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	Outstanding ☆

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?	**Outstanding** ☆

Summary of findings

Overall summary

This inspection took place on the 3 and 4 May 2018. The first day of the inspection was unannounced and we carried out an announced visit on the second day.

Cunningham House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service provides a range of specialist 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 provide accommodation, nursing and personal care for up to 18 people in one single story, adapted building; the accommodation consists of 14 bedrooms and 4 flats. At the time of the inspection there were 16 people living at the service.

At the last inspection, on 2 and 3 March 2016, the service was rated 'Good'. At this inspection we found that the service was now rated 'Outstanding'.

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

The service demonstrated an excellent commitment to providing outstanding support, which put people at the heart of everything. The provider and registered manager led the staff to deliver person centred care, which had achieved consistently outstanding outcomes for people.

Staff continuously went beyond expectations to ensure that people received truly individualised care that was flexible and responsive to their needs. Staff respected people's individuality and empowered people to express their wishes and make their own choices.

Staff demonstrated the provider's values of offering person centred care that respected people as individuals in all of their interactions with people. Staff at all levels had a strong belief that they were providing the best possible support for people, and were confident and empowered in their roles because of the strong leadership and management across the service.

Staff were innovative in their approach to support, and were enthusiastic about supporting people to overcome life's challenges. People and their relatives consistently told us that the service provided exceptional care and support to people.

There was a very effective system of quality assurance that ensured people consistently received exceptional

care and support. The people receiving support from the service had an enhanced quality of life because the service worked innovatively to respond to people's feedback and enable people to have meaningful experiences.

Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse. Detailed risk assessments and behaviour management plans were in place to manage all risks within a person's life. Staff were confident in supporting people with complex needs and behaviours and enabled and empowered people to live as independent a life as possible safely. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. People could be assured that they would be supported by sufficient numbers of staff with whom they had developed positive relationships.

Staff were provided with an extensive induction and on-going training was available to ensure they had the skills, knowledge and support they needed to perform their roles. Staff were very well supported by the registered manager and senior management team, and had regular one to one supervisions.

People received their medicines as prescribed and their health and well-being was monitored by a multidisciplinary team of staff. People were supported to access health professionals in a timely manner when they needed to. People were supported to have sufficient amounts to eat and drink to maintain a balanced diet.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005). The registered manager was aware of the process to make referrals to the local authority if people lacked capacity to consent to aspects of their care and were being deprived of their liberty. Staff consistently gained people's consent before providing support

People were involved in planning how their support would be provided and staff took time to understand people's needs and preferences. Care documentation provided staff with appropriate guidance regarding the care and support people needed to maintain and develop their independence.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Outstanding

The service was exceptionally responsive.

Support was completely personalised to each individual's needs and choices. Staff understood the best way to support each person to empower and enable them to live life as they chose.

People's care was based around their individual goals and their specific personal needs and aspirations.

Innovative approaches were used to maximise each person's potential, and ability to take part in meaningful activity.

Feedback from people and relatives was extremely positive about the quality of life people were experiencing as a result of receiving support from the service.

People using the service and their relatives knew how to raise a concern or make a complaint. There was an accessible complaints system in place, which ensured that any concerns were dealt with promptly.

Is the service well-led?

Outstanding

The service was exceptionally well-led.

The registered manager and provider put people at the heart of everything and were proactive in seeking people's views and experience of their care and support.

There was a culture of openness and transparency; the senior

management team continually encouraged and supported the staff to provide the best possible person centred care for people and their families.

The provider went to great efforts to involve the service in the local and wider community. People were empowered by the way they were enabled to help others.

Quality assurance systems in place were effective and any shortfalls found were promptly addressed. There was a consistent drive to ensure that standards were maintained and improved.

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 second comprehensive inspection took place on the 3 and 4 May 2018 and was unannounced.

The inspection was undertaken by one inspector, an assistant inspector, a specialist nursing advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for this inspection had experience of mental health services.

