

# Community Homes of Intensive Care and Education Limited

## Oakley Lodge

### Inspection report

500 Worting Road  
Basingstoke  
Hampshire  
RG23 8PU

Tel: 01344868890  
Website: [www.choicecaregroup.com](http://www.choicecaregroup.com)

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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

Oakley Lodge is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided. We looked at both during this inspection.

Oakley Lodge consists of one main bungalow which can accommodate eight people, with an adjacent annexe, which contains four self-contained units, which can accommodate one individual person each. The home provides accommodation and personal care to a maximum of 12 people who live with a learning disability, autism and/or associated health needs, who may experience behaviours that challenge staff. At the time of inspection 12 people were living at the home.

Oakley Lodge has been developed and designed in line with values that underpin the Registering the Right Support and other best guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can lead as ordinary life as any citizen.

The service had a manager who was registered with the Care Quality Commission (CQC). 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 and associated Regulations about how the service is run.

This comprehensive inspection took place on 6 and 7 February 2018. The inspection was unannounced, which meant the staff and provider did not know we would be visiting.

People were kept safe from harm by staff who knew what to do in order to maintain their safety. The registered manager supported people to understand what keeping safe means, and how to raise any concerns they may have.

Risks to people were assessed and action was taken to minimise any avoidable harm. Staff were trained to support people who experienced behaviour that may challenge others, in line with recognised best practice. Medicines were managed safely and administered as prescribed, in accordance with current and relevant professional guidance.

The provider operated thorough recruitment procedures to ensure staff were safe to work with the people. There were always enough staff to provide care and support to meet people's needs.

Staff understood the importance of food safety and prepared and handled food in accordance with required standards. High standards of cleanliness and hygiene were maintained within the home.

Staff raised concerns with regard to safety incidents, concerns and near misses, and reported them internally and externally, where required. The registered manager analysed incidents and accidents to

identify trends and implement measures to prevent a further occurrence.

People were supported by staff who had the required skills and training to meet their needs. Where required staff completed additional training to meet individual complex needs.

People were supported to have a balanced diet that promoted healthy eating and the correct nutrition. Risks to people with complex needs were identified and managed to ensure they were supported to eat and drink safely.

The registered manager ensured people were referred promptly to appropriate healthcare professionals whenever their needs changed.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were involved in making every day decisions and choices about how they wanted to live their lives and were supported by staff in the least restrictive way possible.

People experienced good continuity and consistency of care from staff who were kind and compassionate. The registered manager had created an inclusive, family atmosphere at the home. People were relaxed and comfortable in the presence of staff who invested time to develop meaningful relationships with them.

People's independence was promoted by staff who encouraged them to do as much for themselves as possible. Staff treated people with dignity and respect and were sensitive to their needs regarding equality, diversity and their human rights.

Practical arrangements including staff rotas were organised so that staff had time to listen to people, answer their questions, provide information, and involve people in decisions.

The service was responsive and involved people in developing their support plans which were detailed and personalised to ensure their individual preferences were known. People were supported to complete stimulating activities of their choice, which had a positive impact on their well-being.

People were supported by staff to maintain special relationships with friends and relatives to ensure people did not feel lonely and were protected from the risks associated with social isolation.

Arrangements were in place to obtain the views of people and their relatives and a complaints procedure was available for people and their relatives to use if they had the need.

The service was well managed and well-led by the registered manager who provided clear and direct leadership, which inspired staff to provide good quality care. The safety and quality of support people received was effectively monitored and identified shortfalls were acted upon to drive continuous improvement of the service.

## 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.

The registered manager supported people to understand what keeping safe means and empowered them to raise any concerns they may have.

Risks to people were assessed, monitored and managed so they were supported to stay safe and protected from avoidable harm.

The registered manager made sure there were sufficient numbers of suitable staff to support people to stay safe and meet their needs.

The provider ensured that people received their medicines safely, as prescribed, and records accurately reflected this.

Staff understood their roles and responsibilities in relation to infection control and hygiene.

Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally where required.

### Is the service effective?

Good 

The service was effective.

People's needs and choices were assessed and care, treatment and support was delivered in line with current legislation, standards and best practice guidance to achieve effective outcomes.

The provider ensured staff had the skills, knowledge and experience to deliver effective care and support to meet people's needs.

