Kingswood Care Services Limited

The Oakes

Inspection report

55 Railway Approach
Laindon
Essex
SS15 6JX

Tel: 01268441096
Website: www.kingswoodcare.co.uk

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

About the service:
The Oakes is a care home providing personal care and accommodation for up to seven people, with learning disabilities and autism. At the time of the inspection seven people were living at the service.

People's experience of using this service:
The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live a life as any citizen and The Oakes was exceptional in ensuring this was the case for the people who lived there.

Feedback we received about the service was extremely positive. Staff and the registered manager were held in high regard and spoken about in glowing terms. Relatives told us they would not hesitate to recommend the service to others as in the words of one relative, "It is wonderful, superb; they go above and beyond in every way." This sentiment was echoed by everyone we spoke with.

The vision and values of the service, which were shared by staff at all levels, reflected best practice principles ensuring people were provided with a wealth of opportunities, choice and control. There was a positive approach to safety and risk which allowed people the freedom to live their life as free from restrictions as possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was dedicated in supporting people to live full and independent lives, challenging the barriers around supporting people with learning disabilities and autism. People's lives were improved through the introduction of new opportunities that encouraged people to be active, engaged and feel part of their local community.

Robust recruitment practices were in place to ensure the suitability of new staff. People were supported by a stable and consistent staff team who regularly went the 'extra mile'. Staff knew people very well and, as such, had an excellent understanding of their needs and wishes.

Safe systems for the management of medicines were in place. Only staff who had been trained and assessed as competent administered medicines. The service practiced the principles of STOMP which aims to stop the overuse of anti-psychotic medication for people with learning disabilities or mental health conditions.

Staff enjoyed working at the service and felt very well supported. There were a range of mechanisms in place to monitor and support staff to ensure they had the skills and knowledge to provide high quality care and support.

A consistent approach was practiced by staff applying positive behaviour support which had greatly reduced historical incidents of behaviours perceived as challenging. Because of this, people had made significant progress in terms of developing their social skills and behaviours. This had opened the doorway to new experiences for people and promoted their social inclusion.

There was a very homely feel to the service. Care and attention had been paid to make sure people's personal space reflected their tastes and preferences and any cultural or sensory needs. Outside space had also been adapted and personalised to reflect people's interests and allow people to have time alone if needed.

Staff were exceptionally kind and caring and knew what was important and mattered to people. People's hopes and dreams were known and respected by staff who went above and beyond to make them a reality. Staff formed positive, trusting relationships with people which helped people develop the confidence and independence to achieve their goals and live their life as they chose.

The management and staff team were committed to providing a service that met people's individual needs and aspirations. The culture of the service was truly person-centred and empowering. Care and support was completely focused upon what each person wanted to do and people were consistently involved and included in planning their care and support.

The service was extremely well-led by a long-standing registered manager who provided an exemplary role model to staff. Respect for equality and diversity was fully embedded within the service and, without exception, people were supported and empowered to follow their individual lifestyle choices.

Robust quality assurance systems were in place to monitor the safety and quality of the service and improvements were driven by engagement with people, whose views were listened to and acted upon.

Rating at last inspection:
The last rating for this service was Good (published January 2017).

Why we inspected:
This was a planned inspection based on the previous rating.

Follow up:
We will continue to monitor the service.
For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained good. Details are in our safe findings below	**Good** ●
Is the service effective? The service remained good. Details are in our effective findings below.	**Good** ●
Is the service caring? The service had improved to outstanding. Details are in our caring findings below.	**Outstanding** ☆
Is the service responsive? The service had improved to Outstanding Details are in our responsive findings below.	**Outstanding** ☆
Is the service well-led? The service had improved to outstanding. Details are in our Well-led findings below.	**Outstanding** ☆

The Oakes

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team was made up of one inspector.

Service and service type:
The Oakes 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, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
This was an unannounced inspection. Inspection site visit activity started on 7 June 2019 and ended on 12 June 2019. This included visiting the service on 7 and 10 June 2019 and completing follow up telephone calls to people's relatives on 12 June 2019.

