

Progress Adult Services Limited

The Oaks

Inspection report

91 Hennel Lane
Walton-le-Dale
Preston
Lancashire
PR5 4LE

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22 March 2016

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20 June 2016

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?	Good ●

Summary of findings

Overall summary

This inspection took place on 22 March and was unannounced.

The Oaks has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

This was the first inspection of the service since it was registered with the Care Quality Commission in 2014. There were six people living in the home at the time of our visit.

The Oaks is owned and managed by The Priory group who have recently taken over from the previous providers. They are registered to provide care and support to people who experience a Learning Disability. The home is situated in a quiet residential area of Walton le Dale, Preston. The accommodation is provided in a large detached property which is equipped to provide residential care and support for six people to assist them to develop their decision making and independent living skills.

People living at the home and their relatives and other representatives were very positive about all aspects of The Oaks.

We observed how staff spoke and interacted with people and found that they were very knowledgeable about each person and supported them with dignity and respect.

Staff were observed to be mindful and promoted a calm environment. They spoke quietly to people and were observed supporting people with tasks in a calm and respectful way. Staff kept an appropriate distance from people who may have felt anxious if someone was too close to them. People were asked questions in a way that made sure they were helped to understand and were able to respond in a way that reflected their rights and choices.

Each person living at The Oaks was provided with designated key workers who were suitably equipped, experienced and trained to understand the person's individual needs, inclusive of communication, behaviour and development. We found the staff had an excellent understanding of people's care and support needs and we found care plans to be detailed and focused on the individual person. Staff also understood how to support people if they lacked capacity to include the requirements of the Deprivation of Liberty Safeguards.

We noted the service had a complaints procedure, details of which were included in the service user's guide. People living at the home and their relatives said they were confident that they could raise their opinions and discuss any issues with the registered manager or any other staff member who was on duty.

The service had robust recruitment policies and procedures in place to ensure staff were suitable to work with vulnerable people. This included standardised application forms, the provision of written references and a structured interview process being undertaken to enable the management of the home to have adequate information before employing staff.

Staff were provided with monthly structured supervision sessions and regular updated training and development courses to assist them to build on their knowledge and skills.

The provider had robust systems in place to monitor and review the standards of the services provided at the home. These included reviews with external professionals, daily staff meetings and handovers and the use of self-assessment tools that looked at the safety, management, residents life skills, education and well-being, environment and nutrition.

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.

Staff had been properly recruited, trained and motivated and there were sufficient numbers to keep people safe.

The provider had safe systems to manage risks to people's care without restricting their activities.

Staff managed the medicines safely and wherever possible worked with other professionals to enable people to be prescribed effective safe medication.

Is the service effective?

Good ●

The service was effective.

We saw that people who lived in the home and their families were involved in their care and were asked as an on-going process about their preferences and choices.

Staff were encouraged and supported to build on their training to ensure they had the knowledge and skills to be effective in their role.

Staff had innovative systems to help them to monitor and review any changes in people's condition. They accessed appropriate health, social and medical support as soon as it was needed whatever time of night or day.

The environment had been adapted to suit the needs of the people currently living in the home. Appropriate facilities had been provided via discussions with the people who lived in the home and their families to meet each person's individual needs.

Is the service caring?

Good ●

The service was caring.

Staff were kind, compassionate and knowledgeable about

people's individual needs and treated them with dignity and respect.

When people presented as being distressed staff were able to manage each situation and comfort people whilst retaining their dignity.

There was an effective system in place to use if the young people wanted the support of an advocate. Advocates can represent the views and wishes of young people who are not able express their wishes themselves.

Each person was provided with private space either within their own accommodation or in another area of the home if they wanted to spend time away from other people.

Is the service responsive?

Good ●

The service was responsive.

Care plans identified that they focused on each person's individual needs, wishes choices and capability and of how these could be met.

Staff planned, assessed, monitored and involved external professionals in each person's care to ensure it was tailored to the current need of the individual.

Staff used innovative communication systems to ensure people could express their wishes to include complaints.

Staff worked with other professionals to ensure people could maximise their skills and also used effective communication systems with local authorities if any person needed support with their transition between services.

The registered manager promoted family involvement and where family were unable to visit, staff facilitated in assisting people to enjoy visits to their family home.

Is the service well-led?

Good ●

The service was well-led.

Staff said they felt well supported and were aware of their rights and their responsibility to share any concerns about the care provided within The Oaks or the organisation as a whole.