Risks to people with complex needs were identified and managed to ensure they had a balanced diet that promoted healthy eating and the correct nutrition.

Staff made referrals quickly to appropriate health services when

people's needs changed.

People's individual needs were met by the adaptation, design and decoration of premises.

People were supported to make their own decisions in line with relevant legislation and guidance.

### Is the service caring?

Good ●

The service was caring.

People were consistently treated with kindness and compassion in their day-to-day care and support.

Staff showed concern for people's wellbeing in a caring and meaningful way, and responded to their needs quickly.

The registered manager made practical arrangements to ensure staff had time to listen to people, answer their questions, provide information, and involve them in decisions.

Staff consistently promoted and respected people's privacy, dignity and independence.

### Is the service responsive?

Good ●

The service was responsive.

People, their families and staff were involved in developing their care, support and treatment plans.

People were empowered to make choices and have as much control and independence as possible.

The registered manager explored all complaints thoroughly in an open and honest way and used the learning from them as an opportunity to drive improvements.

People were given the opportunity to review their end of life care needs regularly.

### Is the service well-led?

Good ●

The service was well-led.

The provider had a clear vision and a set of values, namely to be committed and passionate, to act with integrity, to treat people with dignity and respect, to strive for excellence in the quality of

their service and to be trustworthy and reliable, which the registered manager effectively reviewed and embedded into day-to-day practice.

The registered manager understood and met the legal requirements and public health and safety obligations of their role.

The registered manager collaborated effectively with key organisations and agencies to support care provision, service development and joined-up care.

# Oakley Lodge

## 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014. A service provider is the legal organisation responsible for carrying on the adult social care services we regulate.

This unannounced inspection of Oakley Lodge took place on 6 and 7 February 2018. When planning the inspection visit we took account of the size of the service and that some people at the home could find unfamiliar visitors unsettling. As a result this inspection was carried out by two inspectors on the first day and one inspector on the second day.

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. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed information contained within the provider's website.

During our inspection we spoke with seven people living at the home, some of whom had limited verbal communication. We used a range of different methods to help us understand the experiences of people using the service who were not always able to tell us about their experience. These included observations and pathway tracking. Pathway tracking is a process which enables us to look in detail at the care received by an individual in the home. We pathway tracked the care of three people.

Throughout the inspection we observed how staff interacted and cared for people across the course of the day, including mealtimes, during activities and when medicines were administered. We spoke with the staff including the registered manager, deputy manager, the area manager, the activities coordinator, the cook, one shift leader, two senior staff, and seven staff.

We reviewed six people's care records, which included their daily notes, care plans and medicine

administration records (MARs). We looked at 10 staff recruitment, supervision and training files. We examined the provider's records which demonstrated how people's care reviews, staff supervisions, appraisals and required training were arranged.

We also looked at the provider's policies and procedures and other records relating to the management of the service, such as staff rotas covering January and February 2018, health and safety audits, medicine management audits, infection control audits, emergency contingency plans and minutes of staff meetings. We considered how people's, relatives' and staff comments were used to drive improvements in the service.

Following the visit we spoke with the relatives of eight people and four health and social care professionals. These health and social care professionals were involved in the support of people living at the home. We also spoke with six commissioners of people's care.

This was the first inspection of this service.

# Is the service safe?

## Our findings

People, their families, staff, visiting professionals and the commissioners of people's care consistently told us they felt the service was safe. Staff had developed positive and trusting relationships with people that helped to keep them safe. One relative told us their loved one had extremely complex needs, including behaviours that may challenge staff and others. They told us, "The staff go the extra mile or two to ensure the place feels like home and that he can live a safe and contented life." One person told us, "They [staff] look after me and make me feel safe."

The service had effective safeguarding systems, policies and procedures and managed safeguarding concerns promptly, in accordance with local authority guidance and government legislation. The registered manager completed thorough investigations in response to any allegation of abuse to keep people safe from harm.

The registered manager made sure people had information about safeguarding and checked their understanding. This information enabled people to recognise unacceptable behaviour and what to do if they were worried or concerned about anything. The provider monitored how many people had completed their personalised safeguarding training as part of their quality assurance process.

People knew what to do and felt comfortable raising concerns about their own or other people's safety. One person told us, "If I'm worried I know I have to tell [registered manager] or [staff] so they can look after me."