What we did:
Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about, such as abuse; and we sought feedback from the local authority and other professionals involved with the service. We also reviewed the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with the registered manager, the deputy manager, the assistant manager and three other members of the care staff team. We spoke with three people who used the service and three of their relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

● People told us they felt safe living at the Oakes. Relatives said they had no doubts their family members were safe and well looked after. One relative said, "The peace of mind I have I can't tell you; I don't know what I would do if [Named person] didn't have a place there."

● There was a positive approach to safety and risk which was not restrictive for people as people's aspirations and wishes were paramount. A relative told us, "As long as [named person] is safe, they can do whatever they want, if they want to go on a bus or shopping, or out in the car or come here to see me, they [staff] will bring them."

● Individual risks to people had been thoroughly assessed. Detailed guidance was available to staff on how to support people safely and staff were fully aware of the risks. Staff recognised people's rights to take measured and considered risks to lead their lives as they wished.

● Accidents and incidents were recorded and investigated appropriately with actions put in place to minimise the risk of re-occurrence.

● Regular health and safety checks of the service were completed, such as, fire systems, legionella, portable appliance testing, water and food temperature records to help keep people safe.

Systems and processes to safeguard people from the risk of abuse

● Staff had been trained in safeguarding, knew the signs to look for that people might be being abused and how to report concerns.

● The registered manager understood their safeguarding responsibilities to report concerns to the appropriate authorities. We saw that safeguard alerts had been raised and investigated appropriately.

● Robust systems to protect people from the risk of financial abuse were in place. Audits of people's money were completed at each staff shift change.

Staffing and recruitment

● People, their relatives and staff all confirmed there were enough staff available to safely meet the needs of people who used the service. People had the support they required to safely access the community for leisure opportunities of their choosing. A staff member said, "There are enough staff, I never feel under pressure."

● People had continuity of care and were supported by a regular staff team who knew them well. The service rarely used agency staff as cover could usually be provided from within the staff team. The management team were 'hands-on' and covered shifts when required.

● Robust recruitment practices were in place to ensure the safe recruitment of suitable staff. The registered manager had obtained references and undertaken a Disclosure and Barring Service (DBS) check on staff before they started work to ensure they were not prohibited from working with people who use a health and

social care service.

Using medicines safely

● The registered manager had implemented safe systems for the management of medicines which included staff training, assessments of staff competency and practicing the principles of STOMP which aims to stop the overuse of anti-psychotic medication for people with learning disabilities or mental health conditions.

● People had medicine administration records (MAR) which were signed by staff to evidence that people had been given their medicines. There were no gaps on the MAR sheets which indicated that people had received their medicines as prescribed. We checked the stock count of people's medicines and found everything correct and in order.

● Regular audits of medicines were undertaken by the management team to check people were receiving their medicines safely.

Preventing and controlling infection

● Staff received training in infection control and we observed good infection control practices in place. Staff had access to protective clothing such as gloves and aprons to prevent the spread of infection.