Prior to the inspection, the registered manager had completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us; a statutory notification is information about important events which the provider is required to send us by law. We also contacted Healthwatch; an independent consumer champion for people who use health and social care services. We also contacted local commissioners for any information they held on the service .

During our inspection, we spoke with two people who used the service, two people's relatives and one person's representative. We also observed the interaction between people and the staff in the communal areas. We spoke with ten members of staff including community support workers, nursing staff, medical staff, therapy staff, housekeeping and catering staff and members of the management team. We also spoke with two health and social care professionals that were visiting the service. We looked at three records relating to people's care needs and ten staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, quality surveys that had

been carried out by the provider, training information for staff and arrangements in place for managing complaints.

Good

Is the service safe?

Our findings

People using the service continued to feel safe with the support they were receiving. One person said, "Yes, I feel safe on the unit." Another person's relative said, "Since [person's name] came to [Cunningham House], I can go to sleep at night and not worry, I know they are safe." Staff had built strong relationships with people, which enabled them to understand areas of potential risk and work proactively to ensure people were protected from harm and unsafe support. All the staff we spoke with were aware of safeguarding procedures and understood their responsibility to protect people from harm. One member of support staff told us that they had received training in safeguarding as part of their induction, they said, "I would report concerns to the nurse in charge or manager, never keep it to myself." The registered manager had ensured that safeguarding alerts had been made when necessary and had co-operated fully with the local authority in safeguarding investigations.

People had comprehensive risk management plans in place to mitigate the risks in different areas of their lives. These included risk assessment screening forms that considered all potential areas of risk to a person. Personalised risk management plans were then developed to meet people's individual needs and mitigate any areas of risk. Some people supported by the service had complex physical and behavioural support needs. Behaviour assessments were personalised to the person and the behaviours they might display. Staff explained in detail what triggers people may have, and the best and least restrictive way to make sure people were safe. All the staff we spoke with felt that they were able to keep people as safe as possible, whilst supporting people's rehabilitation and promoting their independence.

There were enough staff to provide people with the support they required. Staffing levels were set appropriately to meet the support needs of the people living at the service and staff were deployed effectively. People and staff told us that they felt there were sufficient staff to meet people's needs and contingency plans were in place to manage unplanned absences. The registered manager informed us that although the service used agency staff to cover community support worker shifts when necessary, they had implemented a policy whereby no qualified nursing shifts were covered by agency staff. There was a robust internal system of on call cover for these shifts and clinically qualified members of the management team were available to provide cover if necessary. This meant people were supported by staff that knew them well and had experience of keeping them safe.

The level of staff support people required for different activities was documented in people's assessments and care plans. During our inspection, we saw that the service was well staffed by a comprehensive multidisciplinary team and people were receiving the support they were assessed as needing. We saw that the service carried out safe and robust recruitment procedures to ensure that all staff were suitable to be working at the service.

People received their medicines, as prescribed, in line with the home's policy and procedure. We observed that staff spent time with people explaining their medicines and ensuring they had taken their medicines. Clear guidelines were in place for medicines that were only given at times when they were needed for example, rescue medicines prescribed for people diagnosed with epilepsy, to be administered in response

to a seizure. The medicines policy covered receipt, storage, administration and disposal of medicines and people's medicines were stored securely. Regular checks and audits of the medicines were undertaken; any issues identified were rectified in a timely fashion to ensure medicine errors did not happen.

The home was clean and fresh throughout. Staff told us that they had the training they required to ensure they worked in a hygienic way. One member of housekeeping staff said, "I am aware of the risks of cross contamination and we have PPE [personal protective equipment] to wear." We saw that staff wore protective clothing when required and there was information around the home for people, staff and visitors in relation to infection control. The provider had systems in place to monitor the cleanliness of the home and regular audits of infection prevention and control took place.

All staff understood their responsibilities to record report and investigate any accidents and incidents that may occur. An analysis of falls that had occurred in the service was completed monthly and senior staff held quarterly clinical governance and health and safety meetings where all incidents were reviewed an analysed for future learning. We saw that updates on people's support needs were regularly shared within the staff team to enable learning and improvement around people's safety.