Quality assurance staff monitored incidents and risks to make

sure the care provided was safe and effective.

The registered manager used systems to make sure that there were enough staff with the appropriate skills to provide effective safe care.

The provider had employed staff with the right mix of qualifications and skills to work at the home. The provider had looked at the skills, strengths and weakness of each person and had utilised staff accordingly to make them feel valued as an effective member of the team.

The Oaks

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 was 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.

The inspection was unannounced and took place on 22 March 2016.

The inspection was undertaken by an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our inspection planning we reviewed this information and other information that we held about the home including statutory notifications received from the provider. These statutory notifications include important events and occurrences which the provider is required to send to us by law. We contacted commissioners of care and health and social care professionals who were involved with the service to seek their feedback. They did not raise any concerns regarding the service.

We spent time with the six people who used the service all of whom appeared relaxed and comfortable within their home environment. People were not always able to communicate verbally with us because of their complex needs. However they expressed themselves in other ways such as by gesture or expression.

We undertook a limited amount of direct observation at The Oaks. This was to try and minimise any possible anxiety for people, and to ensure that support and daily activities went ahead as planned.

We spoke with five relatives of the people who used the service. We also spoke with nine staff members, the housekeeper, the maintenance person and the registered manager of the service.

We viewed three people's care files, one staff file, people's medication records, recruitment and training files, maintenance files and a selection of records used to monitor the service quality which included meeting minutes and audits. We also carried out a tour of the premises.

Is the service safe?

Our findings

We met with the six people who lived in the home and with their permission viewed three of their private living areas. Relatives of the people who lived at The Oaks told us that the home was very comfortable and staff maintained the home well and very mindful of people's safety. They said they felt that people who lived there were safe and supported.

The Oaks provides care, accommodation and support to six people for the purpose of providing personal care and support and supporting them to develop their decision making and independent living skills. Each person living in the home had their own bedroom. Other facilities were shared to include communal lounges and kitchen/dining areas. The needs of each person were assessed and agreed prior to admission to ensure that the design of the private and shared space met their individual requirements. The community location offered people a quiet residential location in which people's safety was paramount and the premises had been adapted to suit each individual need. Adaptations to the premises included the provision of protected TV usage, protected radiator cabinets and mirrors and personal key locks to individual accommodation. We noted that the service had a building security risk assessment in place for all the people who lived in the home. This included daytime and night time supervision and night time security. Staff told us that the provider was most proactive in ensuring the safety of the staff and the people living in the home and was financially very supportive to ensure systems were in place to ensure the safety of people within The Oaks.

The provider had effective procedures in place for ensuring that staff or other people who were involved with people's care could report their concerns about a person's safety. This included behavioural management issues and mood changes. All of the staff we spoke with could clearly explain how they would recognise and report abuse. They told us that they had been provided with on-ongoing training to ensure they fully understood about safeguarding and of the actions they needed to take if they noticed or suspected abuse was occurring.

We saw that the service had a safeguarding procedure in place. This was designed to ensure that any problems that arose were dealt with openly and people were protected from possible harm. The residential manager was aware of the relevant safeguarding process to follow. Any concerns would be reported to the local authority and to the Care Quality Commission [CQC]. Homes such as The Oaks are required to notify the CQC and the local authority of any safeguarding incidents that arise. There had been no safeguarding incidents requiring notification at the home since the service was registered with CQC.

Staff training records confirmed that staff received regular training to make sure they stayed up to date with the process for reporting safety concerns. The staff members we spoke with during the inspection were aware of the relevant process to follow if a safeguarding incident occurred. They told us that they would report any concerns to the manager or deputy manager and they were aware of their responsibilities when caring for vulnerable adults. The staff members confirmed that they had received training in this area and that this was updated on a regular basis. They were also familiar with the term 'whistle blowing' and they said that they would report any concerns regarding poor practice they had to senior staff. This indicated that

they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of abuse or poor practice.

Risks to people's safety were appropriately assessed, managed and reviewed. We looked at the care records for two people who were using the service. Each of these had an up-to-date risk assessment. These assessments were individual to the person as they reflected their specific risks. Risk management plans were in place for all risk and underlying risk behaviours that had been identified.

