

EMH Care and Support Limited

Oak Court

Inspection report

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Ratings

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

Summary of findings

Overall summary

The announced inspection took place on 3 October 2018.

At our previous inspection in September 2017 we rated the service as requiring improvement because it was in breach of regulations. There were not enough staff at night to ensure the comfort, dignity and safety of people who required two care workers to support them with personal care.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe, Caring, Responsive and Well-led to good.

We found that improvement had been made. People's night time needs had been reassessed with the support of the local authority's Single-Handed Assessment Team. People who had previously required the support of two care workers were supported by staff trained in 'single handed support' with the provision of additional equipment. Staff were available at night to support people with in an emergency situation. People we spoke with consistently told us they felt safe and that their care needs were met.

This service provides personal care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

People lived in a modern apartment block consisting of 50 self-contained apartments. Oak Court has communal areas including a dining room, activities rooms, a hair salon and cinema room. The provider occupies two offices on the ground floor from which the service is run.

Not everyone living at Oak Court receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; for example, help with tasks related to personal hygiene and eating.

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

People were supported by staff who knew how to recognise abuse and how to respond to concerns. Risks in relation to people's daily life were assessed and planned for to protect them from harm. People consistently told us they felt safe when receiving personal care and throughout the day and night.

People were supported by enough staff to ensure they received care and support when they needed it.

The service had safe arrangements for the management of medicines which meant that people received their medicines as prescribed.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. Staff were supported through training and had opportunities to obtain further qualifications to further their career in social care.

People felt cared for. People consistently told us that staff were caring. People's support needs were recognised and responded to by a staff team who cared about the individual they were supporting.

People were supported to have maximum choice and control of their lives; the policies and systems in the service supported this practice.

People had access to information about their care and the service. They had their care plans in their apartments. They were kept informed of developments at the service at resident's meetings. People told us the registered manager was approachable, friendly and helpful.

People were supported to access health services when they needed them.

People's care plans included assessments of their needs and clear guidance for staff about how to support people. People knew how they could make complaints using the provider's complaints procedure. They told us they were comfortable about discussing any concerns with the registered manager or staff.

There was an open and transparent culture at the service. People were involved in giving their views on how the service was run. Staff were kept informed and involved in developments at the service.

The registered manager had systems in place to monitor and improve the quality of the service provided. The provider also monitored the service and supported the registered manager. The provider promoted the organisations values that were understood and practised by staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were safe from abuse and avoidable harm. Risks associated with people's care and support were assessed and appropriate care provided.

Staff were safely recruited, and there were enough staff to meet people's needs.

Arrangements for supporting people with their medicines were safe.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and support to meet people's needs.

Staff sought and received people's consent before supporting them.

People were supported with their health needs and were helped to access health services when they needed them.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and their privacy was respected.

People received information about what personal support was available to meet their needs.

People were involved in decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People received care that met their assessed needs. People's needs care plans were tailored to meet their individual requirements.

Care plans were reviewed on a regular basis.

The provider had a complaints procedure and people told us they felt able to complain if they needed to.

Is the service well-led?

The service was well led.

People were involved in discussions about developing the service.

The provider promoted an open and transparent culture at the service.

The provider had procedures for monitoring the quality of the service which included seeking people's views and acting on them.

Good ●

Oak Court

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.

We gave the registered manager two weeks' notice of our inspection because the service is an extra care housing service. We asked the registered manager to arrange a meeting of people living at Oak Court so that we could talk with them about their experience of the service. We wanted people to know we would be inspecting the service so that they could arrange time to talk with us during our visit. We were therefore able to speak with 27 of the 29 people who receive personal care.

The inspection team consisted of an inspection manager, an inspector, an assistant inspector 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. Our expert-by-experience specialised in caring for older people and people living with physical disability.

Before our inspection we reviewed the information we had received about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We sought feedback from commissioners who fund the care for some people who use the service. We also contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services.