Good

Is the service effective?

Our findings

People's care needs were assessed to identify the support they required. Each person received an assessment of their needs before the service agreed to provide their support. The initial assessment included the person's social and medical history as well as their current physical and mental health needs.

The provider was aware of the protected characteristics under the Equality Act; their policies and guidelines reflected this. The culture of the organisation was open to providing care that met people's needs without the fear of discrimination about their age, sex, culture or religion and this was reflected in the pre assessment process.

People's needs were met by staff that had the required knowledge and skills to support them appropriately. One person's relative said, "[Person's name] can have mood swings, the staff are very good, they're very calm and know how to talk to [person's name] to help them to calm down." One member of support staff who was still in their induction period said, "I was supernumerary and shadowed experienced staff for two weeks, I'm booked on the brain injury awareness course. I've done lots of e learning, as well as moving and handling, dysphagia [dysphagia is the medical term for swallowing difficulties] and therapeutic management of violence and aggression (TMVA) training." All new staff received a comprehensive induction, which included a week dedicated to brain injury awareness and introduction to Oakleaf training. This covered a wide variety of topics such as the brain and potential challenges for a person following a brain injury, specific health conditions that may affect people, the roles and responsibilities of the different disciplines within the staff team and record keeping.

Staff received all the mandatory training they required to fulfil their job roles, this included first aid, fire safety and manual handling. Additional training relevant to staff members' job roles and the needs of the people they were supporting was also provided. For example, one member of nursing staff, who fulfilled the role of practice nurse, had completed training in foot care and was currently undertaking a reflexology course so both of these could be offered to people on site. There was a plan in place for on-going training so that staff's knowledge could be regularly updated and refreshed and training requirements were regularly discussed as part of supervision.

Staff received supervision and appraisal to enable them to confidently and competently support people with a wide range of needs. One member of staff said, "We are very well supported, everyone is valued and I have learnt a lot from [members of the senior management team]."

People were supported to maintain a healthy and balanced diet and told us that they enjoyed the food provided. One person told us that the food was very good with plenty of choice and other options, portion sizes were adequate and the food was hot when served. We observed lunch being served and saw that food was well presented and that staff ate with people and promoted a calm, relaxed atmosphere.

Staff followed the advice of health care professionals when supporting people with eating and drinking. The provider employed a multidisciplinary team of healthcare professionals, which included dietitians and

speech and language therapists. The dietitian monitored people's weight to ensure that they were receiving nutritionally balanced meals and the speech and language therapist provided support staff with guidance, to ensure that the food provided was the right consistency to meet people's specific requirements. Where people received their nutrition via percutaneous endoscopic gastroscopy (PEG) assisted feeding, staff received training in the care of PEG tubes and the procedures and protocols to be followed to ensure safe administration of food and fluid. Where people had specific health conditions such as diabetes, we saw that staff encouraged them to make appropriate food and drink choices.

People were supported to access a wide variety of health and social care services both onsite and in the community. Relatives told us that staff were prompt at obtaining medical support and communicated with them effectively regarding any medical intervention that was required. One person's relative said, "They have had to call an ambulance for [person's name] a couple of times, this was done very promptly." We saw instances recorded in people's care records when staff had contacted health professionals in response to any deterioration or sudden changes in people's health and acted on the instructions of the health professionals.

An orthotics clinic was taking place at the service on the day of inspection. [Orthotics is the field of medicine concerned with the creation of custom-made external supports such as braces and splints.] Staff told us that they had negotiated with the provider of the clinic for them to come to the service rather than staff taking people to the clinic, which some people found distressing. The health care professional running the clinic told us, "We can review people that we couldn't normally see as they would have difficulty coming to the clinic due to the long journey time, which they would find traumatic." They also explained that by coming to the service they had a better understanding of the actual needs of people as they were in a familiar environment and not distressed. Staff were also using this access to the health care professional to have discussions about people's orthotics equipment and seek assurances that they were supporting people in the best way with these.