Each person's safety and welfare was considered throughout their placement at The Oaks. For example, staff had considered the risks associated with people leaving the premises to go about their daily lives, enjoy visits to their family and friends and being driven by staff of the home in transport provided by the home. Staff were always present in sufficient numbers during these trips so they could manage any emergency situations. Relatives of people living in the home told us that they felt staff were 'responsible caring people whose main aim was to keep people safe and respect their human rights'. Comments included; "Staff have the confidence in themselves to risk assess and allow choice" and "The home is staffed by a small group of dedicated people who through risk assessment, knowledge and understanding enable (name) to live a life of his choice without fear or discrimination".

The staff rota identified that the staffing levels enabled staff to provide two to one assistance for people who had been assessed as needing this level of support. At the time of our visit there were nine staff on duty between the hours of 7.30am until 10.00pm with one waking night staff and one sleep in staff on duty from 10.00pm until 7.30am.

During this visit we looked at the files for one newly appointed staff member and one who had been employed at the service for many years. We found that the appropriate checks had been made to ensure that the prospective employees were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw from the files that the provider required potential employees to complete an application form from which their employment history could be checked. References had been taken up in order to help verify this. The files held a photograph of the employee as well as suitable proof of identity. There was also confirmation within the recruitment files we looked at that the employees had completed a suitable induction programme when they had started working at The Oaks. In addition and to ensure the system was robust we discussed the procedure for employing new staff members with the registered manager and a newly appointed staff member. They explained the processes used, including the checking of recruitment history and any gaps in employment or convictions.

Care files held details to show that the people living in the home, their families and other professionals were fully involved in the risk assessment process. Staff told us they contacted other professionals, such as social workers, psychologist and psychiatrists to share people's risks when they were admitted.

One relative told us how they were involved in the assessment and management of the risks from the commencement of the placement. They said that they were very impressed that the assessments were so thorough and that appropriate positive actions had been put in place to maximise people's daily lives.

Staff demonstrated through discussion that they were passionate about the rights of the vulnerable adults and of how they could ensure their cultural, spiritual, emotional and physical needs could be met to protect them from the risk of discrimination. We looked at two adult's service user plans and they included detailed

information collected from discussions with all people involved with the persons care. This included how peoples cultural and faith needs, emotional support and physical needs could be met. Monthly measurable outcome targets were held in each care plan to show how the people had developed in these areas.

Each person who lived in the home had undertaken a medication management assessment. Currently no one had been assessed as being able to safely store, administer or record their own medication. All medication was stored in a secure cabinet, in a secured room within the home and was administered by qualified staff. Medication records were well managed and identified that medication had been provided as and when prescribed. Care plan notes showed that GPs and other health professionals held medication reviews with care staff within the home to ascertain the effectiveness of prescribed drugs. Staff told us that this assisted health professionals to make a judgement if the correct dosage is being used and if the drug has any positive effect upon the person's well-being. We saw that the home used a procedure for the administration of medication that required a witness to act as a safeguard to support the prevention of medication errors.

Records showed that a maintenance team completed required repairs and safety checks within the home. We saw that routine fire drills, emergency lighting tests and essential checks were on-going.

Is the service effective?

Our findings

Relatives of people who lived at The Oaks told us that staff were excellent and had certainly been effective in enhancing the lives of the people in their care. Comments included "I have been so impressed with the way Y's life has improved since he has been here", "I love the way they (staff) have worked out an effective communication system with (name) it makes (name) happy" and "I have watched him grow in confidence since being here. It's wonderful how he has progressed".

Each person living in the home had their own bedroom. Other facilities were shared and included communal lounges and kitchen/dining areas. The needs of each person were assessed and agreed prior to admission to ensure that the design of the private and shared space met their individual requirements. The community location offered people a quiet residential location in which people's safety was paramount and the premises had been adapted to suit each individual needs.

The environment had been adapted to suit the needs of the people currently living in the home. Appropriate facilities had been provided via discussions with the people who lived in the home and their families to meet each individual needs such as the provision of a television which was protected by an unbreakable glass cabinet. Staff told us that the bedrooms of the home were all chosen and allocated giving consideration to people's needs. This included people who would benefit from en-suite facilities and a person who was passionate about playing loud music being provided with extra room to do so without having a negative impact on others.

