rehabilitation pathway. For some people this included regaining the ability to walk and communicate or to access the community using a graded approach.

The service was designed to be supportive of people on their journey through the rehabilitation pathway. It catered for a range of people with a variety of complex needs and had access to services to meet short term and long term needs. All the staff we spoke with were keen to highlight what they considered to be their success stories and were all keen to state that no matter how small something was, it should be considered as a major and significant milestone for someone. For example, staff gave us many examples of where they had met their objectives and been successful in facilitating people to reach their maximum potential. This included someone coming in wheelchair bound and after a period of intense rehabilitation, being able to mobilise round the unit, leading to an increase in their ability to engage in other therapy activities.

For another person, staff told us that one person had been extremely resistant to any interventions on admission, requiring a 5:1staff ratio to support them safely. Working to ensure that the person built up bonds with particular staff members and using specific care plans and risk assessments, the person had become more accepting of personal care and staff had been able to take the person into the shower for the first time since 2014. Although staff were accepting of the fact that this might not always be the case, this was very much considered to be a team success and had been facilitated because of the collaborative approach to care utilised. This was a major milestone for that person whose health and well-being had shown a direct improvement. Another person told us about how being at the service had helped them to regain some self-worth and value, giving them confidence in their abilities and hope that there was a life after their injury. This positive ethos pervaded staff's motivation to ensure that people received the best quality care; they said that the success stories motivated and impassioned them to do a good job. Records showed that the service's philosophy was successful enabling people to return home and spend time with family members.

The service had strong links with local organisations which they were able to access as part of people's therapy programmes. They also had access to a wide variety of onsite activities that were used as part of the rehabilitation process. This included a café area, where people worked to gain skills in managing money and engaging with others on a sociable level. On the day of our inspection, this café was bustling with people, from many of the provider services, all sitting, smiling and laughing, engaging with staff and each other on a really meaningful level.

The provider also had its own horticulture project with specialist horticulture therapists, who supported people to grow plants, vegetables and flowers and maintain garden areas within the service. We observed that people took great pride in this, with one person mowing the lawn and ensuring that it looked nice. Other people were given the ability to make wooden bird boxes, decorate flower pots and make wooden flower boxes, which would often be sold. At Christmas people made wreathes which again were sold. Staff supported people to use drills and other woodwork equipment, if they were wheelchair bound then they could access equipment at the right level and still participate. The service even had a tractor and trailer, which people could use with supervision to move more heavy equipment around the service. We saw photographs of people completing activities, looking happy and content, smiling and really engaged with the activities they were undertaking.

Other activities were provided as part of people's therapy programmes and were done in such a way that people did not often know they were undertaking specific therapy. Quizzes, canoeing, Taekwondo, games

and music sessions took place throughout the day, with both group and individual activities being done. Away from the service, staff supported people to play five aside football, go to the pub and take holidays. We found that people often went on holiday, with staff from the service and their relatives. The provider enabled people to take an annual holiday abroad, if this was their choice, and made a financial contribution towards this alongside paying for staff to go. One person told us how they had been to America last year with a staff member and their relatives and had had a great time. We found that some of the other people had been to Spain, Norfolk and Brighton. Despite being away from the service, staff had been able to support people to continue their rehabilitation programme in another setting, working towards set goals and objectives.

The registered manager told us that questionnaires were sent out on a regular basis to people. Records showed that the service had carried out analysis of the results of feedback surveys, and general feedback from people, so they were able to demonstrate how this information was used to drive future improvements. Records confirmed that advice and input from local authorities, people and their relatives was valued and listened to. Where questionnaires had been completed by people and their relatives, the responses were taken into account. The provider and registered manager were fully committed to ensuring the service continually improved.

People were aware of the formal complaints procedure in the service, which was displayed within the service. One person told us they had nothing to complain about but that they would always speak with staff if they needed to. Relatives said the registered manager and senior management listened to their views and addressed any concerns immediately. The registered manager and staff told us they felt they were always visible and approachable which meant that small issues could be dealt with immediately. For those people who could not read the complaints policy, we saw that there were advocates available to enable them to access this in a manner that they could understand. Where complaints had been received, or issues of concern raised, then we saw records to evidence that these were taken seriously and the outcome used to improve future practice. There was an effective complaints system in place which enabled improvements to be made and that the registered manager responded appropriately to any complaints that had been made

Outstanding ☆

Is the service well-led?