The provider facilitated a multidisciplinary approach to people's care and support, which included the provision of medical support, neuropsychiatry, occupational therapy and physiotherapy. All staff worked together to provide support that met people's holistic needs. A member of the medical team told us that the service was able to provide a mixture of health screening and medical support that would ordinarily be provided at a GP surgery. For example, routine blood tests, electrocardiograms and diabetes screening, they said, "Having a doctor on site is not a requirement but it is a bonus."

People's diverse needs were met by the adaptation, design and decoration of the service. Some people's private accommodation was provided in flats within the main building. This gave people more space and flexibility and supported their rehabilitation. One person told us about their flat and how happy they were to have this. Their relative said, "The flat is personal and individualised. It is nice when we visit; also the staff spend a lot of time with [person's name] in the flat." There were areas set aside for people to take part in activities or relax and a sensory room. These areas could be accessed by all people, using mobile or ceiling track hoists if necessary. There was accessible outside space for people to use in good weather, areas set aside for horticultural therapy and a café on site that people could visit with their friends and family.

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 were encouraged to make decisions about their care and their day-to-day routines and preferences. We observed staff consistently seeking people's consent before providing their support and

encouraging them to make their own decisions.

People who lack mental capacity to consent to arrangements for necessary care and treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of people's rights regarding choice, and appropriate assessments were carried out with people.

Good

Is the service caring?

Our findings

People were treated with care, compassion and great kindness. People and their relatives told us that they were very happy with the support they received. One person's relative said, "They [staff] really do care for the people, they are exceptional." The representative of another person told us "The care and compassion they show to [person's name] is fantastic."

Staff were passionate about providing friendly and caring support to the people using the service. One member of therapy staff said, "We work with people to gain their trust, we build rapport and therapeutic relationships with people." People were relaxed in the company of staff and clearly enjoyed being with them. We observed interactions between staff and people and saw that people were given the time they needed to express themselves and guide staff in providing their support the way they wanted.

Staff were committed to making people and their relatives feel cared for, often going the extra mile. One person's representative told us, "[Staff member's name] invited [person's name] to their home for dinner on Boxing Day, they [the service] are as family orientated and caring as they can be." Staff told us that when the close relative of one person passed away and the person was unable to attend the funeral, staff had arranged a memorial gathering at the home. They had also placed a plant outside the person's bedroom window in memory of their family member.

People's choices in relation to their daily routines and activities were listened to and respected by staff. The staff and we spoke with had passion and pride for the successful support that they were providing to people. One member of staff said, "We are responsible for helping people and we do our best for them." Staff understood each person's preferences and encouraged positive activities to keep people fulfilled and active. Staff clearly understood the times and areas in which people found stress and anxiety, and supported them in a way that was individually designed to reduce this.

People had access to advocacy services, to support their right to have choice and control over their lives and be as independent as possible. Staff told us how they had supported one person currently using the service to access an advocate. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive. Information regarding advocacy was displayed within the service.

People were supported to maintain links with family and friends, and visitors were welcomed. A dedicated family liaison team was available to provide support on an individual basis to relatives. Staff belonging to this team often travelled to see people's relatives and spend time answering any questions and providing reassurance. One person's relative said, "They support me as well, I know if I need to I can always speak to someone." We observed visitors being welcomed into the home by staff during the inspection.

People were supported to be as independent as they were able to be. Staff demonstrated a genuine consideration for people's well-being and were committed to supporting them to achieve their goals. One person's relative said, "[Person's name] has progressed so much whilst they have been here." People were

supported by staff to improve their life skills. For example, there was a small kitchen on site where people were supported on a one to one basis to make their own food.

Staff respected people's privacy and dignity. One person said, "The staff treat me with respect and observe my dignity." All the staff we spoke with understood how to respect a person's privacy and dignity. Care plans described the support that people required in a way that reminded staff to respect people's dignity, remembering the things that they could do for themselves and what their preferences were.

Outstanding ☆

Is the service responsive?