Staff understood their role and responsibilities to protect people from avoidable harm and abuse, including how to report concerns to external bodies. Staff showed us cards the provider had given them detailing what to do if they had concerns about the treatment of anyone, together with relevant phone numbers.

People's needs and risk assessments had been reviewed to ensure they contained all the information staff required to meet people's needs safely and to mitigate any identified risks. People were involved in managing their own risks. Their risk assessments were person-centred, proportionate and reviewed regularly. Staff thoroughly considered equality and human rights legislation whilst completing risk assessments which promoted people's independence and personal safety. For example, one person had a fire safety risk assessment, which enabled them to smoke safely, whilst ensuring other people and staff were protected from the risk of fire.

Staff understood people's risk assessments and the action required to keep people safe. We observed staff consistently deliver care in accordance with people's risk assessments, which kept them safe and met their individual needs.

Staff shared information about risks consistently and accurately during shift handovers, staff meetings and one-to-one supervision, to ensure they were managed safely.

There were arrangements in place to address any foreseeable emergency, such as fire or contagious illness.

All relevant safety information such as the evacuation plan and fire safety plans was readily accessible. Each person had a personal emergency evacuation plan.

Incidents and accidents were recorded appropriately and investigated where necessary. Any learning or changes to support plans or support guidelines were discussed at staff meetings. This meant the provider took action to reduce the risk of further incidents and accidents.

Each person had individual dependency assessments. These detailed the level of staff support required to keep them safe in any situation. These assessments specified the ratio of staff required to support each person at different times and during specific activities.

Staff underwent relevant pre-employment checks to check their suitability to support people living with a learning disability. People living at the service were involved in the recruitment of new staff and their views were taken into consideration.

Rotas demonstrated that the identified level of staffing required to ensure people were safe was always deployed. Staff told us there were always enough staff to respond immediately when people required support, which we observed in practice. The provider had arrangements to deal with unforeseen circumstances when staff were not able to work or there was an urgent requirement to meet people's changing needs.

The registered manager ensured that staff on duty at any time had the right mix of skills, competencies, qualifications, experience and knowledge, to meet people's individual needs. If people displayed behaviours that challenge, these were monitored and where required referred to health professionals and the provider's positive behaviour support team. Staff were aware of and alert to the different triggers of people's behaviour. The deputy manager had rearranged staff duties where required in response to identified triggers. This ensured new and inexperienced staff were always supported by experienced staff who were confident in supporting people who may display behaviours that challenge. During our inspection we observed timely and sensitive interventions by staff, ensuring that people's dignity and human rights were protected, whilst keeping them and others safe.

Risks to people associated with their behaviours were managed safely. Restrictions were minimised to ensure people felt safe but also experienced the most freedom possible, regardless of any disability or other needs.

The provider had systems and processes in place to ensure medicines were managed safely in accordance with current guidance and regulations. Staff were trained to administer medicines safely and had their competency to do so checked every six months. There were appropriate systems to ensure the safe storage and disposal of medicines and additional security for specified medicines required by legislation. We observed staff supporting people to take their medicines by their chosen method, in a safe and respectful way.

The premises were kept clean and hygienic by staff who underwent the provider's training and understood their roles and responsibilities in relation to infection control and hygiene. We observed staff followed current national guidance to ensure people were protected from the risk of infections. All staff had completed food hygiene training and we observed staff and people followed correct procedures wherever food was prepared or stored.

# Is the service effective?

## Our findings

People and most relatives consistently felt the service provided effective care and support. People told us staff understood their needs and how they wished to be supported. One person told us, "The manager and staff are really good. They are helping me to move somewhere I can live on my own." One relative had raised concerns regarding the time it was taking for their loved one to settle at Oakley Lodge. During our inspection we observed staff engage with this person and provide support in accordance with their support plan. Other relatives told us the transition process was very reassuring and instilled confidence in the staff from the beginning. One relative told us, "The staff have been brilliant. [Their loved one] has very complex needs and I was worried that she would have problems settling in but the staff are very good at making sure her mental wellbeing does not get out of control and health wise they are really good at what they do."