We spoke with 27 people who received personal care. We spoke with the registered manager, the provider's head of care and support and two care staff. We looked at two people's care plans and records to see how their needs were assessed, planned and delivered. We looked at a range of records relating to the running of the service including audits carried out by the registered manager and registered provider, a staff recruitment file to check our recruitment procedures were operated and written feedback people had made about the service.

Is the service safe?

Our findings

At our previous inspection people told us they did not feel safe, especially at night [10pm to 7am] when only one member of staff was on duty. People who required two staff to support them with personal care during the night told us they felt unsafe because only one member of staff was unable to support them safely.

We found that improvements had been made. The provider had worked together with the local authority that commissioned the care and support at the service to reassess people's needs. People's night time needs had been reassessed with the support of the local authority's Single-Handed Assessment Team. Staff had been trained in 'single handed support' and equipment was that could be used by a single staff member to support people with transfers. On-call staff were available at night to support people with emergencies. We found at this inspection that people were supported by sufficient numbers of suitably skilled staff.

Several people told us that they felt safe because staff responded quickly when they used their 'life-line' call alarms. Comments included, "I press my button if I need someone, I'm never left for long"; "I slipped and called for help, they came immediately, no issues at all" and "I have had to recently use my lifeline in the night and they came straight away." A friend of a person who had had a single-handed assessment told us, "[Person] has been given some different equipment which has meant that we have coped better."

People told us that staff came to support them at times they expected. They told us that staff were punctual, stayed for the scheduled period and completed all the personal care routines they required. People told us they felt safe because the staff understood their needs. A person told us, "The carers are excellent. They turn up and they know what to do." Some people told us that a small minority of agency staff were not as knowledgeable or as familiar with their needs, but others told us they had no concerns about agency staff. Each day all staff involved in providing care and support were given a detailed 'day sheet' of the care and support that people required.

People were protected from abuse or harm. Staff had received training about safeguarding adults which included training about how to use the provider's safeguarding reporting procedures. Staff knew how to identify and report signs of abuse or harm and the appropriate action that should be taken to safeguard people. A person who had been at risk of an unwanted visitor told us, "Here I am safe and secure. I have my own front door. I had a problem with [person] coming over to see me. The manager sorted it all out for me, it's not a problem now." Another example was given to us by the registered manager who took action to protect other people from a similar experience. They arranged for the Local Trading Standards team to visit Oak Court and deliver a presentation to the people about how to keep safe from 'scams and crooks'. These examples showed that the service was skilled at recognising different types of abuse that originated from outside the service.

Staff told us that they felt confident in telling managers if they had any concerns. Staff had access to information about the whistleblowing procedure staff could use to raise concerns with senior managers. Staff knew how to contact the local authority adult safeguarding team or CQC with any concerns they had about people's safety.

People's care plans contained detailed information about their needs and how they should be safely supported. The plans included risk assessments associated with people's mobility, for example, risks of falling. People were supported in accordance with their risk management plans. A person told us, "A person told us, "I've never felt safer." Another person said, "I have had a few falls and the response was excellent and I've had far fewer since." No person at Oak Court had experienced a serious injury since our last inspection.

The service supported people to obtain specialist equipment from health care agencies that supported their safety and increased their independence. Equipment included profile beds, bed levers, electrically operated door openers, electric wheelchairs, adaptations to door handles and shower controls.

People's care plans described what they could do by themselves and what they needed assistance with, for example standing up from a seat or sitting down, getting into and out of bed and washing and dressing. This meant that people were supported to take responsible risks according to their level of need. It ensured they could follow their daily lifestyle as they chose with the minimum necessary staff intervention. For example, a member of staff supported a person to their apartment in their wheelchair. They asked the person if they wanted help to transfer from their wheelchair to the arm chair. They did this to offer the person a choice. The person chose to be supported. Risk assessments were reviewed and updated when necessary, for example when a person experienced a fall.