Our findings

People received excellent care and support that was completely personalised to their choices and needs. People and their relatives consistently praised the exceptional support they received from staff and emphasised the responsive and person centred way their care was provided. A relative of one person said, "I think they are outstanding in what they do." Another person's representative said, "I would rate them as high as you could rate any service." A member of staff told us, "We treat all people as individuals; we have an open approach, create a relaxed atmosphere and give people real choices."

We spoke with a health care professional about their opinion of the service. They told us, "I think they [provider] are amazing, their expertise, the teamwork and the consistent approach, they do not see people's behaviour as a barrier to rehabilitation; I have nothing but praise for them."

The innovative nature and willingness to provide a service that was centred on meeting people's diverse needs in a truly person centred way had resulted in hugely positive outcomes for people. One person told us, "I have improved since I have been here." Another person's relative said, "[Person's name] has speech and language therapy and they have come on very well with that."

People were placed at the very centre of their care and were able to develop and grow in confidence. The staff developed strong relationships with people and fully understood what caused each person stress or anxiety, and may therefore be a barrier to them reaching their goals. The entire staff team were committed to using a positive approach that focussed on people's abilities and individuality to improve people's quality of life. One member of staff told us how they had supported a person to go climbing again; an activity they had been passionate about before their brain injury. They said, "I get to see people experiencing joy again, to see them re-connect with the world."

Staff told us that some people had previously received support from other services and had had difficulty engaging with this support. Staff at Cunningham House had worked with people to understand the areas of their lives where they faced challenges and minimise the impact of these. For example, one person had consistently shown high levels of physical aggression towards other people and staff in previous services. Staff worked with them to understand the patterns of their behaviour and the things that triggered the aggression. A senior manager told us, "[Person's name] couldn't cope with being around other people, they felt extremely anxious and this triggered aggressive behaviours." Staff set up a structured, individualised programme where they supported the person to spend set amounts of time in different areas of the home, gradually building up the amount of time they were able to be with others. The person had recently enjoyed attending a party with many other people, relatives and staff; this would have been impossible prior to receiving this dedicated, individualised support.

Occupational therapy staff told us about one person who had a history of self-neglect before coming to the service and had previously refused to engage with any support. They said, "We invested time in [person's name] and built their confidence, everything was on their terms and gradually their interaction improved. They started to want to have showers and progressed from a bed bath to showers to showering daily." The

person had been supported to move on from Cunningham House to live in their own flat and was now much more independent.

Staff at the service looked beyond structured therapy to provide support that was truly person centred and took genuine account of people's wishes and needs. One person's representative told us, "[Person's name] won't always engage with therapy and they [staff] are very good at being flexible. They consider the client's needs first and then they adapt." When one person came to the service staff were told that it was unlikely they would make any more progress in their rehabilitation. The person accepted minimal interaction from others and did not comply with therapy engagement; they had historically refused to join in any therapy sessions. Staff removed structured therapy but thought creatively about the things the person enjoyed and how an emphasis on these would spark their interest in taking part in activities and sessions that would further their rehabilitation. The person now helped set up the sessions, was engaged and alert throughout and was a ready contributor to the group. Staff had supported the person to walk again and the person had recently asked staff to support them to go swimming. The willingness of staff to look beyond structured methods and work in a truly person centred way had resulted in the person making progress that had not been possible when they had been supported by other services.

There was a clear person centred ethos in all of the care and support provided to people and the service personalised their support for all aspects of a person's life. Staff recognised the importance of people's personal relationships in optimising their progress and the success of their rehabilitation. A member of staff was being released to support a person on a holiday abroad with their family. This would involve a long haul flight, with the member of staff being available over the period of the holiday to provide support to the person and their family. Another person was unable to spend time away from the service with their family due to the support they required to manage a complex health condition. Staff had worked with the family, so that they were able to support the person to manage this health need. As a result, the person was able to spend Christmas at the home of their relatives and the person now had regular overnight stays with family. This had had a hugely positive impact on their well being and the progress of their rehabilitation.