There was a flexible menu in place which provided a good variety of food to the people using the service. The staff we spoke with explained that the menu was discussed with the people living in the home all of the time and was based on what people wanted to eat. Choices were available and people could decide what they wanted at every mealtime. Special diets such as gluten free and diabetic meals were provided if needed. Staff told us they assisted two of the people who lived in the home to shop for Halal meat to maintain their cultural preferences. We observed people who lived in the home enjoying a lunch time meal. Staff told us that people who lived at The Oaks could be unpredictable when eating their meals. For example one person who has special dietary needs could take food off another person's plate. We noted that staff provided discreet supervision to ensure that people were provided with a menu which was suitable to their dietary needs. Records showed that people were weighed regularly and referred to the dietician if required. Healthy eating was promoted and we saw that the home had rekey been awarded a five star Food Hygiene Rating.

Records showed that that all but one staff member were employed on a permanent basis and were trained and supported and worked together within the home as a team. The registered manager told us that one staff member was an agency worker but they had been working at The Oaks for many months and had been trained and supported to understand the ethos of the home and the assessed needs of the people living there.

Placements were only offered to people who met the home's criteria. This included ensuring the service had

the staff who were trained to meet the assessed social, emotional and healthcare needs in full. As a consequence training records showed that staff were trained so they could provide specialist care for the people who lived in the home. All the staff we spoke with had completed a mandatory induction training period. This was followed by on-going training such as; safeguarding, challenging behaviour, first aid, autism, equality and diversity, medication, mental health awareness, recording and deprivation of liberty.

Examples of subjects covered during this induction training included care planning, consent, therapeutic interactions and sensory integration. Staff also completed competency-based assessments to make sure that they could demonstrate the required knowledge and skills. Examples of these assessments included medicines and behavioural management. The training file for a new staff member held details to show that they had completed their induction, had been allocated a mentor and were completing some e learning as well as undertaking the care certificate which sets out common induction standards for social care staff. Staff spoken with told us that the training was excellent, especially the in house courses. They said that they were able to learn and develop skills to meet the needs of the people who lived at The Oaks.

Comments from staff were most positive and included "We get very strong support and clear direction. We are provided with full detailed information about each person who lives here such as what side to walk alongside them and de-escalation techniques. I have learned so much, I get offered so much training it's incredible".

Records showed that people were encouraged to complete or contribute towards as many daily tasks for themselves as possible such as making their own breakfast snacks, meals, drinks. We saw that one person irons their own clothes with support. Staff told us that wherever practicable and safe, people would be consulted in all areas of their daily life and plans developed accordingly. Relatives of the people who lived at the home told us that they had seen immense improvements in the life skills of the people who lived at the home. Comments include; "What a difference this place has made to (name). He is able to do so much more for himself and has become more independent".

The registered provider had employed staff with the right mix of qualifications and skills to work at The Oaks. They had looked at the skills, strengths and weakness of each person and had utilised staff accordingly to make them feel valued as an effective member of the team.

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).

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

Policies and procedures had been developed by the home to provide guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

We saw that mental capacity assessments had been completed and where necessary a best interest meeting had been held. All six people living in the home were subject to an authorisation under the Deprivation of Liberty Safeguards.

Each care plan held individual statement objectives such as; develop and implement appropriate means of communications through increased use of intensive interaction. Develop choice such as; using photographs, Makaton (sign language) objects of reference or picture symbols. Staff told us that this assisted them to enjoy effective communication with people through methods of their choice.

Staff told us they were well supported and were very complimentary regarding the support they received from their senior staff and managers. Staff told us they received regular supervision and appraisals. We checked records and staff files and noted that staff had received regular pre-arranged supervision sessions. Supervisions are regular meetings between an employee and their line manager to support staff development and to discuss any issues that may affect the staff member; this may include a discussion of on-going training and development needs. Staff told us they were provided with supervision to help with their development within the service and to ensure they provided a consistent level of good quality support to people living at the home.

The registered manager told us that the supervision system promoted staff development and staff meetings had a dedicated agenda and topic of staff and company development. Minutes of staff meetings identified that they were held on a regular basis and were well attended.

We saw that staff communication was carried out verbally and by use of a communication book and staff handovers at the end of each shift. Staff told us that communication was excellent throughout the service and the sharing of need to know information was an essential part of their remit.

Records showed that all the people who lived in the home had ready access to a local GP and a local specialised dental service. We saw that one person regularly visited a local chiropodist. Annual learning disability health checks were completed by the GP and medication was reviewed annually by a GP, Neurologist or Consultant Psychiatrist. We saw that each person had a hospital passport and a Health Care File to log appointments and health requirements.

Is the service caring?