Every person had a personal evacuation plan that informed them how to stay safe in an emergency such as a fire. The provider carried out safety checks of the premises such as fire safety checks. Maintenance and health and safety checks of the building were carried out by the provider's maintenance department.

People were protected from the risks of infection because staff followed safe infection prevention and control practice. A person told us, "They always wear gloves and aprons when attending to my personal care" and another person said, "I've particularly noticed that they always wash their hands and wear aprons when attending to me."

The registered manager operated safe recruitment procedures. They told us that their most important consideration was a person had the right skills and character. The recruitment process tested people's suitability and fitness of staff to support people who lived at Oak Court. Before staff started work at Oak Court the required pre-employment checks were carried out. These included criminal records checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions. This meant that the necessary steps had been taken to ensure people were protected from staff that may not be safe to support them. People who used the service were involved in the staff recruitment process. Their views about job applicants were taken into account when coming to a decision about who to appoint.

People were supported with their medicines in the privacy of their apartments where their medicines were kept. People were supported to take their medication on time. Staff reminded people when to take their medicines and witnessed them doing so. A person told us, "I am supervised when taking my medicines." Another person said, "When I have had problems with my prescriptions the staff sorted it out for me." Another person told us, "I've never had a problem with my medicines." Only staff who had been trained in safe management of medicines and who had annual competency assessments supported people with their medicines. Team leaders carried out monthly medication audits to check that the management of medicines at Oak Court was safe.

No serious incidents had occurred at Oak Court that prompted a review of procedures to make them safer. However, the service had responded to our previous inspection by implementing improvements.

Is the service effective?

Our findings

People's care and support was provided in line with people's assessed needs and to standards set out by the local authority that commissioned the service. A local authority inspection in January 2018 had a positive outcome. The provider had, with the local authority's support, introduced a 'single-handed care' model which meant that a single member of staff could safely support a person with care that had previously required two staff. The single-handed care model emerged from research by universities and has been supported by local authorities and healthcare organisations, for example the College of Occupational Therapists.

People told us that they felt they were supported by staff who understood their needs and the way they wanted to be supported. Comments from people included, "I'm very well looked after" and "Everything about the care is really good, I get everything I need."

Staff received support through training and supervision. Staff who were new to working in social care were supported to achieve the Care Certificate. The Care Certificate consists of a period of assessed practice. It is designed to ensure that staff acquire the skills, knowledge, and behaviours to provide compassionate, safe, and high-quality care and support. Staff had an induction programme lasting between six and eight weeks. During that period, they learned about the people they would be supporting. They read people's care plans, shadowed experienced staff before being observed supporting people. They supported people without direct supervision only after a team leader assessed them as ready and competent to do so.

The registered manager ensured that staff had the right skills to support people with changing needs. They took action to source specialist training for staff from an NHS Intermediate Care Team on incontinence and skin care. As a result staff were able to refer people for formal incontinence assessments if they identified that was an issue for anyone they supported. This showed that the service responded proactively to an issue in a way that had a directly positive impact on the lives of the people.

Staff were supported to study for further qualifications in social care and to select training courses that were of interest to them. They were supported to develop their careers. For example, a care worker had been supported through training and mentoring to have the right skills to be a team leader. A staff member who had left Oak Court sent a letter expressing how much they had learnt at Oak Court. They wrote, 'It has been an honour and privilege to work with you. All loving and caring people which have allowed you to create this brilliant team. You have all been able to teach me things that I will be able to take into the future.'

People told us that staff knew how to support them because they had read their care plans and day sheets. We saw a staff member supporting a person in line with the information in their day sheet. In a survey carried out by the provider in November 2017, every person who responded said that staff provided the support that was in their care plans. People's comments during our visit showed that staff had consistently provided the support they required. This showed that the training and support staff had received had enabled them to deliver care that was effective.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making 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 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 authorized under the MCA. In services such as Oak Court, any applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and we found that there were no people who lacked mental capacity to make specific decisions. All people were presumed to have mental capacity to make their own decisions which is an important principle of the MCA.