Visiting health and social care professionals consistently told us the registered manager and their staff had developed and implemented effective transition plans. One person living at Oakley Lodge had experienced extreme anxieties which had led to a breakdown in their previous placement and a hospital admission. This person's social worker told us, "Oakley Lodge did a sterling job of supporting him. The manager and her staff actively worked with all of the relevant health professionals for a smooth transition, including a significant commitment of staff shadowing and supporting at the previous placement."

People's physical, mental health and social needs were thoroughly assessed to ensure their care and treatment was effective and achieved the desired outcomes. For example one relative told us, "Since coming to Oakley Lodge after many years in a hospital environment, I have been extremely pleased with the training, care and patience of the staff and how they are trying to come up with ideas to make him feel this is his home. I was listened to before his arrival and everything has been discussed with me regarding needs and decisions."

The provider's induction and training programme ensured that all staff had completed the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that care workers are nationally expected to achieve.

Staff spent time working with experienced staff to learn people's specific care needs and how to support them. This ensured they had the appropriate knowledge and skills to support people effectively. One staff member who had just completed their induction told us the induction process had given them the skills and confidence to carry out their role effectively.

Some people experienced behaviours which may challenge staff and others. One new member of staff told us how they had not been allowed to work with some individuals alone until they were confident and the registered manager had assessed that it was safe to do so. One member of staff demonstrated a form they had created which had been adopted by the provider. This encouraged staff to identify where they were not confident supporting someone either due to their behaviours which may challenge or the complexity of their care needs. Records demonstrated how the management team then arranged additional support to build their confidence, skills and knowledge. This assured the provider that staff had been enabled to meet

people's needs effectively.

We observed staff delivering support in line with legislation, current standards and evidence-based best practice, including NICE (The National Institute for Health and Care Excellence). NICE is the independent organisation responsible for driving improvement and excellence in the health and social care system.

Records demonstrated staff had completed the provider's required training and that this had been refreshed regularly to keep their knowledge and skills up to date. Staff also underwent further training specific to the needs of the people they supported, including autism, learning disability, epilepsy and positive behaviour management. This ensured staff understood how to meet people's support and care needs. For example, staff supported some people who were at risk of choking to receive nutrition and medicines through a peg tube. Percutaneous endoscopic gastrostomy (PEG) is a medical procedure in which a tube is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. Staff had received individual training from a specialist nurse tailored to meet the specific needs of people who required this support.

Supervision and appraisal were used to develop and motivate staff, review their practice and focus on professional development, through the provider's academy. For example; staff had recently been supported through the provider's fast track management development programme and the provider's advanced management development programme. Records confirmed the provider supported staff to obtain further qualifications which were relevant to their role.

Staff told us they received effective supervision, appraisal, training and support which enabled them to carry out their roles and responsibilities effectively. They consistently told us the management team listened to their ideas and felt their contributions were valued and acted upon, for example; suggestions for people to take part in new activities and a new system for staff to identify and have their individual training needs addressed.

People were supported to have enough to eat and drink and were encouraged to maintain a balanced, healthy diet. Where people normally chose to eat an unhealthy diet they had agreed strategies with staff to encourage them to make more healthy choices. We observed the provision of meals during breakfast, lunch and dinner time. Staff provided appropriate support to enable people to eat and drink at their own pace. Where people had been identified to be at risk of choking staff supported them discreetly to minimise such risks.

People were referred appropriately to the dietician and speech and language therapist if staff had concerns about their wellbeing. Dietetic professionals had provided positive feedback regarding the promptness of referrals and the effective implementation of their guidance which had a significant impact on people's health and wellbeing.

People were supported to stay healthy and had regular access to healthcare professionals such as GPs, psychiatrists, opticians and dentists. Each person had an individual health action plan which detailed the completion of important monthly health checks.

Social workers made positive comments about the registered manager's engagement with relevant health professionals and the community learning disability team to ensure people's needs were met. One social worker told us, "Staff continue to work in a very positive way with [person using the service]. They have very challenging behaviour including serious self-harm, and they have worked with other professionals to develop plans to reduce these incidents, reduce the need for restraint, and reduce the likelihood of hospital

admissions due to infection."

People's individual needs were met by the adaptation, design and decoration of premises. For example some people's rooms had been adapted to ensure they were safe when they experienced a seizure or behaviours that may be self-injurious.

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.

Social workers praised the determination of the registered manager to ensure people were involved in as many decisions as possible and had their human rights protected. For example, one social worker praised the registered manager for tenaciously advocating to NHS hospital staff for them to follow the MCA in terms of increasing an individual's participation and following appropriate best interest decision making processes.