Our findings

Relatives of the people who lived in the home told us they were happy that their family members were well cared for at The Oaks and liked living there. They told us that staff were compassionate and kind. They told us that staff were aware of people's needs and responded quickly when their needs changed. They said they were involved in the care planning process including making decisions about people's care. Comments included; "We have regular conversations to discuss care plans and any changing needs", "I am delighted that (name) has settled in very well. I cannot believe how well the staff provide care and support" and "It is my son's home now and he loves it".

We observed positive interactions between staff and people who lived at the home. Staff were respectful, for example they addressed people by their preferred names.

The atmosphere in the home was warm and friendly. During the day we observed staff interacting with people and we noted they were comfortable and relaxed in each other's company. Throughout our inspection we saw that staff were courteous, caring and patient when supporting people and we saw that people's dignity was respected. Staff respected people's privacy by knocking on people's doors before entering and staff showed awareness of the need for people to have their own space if they wished to spend time away from other people.

The registered manager provided all people who considered living in the home and their families, social workers or other professionals who may be involved with their care with information about the service prior to them making a decision to move in. This was provided in a format that met their communication needs and their ability to understand. If a decision was made to move into the home they were then provided with a welcome pack which provided information about the home and the services provided. The information was also available in an easy read format which included pictures as a way of explaining the information to the young person moving into the home.

Each care plan addressed specific needs and detailed how they would be addressed. The plans identified that all the people who lived at The Oaks and their families or other representatives had been included in the planning process and where appropriate were given full access to their personal records. The plans held details of contact and supporting relationships such as who the person shared positive reciprocal relationships with and how any changes to this could significantly escalate anxiety and affect wellbeing.

Staff demonstrated through discussion that they were passionate about the rights of the vulnerable adults and of how they could ensure their cultural, spiritual, emotional and physical needs could be met to protect them from the risk of discrimination. We looked at two people's care plans and saw that they included detailed information collected from discussions with all people involved with their care. This included how people's cultural and faith needs, emotional support and physical needs could be met. Monthly measurable outcome targets were held in each care plan to show how the people had developed in these areas.

The registered manager promoted family involvement and when family were unable to visit staff facilitated

in providing transport and support to enable people to enjoy visits to their family home. One relative told us "We are so happy that Y is able to come home and have a meal with us. The staff bring Y to our home and they stay as well. Very nice happy time". Relatives told us that staff also enabled them to visit the home to see their family. They said "The staff go out of their way to make sure we are able to visit. They make us so welcome".

Care plans held details of how people would be provided with emotional support to enable them to have compatibility with other people who live in the home. This included engaging with peer culture and access to independent advocates who were familiar with individual communication skills and behavioural needs and could therefore advocate on people's behalf. There was an effective system in place to use if people wanted the support of an advocate. Advocates can represent the views and wishes of young people who are not able express this themselves.

Records showed that the home worked closely with independent advocates to ensure that people's voices were heard.

We saw that personal information about people was stored securely which meant that they could be sure that information about them was kept confidentially.

Is the service responsive?

Our findings

Relatives of people who lived in the home told us that the care provided was tailored to the needs of the individual and staff were committed to the provision of needs led care. They told us "We are invited to attend placement reviews and comment upon the formulation of care plans. We also get an annual consultation document and can comment on any areas we wish to" and "We speak a lot on the telephone but it would be good if our funding authority could attend a meeting at the home so we can all meet up and discuss the future". Feedback from a commissioner of care included "The placement seemed positive and settled and the service user is supported by people he has known for a long time and seems to have good relationships with carers. There are some activities of choice undertaken on a daily/weekly basis and the home environment seems to be a positive In that the service user has some private living space and bathroom facilities. His social and cultural support needs appear to be met and his parents are extremely happy with the service and feel that their son is very well supported. They have no issues or concerns at all".

People's relatives confirmed that they were involved in the assessment and care planning process. Staff told us that this enabled them to identify people's care preferences, capabilities and care and support needs and ensure they had the staff who could meet these needs. Comments from relatives of the people living in the home included: "We could not have found a better place; it is the perfect placement to look after his specific needs".

We looked at people's care records which provided evidence that their needs were assessed prior to admission to the home. This information was then used to complete more detailed assessments which provided staff with the information to deliver appropriate, responsive care. We saw information had been added to plans of care as appropriate, indicating that as people's needs changed the care plans were updated so that staff would have information about the most up to date care needed.