The service had devised many different, innovative approaches to supporting people with social interaction and activities. One person's relative said, "[Person's name] gets involved in lots of sessions; Taekwondo, cooking, speech therapy, quizzes and discussions about the news." People and staff had created a memory book of the social activities they had enjoyed together. We saw photos of many varied activities that people clearly enjoyed. For example, art projects, takeaway evenings, quizzes and competitions, painting, barbecues and parties and horticultural work.

The physiotherapy team had devised an initiative they had named 'Get Moving', to encourage people and staff to spend time exercising outside. The first event, 'Oakleaf Rocks' was to be a treasure hunt in the local woods; different routes were being set up for people with different abilities, including those who required equipment such as a wheelchair to enable them to take part. People were currently painting stones as part of an art project to be used as the treasure that people would seek. Staff explained that this fun activity would also support people's cognitive skills as they attempted to work out the clues.

The service had purchased an exercise bike that was suitable for people who were physically unable to use an un-adapted exercise bike. We saw a person using this during the inspection; because of their brain injury, they had weakness on one side of their body. The bike displayed information to show them how much power they were producing to cycle on each side. They were extremely proud of the progress they were making and motivated to continue working hard to build their strength.

Staff demonstrated an in depth awareness of how technology could be used to enhance the responsiveness

of the service people received. For example, electrical stimulation machines were used for neuro muscular stimulation. Physiotherapy staff were able to arrange referrals for people to access functional electric stimulation. One person had been provided with a trigger that could be placed in their shoe; this stimulated the front of their leg and prompted them to lift their foot when walking, improving their mobility and reducing their risk of falls. Some people had seizure monitors fitted in their bedrooms, which were sensitive to changes in people's movement that could indicate they were experiencing a seizure. These were linked to the nurse call system to alert staff if they required support. Where this type of support was in place and the person lacked mental capacity to consent a best interest meeting had taken place and a DoLS was in place.

The staff team had developed bespoke communication strategies, using both technological and non-technological strategies, which best suited each person's communication abilities. Staff were aware of, and acted upon, the diverse communication needs of the people they supported from the information in the person's care plan. They looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. Examples of different ways people's communication needs were supported included; audio, braille, talking books, easy read, large print and pictorial information.

People consistently received the care and support they needed in accordance with their initial care assessments and subsequent care reviews. One person's relative said, "We've been to lots and lots of reviews, everyone [staff] always wants to get the best for [person's name] and us." People's individual support needs had been comprehensively assessed prior to their admission to the home. Care plans were developed with the involvement of people using the service and their relatives. Care plans were based on providing people with truly individualised support and reflected people's likes, dislikes and preferences. All the staff we spoke with were confident the care plans were reflective of people's true needs and preferences. The care plans we saw reflected this, for example containing information on people's triggers and behaviours and personal objectives and goals that people wished to be supported to achieve.

Care plans contained all the relevant information needed to provide staff with the guidance and insight they needed to meet people's equality, diversity and human rights (EDHR) needs. Care plans reflected people's rights relating to dignity and autonomy, such as how the person chose to receive their care and support. Staff demonstrated a very clear understanding of people's social and cultural diversity. All the staff we spoke with were extremely knowledgeable about each person's beliefs and preferences, and were able to tell us in detail how they supported people with choices that met their cultural needs.

People and their relatives knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. The registered manager told us that the service focussed on the importance of reflecting on and learning from complaints and the people we spoke with confirmed this. One person's relative commented, "I know if I speak to [unit manager] it is dealt with there and then." We saw that complaints had been recorded, and people had received a detailed, prompt response that had dealt with any issues raised. One person's relative told us about a complaint they had made regarding their family member's care. They told us that the complaint was dealt with to their satisfaction and commented, "Since then, they have absolutely been on the ball." The service provided a full account of their investigations into complaints and the improvements they had made in response.