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 are called the Deprivation of Liberty Safeguards. We checked to confirm the service was working within the principles of the MCA, and was meeting all conditions on authorisations to deprive a person of their liberty. We found that legal requirements were met and people's human rights were recognised and protected.

## Is the service caring?

### Our findings

People, their relatives, visiting professionals and commissioners of people's care consistently made positive comments about the caring attitude of the staff. For example one healthcare professional told us, "There is always a warm friendly atmosphere at Oakley Lodge and staff always show compassion and a personalised approach."

People valued their relationships with staff and felt that they often went "the extra mile" for them when providing care and support. Two people told us staff made them feel 'special' and 'really well cared for'. Relatives of people being supported with complex needs consistently told us that staff had developed special bonds with their loved ones. One relative told us, "A lot of the staff are a similar age to [their loved one] and relate to him really well. He used to be reclusive but is now so active, which is down to the determination of the manager and staff."

Staff anticipated people's needs and quickly recognised if they were in distress or discomfort. We observed staff consistently show concern for people's wellbeing in a caring and meaningful way, whilst responding promptly to their needs. For example, on our arrival for the inspection we saw a person experience a seizure. Staff immediately engaged with the person, ensuring they were supported down to the floor, preventing them from falling, in accordance with their seizure support plan. Throughout the seizure staff calmly and gently reassured the person and other people who were going into the dining room for their breakfast. One person who voiced concerns for their friend was kindly reassured and brought to see them once they had recovered. People were treated with kindness and given emotional support when needed.

Staff spoke about people with passion and fondness, recognising people's talents and achievements, which demonstrated how they valued them as individuals. Relatives praised the dedicated, caring nature of staff, which had enabled their loved ones to have the opportunity to lead a fulfilling life. One family member told us, "The change has been amazing. They [their family member] are doing so much now and are really happy." During the inspection we observed staff consistently encouraging people, for example, we heard staff applauding one person when they had achieved a personal goal. One staff member told the person, "I am so proud of you, that's the best news I've had." Whilst another said, "You're fantastic. I've been waiting to hear that news for a year." The comments made the person smile broadly and later they told us they liked living at Oakley Lodge because the staff "made them feel special."

The registered manager had cultivated a caring family environment where staff and people promoted respectful and empathetic behaviour. For example, one person was being supported to develop their vocal talent and regularly burst into spontaneous song. We heard them singing on one occasion when another person said, "[Person named] you are an amazing singer. I love hearing you sing." Both people then smiled and engaged in a friendly hug. We spoke with another person who told us he enjoyed cooking for his friends and staff. At mealtime the person was visibly happy and proud when people and staff complimented them about the evening meal they had prepared for the home. Another person enjoyed supporting a friend in the home by pushing their wheelchair whenever they accessed the community together. On the first night of our inspection four people were being supported to go to a night club for the first time. Staff and some people

who were not going supported people to get ready for their big night out and made positive comments about how pretty and smart people looked. For example, one person supported their friend by painting their nails and styling their hair. Other people supported their friends to choose their outfits for the night. The following morning over breakfast there were many excited conversations describing the "brilliant time" experienced by people, who were encouraging their friends to go next time.

Staff constantly explained to people what was happening and what they needed to do with regard to daily activities. Relatives consistently reported the registered manager was focused on the staff approach to people and developing caring and trusting relationships with them and their families.

Staff spoke fondly about their special memories whilst working at Oakley Lodge, which frequently described small steps taken by individuals. One staff member told us how they were overjoyed when a person they were supporting, who had an identified choking risk, was able to eat a yoghurt with their support. Another staff member told us how their relationship with one person, who experienced severe anxieties, had developed so significantly that the person now sought their support whenever they were anxious or upset.

Rotas, activity schedules and practical arrangements were organised so that staff had time to listen to people, answer their questions, provide information, and involve people in decisions. For example; the registered manager had arranged protected time to discuss one person's plan to move to more independent living which was making them feel anxious. People's emotional needs were understood and supported by compassionate staff.

People's care records included an assessment of their needs in relation to equality and diversity. Staff underwent training and understood their role to ensure people's diverse needs and right to equality were met. Staff supervisions and competency assessments ensured that people experienced care which respected their privacy and dignity, whilst protecting their human rights.