Our findings

People were aware of who the registered manager was. One person said, "[Name of registered manager] is the boss." People approached the registered manager to talk with them and responded with warmth when they saw them, smiling, waving and laughing. People and staff, felt the registered manager led by example, to ensure people received the best support possible. A relative said, "You always go that step further with your time and care." They said that the registered manager commanded respect from their staff team and was passionate and dedicated to their job. They could see that they wanted to deliver high quality, person centred care to people who lived with a brain injury, to make sure they had the best experiences in life that they could and could reach their maximum rehabilitation potential.

Staff told us the registered manager was extremely supportive of the people in the service and the staff who worked there. They said the registered manager was good at her job and was experienced, caring and approachable. One staff member said, "I can phone or knock on the door at any time for help and support." Another member of staff said "I have had tremendous support from the manager." Written feedback emphasized the amount of respect that the registered manager had amongst staff, with comments including, "I have a great deal of respect for you as a manager and also as a person. You are one special lady." Staff commented that the service was well-led, with on-going evaluation of all aspects of care in order to drive improvement. They told us that senior management had a visible presence which helped give them confidence they were doing a good job and made them feel really well supported.

People, relatives and healthcare professionals described the service in really positive and glowing terms. People smiled and nodded, when we asked them if the service was good and whether the registered manager and staff supported them well. One person said, "I don't want to be here but I know they are helping me." Relatives spoke very positively of the registered manager and staff who gave them feedback on a regular basis and worked hard to deliver an open and transparent culture. Comments from written feedback included comments such as, "I have been impressed not only by the quality of the multidisciplinary teamwork but also by the level of support offered to us as a family." Positive feedback from someone who had progressed through the services in the provider organisation said, "Despite an extremely severe brain injury, he has gone on to live independently, something which would not have been achieved without the support of the multi-skilled team at Oakleaf." Everybody considered the service was extremely well managed and provided very high quality care and really made a significant difference to people's lives.

One healthcare professional said all the staff in the service went the extra mile to make sure good things happened for people. They told us, "They are one of the best I know of, it doesn't matter what unit they go into, the support is consistent and people get the best possible care and rehabilitation." Another healthcare professional said, "My client surpassed expectations given by previous rehabilitation units." Healthcare professionals considered that by coming to the service, people had been given a second chance. We were told that very often people's previous placements had not worked, and that by coming to the service, this had opened up another chance at rehabilitating and regaining independence.

The registered manager said the ethos within the service was to provide high quality, person centred care for

people living with brain injury. The registered manager considered they had a really good staff team and that everyone pulled together to ensure the best of everything was given to people. Staff were always willing to help out and learn new skills, because this helped them to provide the best care and support they could to people. The registered manager told us, "My staff always go above and beyond what they need to do. We have had examples of times where staff have come in on their days off to support people; they cover shifts without me asking, they go to people's funerals because they care about them. They are really great, exceptional people." On the day of our inspection, two staff had come in on their days off because they wanted the opportunity to talk to us about the great work the service did for people and were proud to speak about the service they worked for.

The service was extremely well organised which enabled staff to respond to people's needs in a proactive and planned way. Throughout our inspection visit we observed staff working well as a team, providing care in an organised, calm and caring manner. Staff told us the staff team worked well together which helped them to provide good care for people and enabled them to feel supported within the work environment. We found evidence of regular emails that were sent by management to staff, thanking them for the work they did and praising them when something had gone well for a person. Staff told us they had regular staff meetings which gave them the opportunity to discuss any issues they had, about practice in general or about individual people and enabled staff to share ideas or ways to improve working lives. Staff were able to question the managers and raise concerns if required. Records showed regular staff meetings had been held for all staff. The minutes showed the registered manager openly discussed issues and concerns. We saw action plans were developed when appropriate.

The culture within the service was open and transparent and focused on maintaining individuality and person centred care for people. Staff were passionate about maximising each person's potential and independence. They wanted to equip people with skills for life and enable them to reach their optimum rehabilitation potential, regardless of whether they remained within the service or eventually moved on.

People were also supported to become involved in the local community. The service had links with local facilities including schools and churches. The aim of this was to provide people with a solid foundation for gaining new life skills and to encourage their on-going rehabilitation and development. It was hoped this would enable them to become more independent. We found that people had been involved in maintaining local church grounds, weeding and gravelling pathways. They had visited local school premises to maintain playgrounds. People undertook activities to raise money for charities, sometimes through selling the items they made in activities. This gave them a sense of satisfaction and enhanced their self-worth.