People told us that staff always sought their consent before they provided care and support. A person told us, "They [staff] ask me 'What do you want me to do today?' before doing anything." Staff respected people's choices. A person told us, "I choose whether I have a wash or a shower and they do what I decide." Another person said, "The carers wheel me to wherever I ask, they do not assume anything." This showed that staff provided care and support in line with people's wishes and did nothing without their consent.

People who required it, received support with their meals. A person who wanted their meals in bite-size portions told us, "The carers help you if you need your food cutting up" and a carer of a person who required special cutlery to make eating easier told us, "[Person] has a specialised spoon, plate and mat which helps them to eat." Other people did not require support with their nutrition, but their suggestions about meals were listened to and acted upon. Some people asked if they could have a cooked breakfast as an alternative to the lunch provided at 12pm. Cooked breakfasts were now available every day between 8.30 and 10am. People were advised about the importance of eating. A person told us, "I wasn't eating properly before [they came to Oak Court], but now I am."

Staff supported people who had no family members who could assist to attend health appointments with their GP, dentist or other health professional. Staff helped people arrange for their GP or health professional to visit them. For example, on the day of our visit a chiropodist was visiting people at Oak Court. The registered manager had arranged with three local GP practices for people who wanted to have a winter 'flu jab' at Oak Court. The registered manager had made links with local primary health care teams so that they visit Oak Court to offer flu jabs, weekly GP surgeries, optician's visits, chiropody visits. This was intended to increase people's access to health care.

The registered manager supported more vulnerable people to access grants and the support of community organisations. This resulted in people having what they needed, for example, essential furniture and equipment, to lead more comfortable lives. This support was given to reduce the risk of a potential mental health impact of moving into a new environment with few possessions.

The registered manager acted proactively by arranging for a portable defibrillator device to be installed at Oak Court. They also arranged for staff and people who wanted to receive training from East Midlands Ambulance Service on how to use it. This essential life saving device has been used in real situations by staff on a number of occasions. This and links with healthcare organisations showed that the service had worked creatively to ensure the people's needs are met in a holistic way at Oak Court.

Is the service caring?

Our findings

At our last inspection we found that a small number of people had been left in undignified situations during the night because not enough staff were available to support them. We found at this inspection that reassessments of people's needs and the use of the 'single-handed' support model meant that people received support when they required it.

People we spoke with were unanimous in saying that staff were kind and caring. Comments included, "All the staff are lovely" and "The carers are friendly. They spend time with you and talk to you." Since our last inspection in September 2017, 13 relatives of people had written to the registered manager to thank them for the care and support their family members received. All described the staff as kind and caring. People who had left Oak Court had written to say how kind and compassionate staff had been during the time they lived there. One had written, 'When we first came to Oak Court we were in a state of shock, confusion and apprehension. It was thanks to [registered manager] and all the carers who ever came over our threshold that made us get stronger and feel alive again. You all did such a wonderful job, we now feel able to leave and follow our dream to live by the sea.'

Staff ensured people's comfort. They left a person a blanket within easy reach so they could use it if they wanted. Staff told people when they would be visiting them again. A person told us, "The carers will get you a cup of tea if you want, they are very helpful." Another person said, "The carers ask how you are and if you have had a good night's sleep." A person told us their life had changed because of how kind staff were. They said, "It's wonderful, it feels like I am living again." Staff ensured that they knew about what mattered to people and things that people liked to talk about. A person told us, "They seem to know me. I'd forgotten what I've told them about myself but they remember which is nice." We observed staff supporting people in ways that showed that they mattered to them. People were relaxed in the presence of staff in response to their caregiving.