People were treated with dignity and respect, for example; staff maintained people's privacy, keeping their doors closed whilst supporting them with personal care and explaining what they were doing throughout. We observed staff waiting outside one person's annexe until they were invited in to speak with them.

People chose where and how they spent their time, for example; one person who was assessed to require constant one to one care to keep them safe, often chose to spend time in their bedroom alone. We observed staff reduce this person's anxiety and maintain their wellbeing by allowing them to be in their room alone, whilst ensuring their safety in accordance with measures detailed within their support plan.

People told us they were able to make choices about their day to day lives and staff respected these choices. For example, one person had a full day of different activities shown on their weekly planner. Initially they were scheduled to go bowling. They changed their mind several times before deciding to go on a bike ride. We observed staff engage enthusiastically throughout the day with the person who repeatedly chose to go on long bike rides rather than the pre-planned activities. We saw the management team consistently respond effectively by rearranging staff skill mixes to enable this person and others to enjoy their preferred activities. Staff told us the registered manager encouraged them to make sure they always had the necessary clothing and equipment to support people's choices of activity.

Where required people had the opportunity to be supported in their decisions by an advocate. An advocate supports people to ensure they can make their own choices in life and have the chance to be as independent as they want to be. Staff recognised when people required support from advocates, for example; one person had an advocate appointed by the Deprivation of Liberty Safeguarding authority. The

person no longer wished to be supported by the appointed advocate. We reviewed documentation which showed positive action taken by the management team to arrange a new advocate to support the person.

When people displayed behaviours that challenge others we observed discreet and sensitive interventions by staff, in accordance with people's positive behaviour support plans. We observed several incidents where staff had preserved people's dignity and privacy, while supporting them to positively manage their behaviour. New members of staff told us they had been supported by other staff to develop their relationships with people. People experienced positive relationships with staff who worked as a team to develop people's trust and confidence.

## Is the service responsive?

### Our findings

People living at Oakley Lodge experienced care that was flexible and responsive to their individual needs and preferences. People's care plans were person centred and contained detailed support that identified how their assessed needs were to be met.

People and those with authority to act on their behalf, were fully involved in the planning of their care and support. People, their relatives, care managers and commissioners of people's care consistently told us the registered manager ensured individuals were enabled to have as much choice and control as possible.

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals when required. We observed changes to people's care discussed at shift handovers to ensure staff were responding to people's current care and support needs.

Staff supported people to follow their interests and take part in activities that were socially and culturally relevant and appropriate to them. For example, one person was supported to attend singing lessons. Other people were supported to access education and work opportunities, for example; one person was fully engaged in a gardening project, whilst others attended placements to develop work based skills. Where activities had been linked to people's health action plans we saw these were evaluated, for example; one person's level of physical activity had a positive impact on the level of their anxieties and had reduced the incidence they experienced of behaviours that challenge.

A social worker told us that a person they support had gradually withdrawn from activities at their previous placement. The social worker told us Oakley Lodge staff had supported the person to re-engage in a wide range of activities, including the use of public transport. They had promoted their mobility, so they used a wheelchair less and walked further, and had developed more hand and arm strength and coordination through different craft activities. In conclusion they said, "In short, they [Oakley Lodge Staff] have provided excellent support to one of the more complex people I have supported."

The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

For example, staff had completed training to communicate with one person who used their own form of adapted Makaton. Makaton is a language programme using signs and symbols, designed to provide a means of communication to individuals who cannot communicate efficiently by speaking.

Staff used accessible means of communication whenever required, for example; one person communicated some of their wishes using applications and video shots on their technological devices. One social worker praised staff for embracing this person's preferred communication methods to remove barriers and ensure they were fully involved in all decisions about their care.

We reviewed comments from healthcare professionals at a screening clinic which read, "Our screening team were blown away by the care that they saw provided by one of your staff. The way [the Activity Coordinator] dealt with [named Person] through our consenting and scanning process impressed us so much that we feel he is a real credit to your service."

People told us they were encouraged to be as independent as possible. Health and social care professionals and relatives told us the staff worked closely with families and kept them fully involved in people's care as required.