Staff were committed to ensuring people's end of life wishes were achieved. Staff supported people and their relatives to think about the plans that they may wish to put in place for the end of people's lives. One person's health had recently deteriorated rapidly, their representative told us, "All the staff who care for

[person's name] were involved in an MDT [multidisciplinary team] meeting about [person's name] being unwell, they are phenomenal, I can't rate them highly enough." They also said, "The doctors are very good, we had meetings to talk about a 'do not attempt cardiopulmonary resuscitation' (DNACPR) and they did what was needed, everything by the book." The provider had identified a senior member of qualified nursing staff as having particular knowledge and skills in end of life care. This member of staff was available to support staff at all of the provider's locations to ensure effective planning for people's end of life care was in place. They had supported staff to implement the end of life care plan for the person who was currently receiving end of life care. We saw that this document was regularly reviewed and provided staff with appropriate guidance on the person's needs and wishes.

Outstanding ☆

Is the service well-led?

Our findings

Throughout the service, there was an ethos that placed people at the heart of everything. People, their relatives and staff were fully consulted and empowered to be involved in the running of the service and the things that affected them. Feedback was overwhelmingly positive, relatives of people spoke highly of the way the service was run, saying, "Senior management have the right ethos and this spreads through the rest of the staff team." And, "I have nothing but praise for Oakleaf Care."

The senior management team talked to us about the people using the service and had a clear passion and drive to provide a quality service for the people using it. They told us they were consistently looking to drive improvement with the support of the registered manager and provider. The senior management team had worked together to develop a service that empowered people to have maximum control and choice over all areas of their lives. This team contained staff with a wealth of knowledge and skills from different health and social care disciplines and they were knowledgeable and involved in all aspects of the service.

The registered manager told us that senior management regularly supported people living at the service to enjoy social nights together. This provided an informal platform for people to have access to senior managers, get to know them and feel comfortable and confident in their presence. We observed senior managers including the registered manager and provider interacting with people and people were clearly used to seeing them in the service and enjoyed the time they spent with them.

The service continued to have a positive ethos and drive to provide high quality, person centred care to people living with an acquired brain injury or neurological condition. Staff at all levels had a strong belief that they were providing the best possible care for people, and were confident and empowered in their roles because of the strong leadership and management across the organisation. One member of staff said, "I love my job and feel very privileged to witness the progress people make, for example, to see a person walk for the first time since their brain injury." Another member of staff told us, "I feel that I am trusted to do my job to the best of my ability." All the staff we talked with spoke positively about the management and the provider, and were proud to be part of the organisation.

All the staff we spoke with told us the registered manager always listened to them and supported them to do their job in the best possible way. One member of staff said, "This is a very supportive company to work for, [registered manager] is always there if I need any support or advice." Another said, "I have learnt from the leaders here, they know how to bring out the best in people, there is consistency and they lead from the front; everyone is valued." We saw that regular staff meetings took place to enable staff to have a formal platform to contribute to the running of the service.

The provider ran an "Employee of the Month" award system. Each month, staff members were chosen by people, relatives and colleague because of their individual qualities. Staff who were chosen to receive this award received a fifty pound voucher. Staff could also receive a financial benefit for recommending the service as an employer to any of their friends and relatives. Staff told us that this initiative was positive and continued to motivate them to think of extra things they could do to improve their work with people and the

wider staff team.

The service continued to have an excellent reputation with other professionals as providing quality support to people. Close links were kept with a variety of health and social care professionals involved in people's support. A healthcare professional who was involved in reviewing people's care said, "They [staff] have the skills and experience and they are very well led. The managers are involved and know the issues that are faced by the staff, they understand the difficulties and together maintain consistency; they do a fantastic job."

The provider and registered manager were fully committed to ensuring the service continually improved through seeking feedback from people, relatives and staff. We saw that feedback was positive and that where people had suggested changes, improvement plans had been developed. The service had a consistently high level of engagement with relatives of people that used the service through the dedicated work of the family liaison team. We saw records of thank you cards and written compliments that the provider had received. For example, "You are all unique and just brilliant, brilliant, brilliant! We will never forget what you did for [person's name]." And, "Thank you for making [person's name's] life so worthwhile after their accident. I will never forget your dedication."