We saw that prior to one person moving into the home he had the benefit of a three month transition from children's services to adult services. Records identified that he visited for meals, transitional staff supported him for 12 weeks to build relationships and drawn up care and support plans and one person moved companies to enable them to continue supporting him as his key worker. Records showed that this transition had been a total success.

Records of other interventions included a person being admitted to hospital with an acute medical issue and additional staff being provided to stay with him during his period of hospitalisation to give him the necessary support.

Care plans held details of background, external agencies who had been consulted, specific needs, meaningful education or training, family social contact, relationships, personal care, physical and mental health, emotional support, independence and advocacy. Records also held information about consultations with the person and their families. Consultations had been held with healthcare, social care and educational professionals and key workers. Care plans viewed held details of the areas of vulnerability of the person and the degree of support and boundaries necessary to safeguard each person and promote their welfare. They

also detailed the communication skills of the person and what systems would be in place to ensure they would be able to enjoy effective communication. This included the use of computers, sign language and pictorial methods. Staff told us that the progress development and achievement of each person who lived at The Oaks was monitored and recorded in the care file each day. They said that any concerns would be brought to the attention of the designated key worker or registered manager who would through discussion modify daily routines, risk assessments or service user plans accordingly. Records also showed that people were provided with a 'my week' consultation document which allowed the person to share their views and contribute to their future plans.

The home used a daily routine document which identified people's choices of daily activity and how these choices could be met; such as community links and social interactions. The registered manager told us that a flexible individual activity planner was in place for each person who lived in the home based on their individual needs, preferences and capabilities.

We saw that each person living in the home had a unique individualised activity plan to enable them to enjoy activities and interests of their choice. These included walks, playing music, baking, meals out, art, carriage riding, swimming, visits to the space centre and sensory palace.

Care records, observations and feedback identified that people participated in their preferred activities and staff managed any risks in a positive way. For example, (name) could become anxious and agitated in unfamiliar settings although it is his choice to participate. If this occurred staff had a clear strategy in place which included noting (name) non-verbal signals reassuring him and withdrawing him from the situation.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. There had been one complaint made in the past year which was a concern from a member of the public re an environmental issue. We saw that this had been managed in accordance with the provider's complaints policy. People were made aware of the process to follow in the service user guide. This was also available in an easy read format.

Is the service well-led?

Our findings

Relatives of people living in the home said that the home was well run in the best interests of the people who lived there.

Staff told us that the registered manager led by example and he sets a high standard of care and respect for staff and the people who live in the home. Staff said that they were well supported by the registered manager and his deputies. They said "The support we get is second to none".

One staff member said "Relationships do not just happen overnight. We have a good team spirit here and we are encouraged to build positive relationships with staff, the people living here and their families. I have been very impressed with the open and transparent culture within the home. It can sometimes be a stressful job and just knowing everyone will support you is fabulous".

We saw that the home sent our surveys to relatives of people who lived in the home and other people who may be involved with their care such as health and social care professionals to gain their perceptions of the care and support provided. Feedback from these surveys was most positive and included "Very close unit, all staff and management want the very best for my [relative].

We saw completed surveys which identified that the people who lived at The Oaks were invited to express their views about life at the home within individualised consultation formats.

Staff were able to give examples of how they worked with people to enable them to move towards better independence wherever possible. We saw that (name) responded well to familiarity and as a consequence he had a small group of familiar carers in place who he had established positive relationships with. He required clear and consistent boundaries and a calm balanced approach and his daily routines were designed to support his decision making skills in a safe and positive manner. Staff told us that they offered verbal support and positive feedback. They used short words when giving (name) instruction or choice and used photographs of real objects and places to enable (name) to have effective communication. Care records showed that (name) had developed his skills and was becoming more independent in many aspects of his daily life.

Staff told us and records showed that the registered manager or his deputies conducted daily walk around the home to check on everyday issues to ensure that all was well with the people who lived there.

Staff meetings were held on a regular basis and staff told us they were encouraged to make comments about the running of the home and make suggestions as to how it could be improved upon.

We found that the provider and the home used a variety of methods in order to assess the quality of the service they were providing to people. These included regular audits on areas such as the care files including risk assessments, medication, individual finances, staff training and health and safety. They also undertook reviews with external professionals, arranged daily staff meetings and handovers and used self-assessment

tools that looked at the safety, management, residents life skills, well -being, environment and nutrition. The records were of a good standard, they were up to date and they were being maintained properly.

Feedback from health and social care professionals was most positive about the culture and transparency of the service.