People and staff were encouraged to develop friendships with other people from services within the care group. For example, the provider held a weekly social club at a local community centre, where people met friends and engaged in games and crafts. When one person from another home within the provider's care group became anxious and distressed, staff from Oakley Lodge engaged with them in a compassionate manner, which reassured them and made them smile and laugh.

People told us they were supported by staff to maintain special relationships with friends and relatives, for example; some people frequently experienced home visits facilitated by staff. Relatives consistently told us how staff facilitated family get togethers, for example parties and special meals in restaurants. The staff were committed to ensure people did not feel lonely and were protected from the risks associated with social isolation.

Staff were responsive to the advice and guidance of health and social care professionals, which they implemented effectively whilst supporting people. Social workers from community learning disability teams consistently provided positive feedback about the significant impact of staff support in the reduction of people's anxieties. We reviewed one letter from a supporting healthcare professional to the registered manager, which read, "Because you have done such a good job meeting all of her needs we could not think of any other advice to give you."

Staff demonstrated a clear understanding of their responsibility to consider people's needs on the grounds of protected equality characteristics as part of the planning process and provisions had been made to support each individual. Disability is a protected characteristic as defined by the Equality Act 2010. People's type and level of disability was documented in their care records to ensure staff both understood the needs of the person they were providing care for and any potential risks to the person of experiencing discrimination on the basis of their disability.

There were regular opportunities for people and staff to feedback any concerns at house meetings, staff meetings and supervision meetings. Records showed these were open discussions.

People had been provided with a copy of the provider's complaints process in a format which met their needs. People consistently told us they would talk to the registered manager if they were unhappy. Relatives consistently told us the registered manager encouraged them to speak with her if something needed to be improved.

Records showed that five complaints had been received from family members since the provider began to support people living at Oakley Lodge. These complaints had been fully investigated and most had been resolved to the complainant's satisfaction. Where relatives had not been fully satisfied the registered manager was still communicating with them to drive the required improvements.

The provider used the learning from complaints and concerns as an opportunity to drive improvement in

the service. For example; one person had historically sustained serious injuries due escalating behaviour which may challenge others. Due to the concerns relating to the severity of the person's injuries the registered manager arranged appointments for the person to see clinical experts to be fast tracked.

At the time of inspection no-one living in the home required end of life care. People were given the opportunity to review their end of life care needs regularly but people did not wish to discuss these at the time of their reviews, which had been recorded. As part of the registered manager's service improvement plans they demonstrated their intention to address people's wishes with them again during their next care plan review.

## Is the service well-led?

### Our findings

People consistently told us the home was well managed. One person told us, "She [The registered manager] is always there when you need her and if you have any worries she will sort them out. She makes you feel that you and your problems are really important."

People and their relatives trusted the registered manager and their deputy and felt confident to express their views and concerns. Families consistently made positive comments about the registered manager and staff's devotion to people living at Oakley Lodge. One relative told us, "There are a lot of young enthusiastic care staff who people living at Oakley can relate to. They have lots of energy to make things happen and have a great manager who supports and guides them and is an excellent role model."

One family told us that when their loved one first moved into the home they experienced a lot of challenges, for example; having to meet new staff and people, which caused them a lot of distress and anxiety. This person's relative told us, "The staff have followed the manager's lead and have already established close bonds. You wouldn't recognise him now because his independence and confidence has grown."

The registered manager was aware that the core staff group was relatively inexperienced but was inspired to harness their enthusiasm to provide stimulating activities and support people to lead fulfilled lives. Staff told us the registered manager and deputy manager were approachable and supportive. Staff enjoyed working at Oakley Lodge because the management team put people's needs and their care at the heart of everything they did. One staff member told us, "The manager has so much experience and will always support you to do anything which makes people happy and improves the quality of their life." Another staff member told us, "The manager is always challenging us to make every day as special as it can be for the people living here. She is passionate about their [people's] rights and you can't help wanting to follow her lead." Staff consistently told us they felt they were part of a team where their contribution was valued.

The provider's vision was to provide services for people with learning disabilities, autism and complex mental health disorders by delivering care in line with five core values they identified together with people who use their services. These values were to be committed and passionate, to act with integrity, to treat people with dignity and respect, to strive for excellence in the quality of their service and to be trustworthy and reliable. Staff had a clear understanding of these values, which we observed consistently put into practice when support people with their everyday care.