There was a strong vision and set of values for the future of the service, which was clearly outlined within the provider statement of purpose and user guides. The values of the service were reinforced on a frequent basis through staff meetings, supervisions and day to day practice. Staff had the confidence to question their practice, to improve upon it, gain in confidence with on-going support and as a result, feel positive about the work they did. The feeling running amongst staff was that this was not just a job, but a calling, they had a genuine desire to care and support people in the best way they could do.

The registered manager told us they were consistently looking to drive improvement with the support of the provider. They were proud of the awards that had been won by the service in the past, for example, the Great British Care Awards Care Team Award in 2009. This was awarded for the total passion and care that was demonstrated by the whole care team. They had also recently been a finalist in the Laing Buisson Brain Injury Rehabilitation Category in 2015 and had been listed as one of the London Stock Exchange Top 1000 companies to inspire Britain for 2016. It was evident the registered manager and other senior managers were continually working to improve the service provided and to ensure that the people who lived at the

service were content with the care they received. In order to ensure this took place, we saw they worked closely with staff, working in cooperation to achieve good quality care. On-going learning and development by the provider, registered manager and staff meant that people who lived at the service benefitted from new and innovative practice.

Records showed accidents and incidents were recorded and appropriate immediate actions taken. An analysis of the accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents. Any issues were discussed at staff meetings and learning from incidents took place. We confirmed the registered manager had submitted appropriate notifications to the Care Quality Commission (CQC) in accordance with regulations.

Quality assurance systems were in place and used, along with feedback, to drive future improvement and make changes for the better. We saw there was a programme of regular audits which had been carried out on areas, including health and safety, ligature points, emergency equipment including first aid boxes, infection control, catering and medication. There were actions plans in place to address any areas for improvement. The provider had systems in place to monitor the quality of the care provided and undertook their own compliance monitoring audits, writing reports and identifying any possible areas for improvement. The provider reviewed all aspects of service delivery, in order to improve the quality of service being provided.

The provider was committed to promoting a person centred ethos for the people it supported. They wanted to ensure that people could develop and retain social, communication and life skills and to make their own life choices. They were supportive of other services and involved in networking to promote best practice and share initiatives. We found that the provider participated in a number of other forums for exchanging information and ideas and providing people with best practice. They attended training seminars and events organised by external training providers and accessed online resources such as the Social Care Information and Learning Service and the CQC's website. Alongside this, staff attended a variety of conferences in respect of brain injury, such as Head First and Brain Injury Rehabilitation Trust. All staff felt that attending conferences and forums enabled them to keep up to date with best practice and current research so they could ensure their practice was the very best it could be and so that people could benefit from being supported with innovative care and best practice.

Senior staff attended local schools and colleges where they gave talks about the impact that having a brain injury could have upon people and linking this into everyday life, avoiding alcohol and drugs. We saw that the registered manager and other senior staff had attended brain injury conferences and given talks to other professionals. The registered manager had written a research article which had been published and one of the other senior managers had been asked to write a research paper about the work they had done. Staff wanted to share their knowledge so that other people could learn from their experiences, but also sought to gain feedback on what they had achieved so they could use this to drive future improvement.

The provider ran a staff reward system for staff that had a clear sickness record. Each month, two staff names were chosen on a random basis, to win £150 voucher of their choice. This system enabled staff to feel motivated and positive about their work and to give their best to people. The provider also supported staff by paying for nursing staff's registration fees and by funding a support service for staff that needed someone external to talk with if they had problems. The provider funded the first three sessions and contributed towards half of the next three if this was required.

The registered manager spoke with us about some projects they had become involved with. One was to monitor the rate of infection amongst people in the service. By maintaining baseline observations of people

and entering them into a computerised system, it was easy to monitor the impact of infection upon people and enabled staff to be vigilant to any changes which might cause deterioration in people's conditions.

The service was forward thinking and responded well to any anticipated future needs for people. There was an ethos of continual development and senior managers were open to suggestions from people, relatives, staff and health professionals who were involved in the service. Resources were used effectively to ensure care could be delivered in a high quality manner. Staff focus remained on how they could continue to improve so as to enable people to have the best quality of life possible and so they could be the best they could be.