Staff supported a person who had become accustomed to care routines they had experienced in a care home before they moved to Oak Court. At Oak Court they relied on their spouse for support with meals and medication, but this caused both to experience stress and anxiety. The staff team investigated what might be causing this and identified that the person had become accustomed to the previous care home routines. The staff team provided the person support with their meals and medication to replicate the care home routine. They involved the spouse and supported them to increase their support of the person until they began to accept the medication and meals from their spouse once more. This intervention by the staff team helped to substantially reduce the distress and strain that the couple had been experiencing.

The staff team recognised that Christmas can be a lonely time for some of the people they supported. They arranged a buffet and entertainment in the afternoon and evening of Christmas Day because they recognised that some people needed that extra care at that time of year.

Staff respected people's privacy and dignity. People told us staff always knocked on their doors and waited to be invited in. When staff provided personal care, they protected people's dignity. A person told us, "They

are respectful, they draw the curtains when doing personal stuff." People were confident when staff supported them. A person explained, "I sometimes get embarrassed but the carers make it a lot easier for me."

The service respected people's diversity. People's faith and spiritual needs were respected. The service arranged for local faith representatives to visit people at Oak Court. Culturally diverse events such as religious and non-religious festivals were celebrated. The majority of people living at Oak Court shared the same cultural and ethnic background, but the provider had policies and procedures to ensure people's rights and protection from discrimination.

People were supported to express their views. The registered manager met individually with people and spoke to them to seek their views about their experience of living at Oak Court. People told us that the registered manager was very approachable and friendly. A person told us, "If I wanted to change anything I'd talk to [registered manager]. They are approachable, anytime." Another said, "If there is anything I need, I go to the registered manager or team leader." The provider supported a residents association who met monthly and who provided feedback to the manager.

Care plans were reviewed by the registered manager. People were involved in monthly reviews of their care plans if they wanted to be. A person told us, "They respect any changes I make for myself such as how my care is given." People could change the times and duration of 'homecare' visits. A person told us that their request for longer visits had been agreed because they wanted to take longer getting washed and dressed.

Is the service responsive?

Our findings

At our inspection in September 2017 we rated this key question as requiring improvement because people's night time needs had not been fully assessed or met. We also found that some people experienced social isolation because they were not always supported to participate in activities they had previously taken part in.

We found at this inspection that people's night time needs had been reassessed and met; and that people were supported to attend activities.

People's care needs were initially assessed by the local authority. The registered manager then discussed people's needs with them and agreed how those needs would be met. For example, the times of homecare visits and how people wanted to be supported with personal care. People's care plans included detailed guidance for staff about how to support people. That guidance was made available in summarized form in 'day sheets' to staff and to the person. We observed that staff provided care in line with this information. This included guidance about how a person should be transferred from their wheelchair to their armchair. The guidance emphasized that staff should talk to the person to offer reassurance during that activity. The staff member did this, for example maintaining eye contact and explaining to the person what they were doing and why.

People were satisfied with the support they received. We saw feedback from a relative which said, 'It was clear to the family that moving [person] to Oak Court had been an excellent decision.' A person described their care and support as "marvellous." Another person told us that the support they received had improved their confidence and quality of their life. They told us, "The staff helped me to find my strength and voice to stick up for myself."

People who had experienced social isolation before moving to Oak Court now had friends and people to enjoy social activities with because of the support of staff. A person told us, "I have to say I'm happy here, people seem to get along and staff take me to activities." Another person said, "I see people everyday now." A person had been helped to increase their confidence by being supported to give talks to people who used the service about where they had been raised. Other people had increased their independence by being supported to find places of interest in the local town and to use public transport to visit places further afield.

People who received personal care were, like all other people living at Oak Court, provided with information about activities that were taking place at Oak Court and the local community. People told us that staff supported them to attend the activities if they wanted to go. Activities included art classes, social games like bingo, entertainments, a cinema and a library room. Other activities involved bringing the local community into Oak Court. Visits from schools and local young people's groups were organized so that they and people living at Oak Court had inter-generational learning sessions. For example, young people taught people how to use computers and social media. This meant that the service supported people to feel part of the Oak Court and local communities which meant they were not socially isolated. By bringing members of the local

community into Oak Court to take part in activities, alongside the people who live at Oak Court, the service supported community cohesion and opened up new support networks between people who share similar interests.