The registered manager told us how they reviewed the day-to-day culture within the service and took every opportunity to reinforce the provider's aims, through positive acknowledgement of people and staff's achievements.

People and staff told us the registered manager had created an open and inclusive environment, where everybody felt their contribution was valued and recognised. We observed the registered manager, deputy and shift leaders were highly visible and readily available to people and staff.

People, relatives and staff told us that there was a close family atmosphere in the home where people cared for one another, which we observed in practice. They told us that the registered manager had developed and maintained these qualities within the service.

Staff understood their role and responsibilities and had confidence in their management team. Staff told us the registered manager frequently worked alongside them and provided constructive feedback about their performance. Staff reported that the registered manager was quick to recognise and thank them for good work.

People and staff told us they were fully supported by the registered manager whenever they raised concerns or sensitive issues. The registered manager dealt with the issues promptly, in an open and transparent manner. Three members of staff praised the registered manager and deputy for the way they had dealt with personal issues in a discreet and tactful manner. Staff consistently praised the registered manager for their emotional support, tact and diplomacy whilst dealing with sensitive issues.

Most relatives told us they experienced excellent communication with the home and staff always knew what was happening in relation to their family member whenever they called or visited. One relative told us they had complained that the registered manager and staff had not always communicated with them effectively in relation to their visits. We reviewed an action plan where the registered manager had held staff meetings and supervisions to ensure these concerns were addressed.

Throughout the inspection we observed how the registered manager consistently provided staff with clear guidance on the care and support people required, for example; providing reassurance to support staff with people who were becoming anxious.

Health and social care professionals and care commissioners consistently told us the home was very well organised and staff knew how to support people with learning disabilities. Health and social care professionals told us they experienced good communication with the management team and staff who were always open and honest.

Quality assurance systems were in place to monitor the quality of service being delivered, which were effectively operated by the management team. Staff completed a series of quality audits including care files, health and safety, fire management and maintenance. Action plans were developed following each audit and monitored to drive the continuous development and improvement of the service.

The provider supported the registered manager with a comprehensive system of visits and audits by senior managers, members of the board and external independent surveys. All surveys completed since the home opened demonstrated positive improvement and an effective response to issues identified. The provider worked effectively in partnership with key organisations. The registered manager had developed good links to local community resources to meet the needs and preferences of the people who use the service.

Health and social care professionals and care commissioners told us the home was well organised by the registered manager who knew how to support people with learning disabilities. Professionals consistently reported how they were impressed with the registered manager's commitment to the people living at Oakley Lodge and their ability to mentor and guide a keen and enthusiastic staff team. One professional told us, "The manager was very hands on during sessions to try and understand the approaches that I was recommending and this was observed by other staff. The manager was able to role model skills to staff and

confident to have a hands-on approach, as well as delegating to the team".

Health and social care professionals told us the staff were committed to implementing their guidance to ensure people experienced care based on best practice. One healthcare professional said, "The manager is quick to seek help and staff are able to take on recommendations and implement change." One professional told us how effective implementation of their guidance, driven by the registered manager and senior staff had resulted in a significant reduction in incidents where a person experienced behaviours that may challenge.

The registered manager collaborated effectively with key organisations and agencies to support care provision, service development and joined-up care. For example, the close liaison with respective health care specialists and different community learning disability teams to support individuals' complex care needs. Learning disability professionals told us they were impressed with the way staff effectively managed people's health needs, which they were also able to consider from a behavioural perspective.

People were encouraged to be involved in the development of the home. There were monthly meetings where people and staff were able to discuss any concerns or ideas to improve the service. People were informed of the progress in relation to actions generated by previous meetings, for example; there were updates in relation to proposed home improvements, and people's suggestions for activities and menu changes. Staff told us the registered manager was a good listener which made them feel their point of view was valued. For example, staff praised the registered manager's response to their concerns regarding the need to provide more night staff during a period of increased activity from a person who required one to one support.

Relatives and health and social care professionals told us that the registered manager sought feedback when they visited. Staff supervisions were completed monthly and where required, actions were raised in relation to new ideas or suggested improvements. Staff told us that the registered manager was continuously seeking their views and opinions to improve the quality of care people received.

The registered manager understood and met the legal requirements and public health and safety obligations of their role, for example; the prompt submission of notifications and other required information to relevant authorities.