The provider facilitated monthly service user meetings, where people had the opportunity discuss and contribute to all aspects of the service. We saw minutes of meetings where people had taken part in discussions about the decoration and furnishing of the communal areas of the home, discussed their concerns, complaints and suggestions and provided feedback on the activities they would like to take part in. The minutes demonstrated that each meeting began with reflection on the actions agreed at the previous meeting and feedback on the changes that had been implemented as a result.

The service was well organised and staff were all confident in their roles and responsibilities. The service had developed many of its staff into senior roles and supported staff to access specialist training so that expertise was available across all areas of the service. The provider had initiated a scheme to support a community support worker to train as a registered mental health nurse, working in partnership with a university and the local hospital to provide the academic learning and work placements required.

The provider had also supported one of the physiotherapy staff to complete a Masters module in injection therapy in neurology. This therapy is designed to support the management of neurological disorders. The provider had recognised that people needed this treatment more regularly than they were able to access external appointments due to long waiting times. The member of staff who had been trained explained the benefits of providing the treatment to people that they knew well through providing other aspects of their therapy. For example, some people may only demonstrate difficulty when they undertook certain activities and this would not necessarily be identified during an external appointment, meaning appropriate treatment may not be provided.

The management of the service had an in depth knowledge of the staff team and recognised when staff required increased support with new initiatives and provided this. Staff told us that the provider ran their own internal mentor programme, to provide a consistent level of support to all staff. One member of staff said, "It's about sharing skills and developing people. Each senior member of staff mentors a less experienced member of staff." All the staff we spoke with confirmed they felt they had the opportunity to develop at their own pace. All the staff we spoke with felt the service was an excellent place to develop and grow in their job role.

The provider had also carried out a recent review of the skills, knowledge and experience contained within

the senior management team with a view to targeting the learning and development they could offer staff. From this review, they were developing champions to lead the staff team in best practice in areas such as, epilepsy, diabetes, tracheostomies and asthma.

The registered manager and senior staff had a keen interest in continuous development, for the service, and all those involved with it. They were keen to grow their own knowledge, expertise and best practice in the support of people with an acquired brain injury or neurological condition. The provider had recognised that all the services they managed would benefit from increased clinical neuropsychology. They had recently increased the clinical psychological provision from six hours to three days a week. A new consultant neuro psychologist had begun work at the service heading up a team of assistant therapists and a cognitive therapist. They told us, "The staff here are very positive and passionate, there is a very strong care pathway, the service is special and the care is above and beyond the norm. One very positive aspect is that all the senior management team understand brain injury as they have all worked at different levels in brain injury services."

The provider had worked in partnership with a Dutch university to provide internships for occupational therapists. The provider had recognised the benefits of this programme to the interns and the service. Three more internships were planned; the interns would be taking on a development project that had been identified as beneficial for people who used the service, one such project was the role of occupational therapy in palliative care.

The service was an important part of the local and wider community and developed community links to support the needs and preferences of people. People were empowered through the way they had been supported to help others. For example, people and staff had renovated the gardens of a local church and school as part of their horticultural work. Projects like this enabled people to gain a solid foundation for gaining new life skills and encouraged their on-going learning and development.

The service had also held a fund raising day as part of Sport Relief, where people and staff had taken part in a twelve-hour static cycle; we saw photos of people clearly enjoying this event and one person's relative told us how they were proud to receive a certificate for taking part. The registered manager and the staff we spoke with all told us how important it was to build positive links within the community and with other agencies.

Successful governance systems were in place to promote an inspiring service that provided high quality individual care and support for people. Senior staff were required to complete their own audits, for example on people's medication, the environment, health and safety and staff training. The registered manager maintained thorough on-going oversight of these audits. The service was extremely efficient at acting when shortfalls were identified, on a short or long term basis, and had a good understanding of how to achieve sustained improvement. We saw examples of improvement plans that had been devised in response to the findings of audits. For example, a recent audit of staff training had identified that improvements were required to staff completion of mandatory e learning in a timely manner. Senior management reviewed the arrangements that were in place for monitoring and encouraging staff to complete their training and as a result an increase in compliance was seen.