People told us they knew how to make a complaint using the provider's complaints procedure. They knew they could raise concerns by speaking directly with the registered manager. Information about how they could raise concerns about the facilities in their apartments was included in information packs the provider had made available to people. In the past people had made complaints about some of the contents of the provider's information packs about the service because they felt that not every service stated was provided. The provider had responded by reviewing the information packs and including a statement that explained what support people could expect.

Is the service well-led?

Our findings

At our last inspection we rated this key question as requiring improvement because of the breaches of regulation we found.

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

The provider had a clear vision of supporting people to lead fully independent lives. This was underpinned by the values of 'integrity, diversity, openness, accountability, clarity and excellence'. Those values were demonstrated by the improvements the service had made since our last inspection. The provider had communicated the reasons for the improvements to people who used the service through residents' meetings. A person told us, "We have monthly meetings with [the registered manager]. It is an opportunity to catch up on all the news."

The registered manager ensured that staff understood and practiced the values of the service from the moment they began working there. They made clear to all staff that the views and opinions of people were central to the service. They had acted on what people had told us at our previous inspection and at residents meetings after that inspection. The improvements we required were achieved by working effectively with the local authority that commissioned the service, and involving people who used the service and staff. This showed that the leadership of the service welcomed constructive and rigorous challenge and responded positively to it. People's unanimously positive feedback to us and through the satisfaction survey showed that there was a strong emphasis on continuous improvement.

People told us the service was well managed. A person said, "We couldn't wish for a better manager." Staff told us that the service was well-led. They knew what the values of the service were. They told us that they were motivated by the service's aims, leadership and support. The most recent staff survey showed that all nine staff who participated in the survey said they were 'very well' supported by the registered manager. A staff member told us, "It [Oak Court] is a lovely place to work, I'm really happy to come to work every day. We all support each-other and the place is really well managed."

All 25 people who participated in the survey said that the registered manager was very approachable and they and staff always responded positively to concerns they raised. The support people experienced had helped them to increase their independence to levels they had not experienced before coming to Oak Court. Two people had been able to move on to fulfil their life's dreams because of the quality of support provided. Another person who, before coming to Oak Court, had lost the confidence to leave their home now led an active social life. These were examples of positive outcomes for people using the service that were achieved by staff who experienced outstanding leadership.

Information about the service was clearly displayed in the reception area so people, relatives and other

visitors knew where to go for advice and support. This included information about the service's aims and feedback from surveys, and Oak Court's CQC rating from the previous inspection. The registered manager and senior managers had discussed the last CQC report at resident's meetings and improvements they would make. This showed the service's open and inclusive culture.

The registered manager and team leaders completed monthly audits of all aspects of the service, such as the support people received with their medication, care records, health and safety checks of the premises and learning and development for staff. The provider's head of care and support visited the service on at least a monthly basis and carried out 'walk around' checks to ensure that the service was running smoothly and that the 'feel' of the service was welcoming. Checks included observing staff to monitor that they practiced the provider's values and supported people to experience positive outcomes.

The service had a comprehensive range of policies and procedures necessary for the running of the service to ensure that staff were provided with appropriate guidance. Staff we spoke told us they had access to these policies and procedures. They told us that they were supported at staff and supervision meetings to understand policies.

The registered manager and members of the management team were aware of when notifications had to be sent to CQC. They had sent notifications when these were required.

The registered manager service had continued to work in partnership with the local authority, district council and local services and businesses to make Oak Court a social hub in the local community. People from the local community were able use the facilities at Oak Court. This expanded people's social networks and improved the quality of their lives.