Learning lessons when things go wrong

● The service supported people in positive risk taking to enrich their lives. After supporting people to try new things like a trip abroad for example, a reflective exercise was completed where the management and staff team analysed the event and identified what went well and what could be improved upon or changed. This information was recorded in people's care records and used as a learning tool when planning future activities or events.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessment and care planning records showed all aspects of a person's needs and wishes were considered including the characteristics identified under the Equality Act 2010.
- Open conversations were had with people about their chosen lifestyles including their sexual orientation, culture and religion. People's choices and preferences were respected and supported which was reflected in their care plans.
- People living at the service had highly complex needs. The registered manager advised us that at some point in their life, all had either been detained under the Mental Health act 2005 or had been excluded from other services and had been labelled as challenging. Positive behaviour support was practiced by the staff team to encourage people to communicate their needs in more proactive and less harmful ways preventing people injuring themselves or others when expressing their needs or emotions.
- Feedback from relatives showed how effective the service had been at managing people's behaviours, providing stability and continuity of care and the positive impact this had on people's lives. Comments from relatives included, "[Named person] is much improved living there [the service]; their quality of life is so much better; if they weren't there I don't think they would be alive" and "[named person] can be extremely violent but no matter how bad it gets they [the service] never say they can't stay here; they handle it really well.; they manage behaviours really well ."
- The commitment shown by the service to providing stability and continuity of care was summed up by a health professional who told us, "There are a number of success stories where residents have been in-patients and The Oakes have brought them home and kept them well in the community so that they have not had to return to hospital, I commend the Oakes for consistently being there for several residents whom other organisations may have given up on."
- The service worked proactively with healthcare professionals following the NHS guidance; "Stopping over medication of people with a learning disability, autism or both" (STOMP). This initiative looks to stop the over reliance of certain medicines where people's behaviour is seen as challenging. People with a learning disability, autism or both are more likely to be given these medicines than other people. We saw an example where a person who had previously been labelled as challenging now had their anti-psychotic medicines reduced. The registered manager told us, "Medication has been replaced with good living and activities of their choice." Feedback from a professional who worked closely with the service confirmed how the service was implementing 'STOMP' in practice. They told us, "There is a commitment to reducing psychotropic medication where possible from the service, balanced appropriately against keeping residents' mental wellbeing as best it can be."

Staff support: induction, training, skills and experience

- People and relatives told us the staff were excellent and people received exemplary care and support.

Comments from people included; "Staff are brilliant, when I ask them to look into anything they do it straight away" and, "I give them [staff] 12 out of 10" and "They [staff] go above and beyond in every way."
● Staff received regular supervisions, observations of their practice and an annual appraisal. This provided staff with ongoing monitoring and support and helped identify any learning needs. Staff told us they felt very well supported by the registered manager and provider. A staff member told us, "The manager is absolutely brilliant, always there for us, I feel really well supported." Another said, "The manager is great, very easy to talk to I can't fault them."
● New staff received an induction which was comprehensive and included a mixture of training, observations and shadowing opportunities. This allowed new staff the time to get to know the job role and build positive and trusting relationships with people.
● The service used the Care Certificate to induct staff with no previous experience in care. This represents best practice when inducting new staff into the social care profession.
● Ongoing training was provided which met the particular needs of people, for example, training in epilepsy and catheter care. Records showed that not all refresher training for staff was up to date. We were advised that staff could only access training in small blocks as limited spaces were made available to the service for each topic as the provider organised and shared training opportunities for staff across all of its six services.

We recommend the provider look at current good practice guidance in relation to the provision of staff refresher training to ensure all staffs knowledge and skills remain up to date.

Supporting people to eat and drink enough to maintain a balanced diet
● People's likes and dislikes regarding food and drink were known and respected. Weekly menus were organised and agreed with people. People had input into meal planning, including shopping for groceries and preparing and cooking meals. Where people struggled with literacy, photo style menus on a board were used to communicate to people the food options and help people make informed choices.
● Mealtimes were flexible around people's needs and preferences. On the day of the inspection, we observed one person who was home at lunch time. Staff asked them what they would like to eat and took them to the kitchen, where they were supported to choose what they wanted.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People had health care plans which provided information on their specific health needs and any support required to help them stay healthy. The service organised annual health check-ups with the GP.
● The service had made links with various external agencies to support people to maintain their health and wellbeing. This included psychiatry, neurology, specialist hospitals, urology, epilepsy, continence and catheter services.
● If people were admitted to hospital, they received continuous care and support. A relative told us, "[Named person] has serious health issues yet their life at the Oakes is amazing; they get to do so much; I have no anxiety, when they go into hospital which is quite often, they [staff] are constantly there doing all they can for them."
● People's daily records showed the service had helped them to access regular input from a range of health professionals such as the optician, GP and community nursing.
● The service helped people maintain good oral health care by arranging regular visits to the dentist.
● All appointments and the outcomes of health visits were recorded and shared with staff and changes made to people's care plans if needed.

Ensuring consent to care and treatment in line with law and guidance
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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

● We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found where restrictions on people's liberty were in place, appropriate DoLS applications had been made.

● People were supported to make their own choices and decisions as much as possible. Where people lacked capacity to make specific decisions, the service worked within the MCA legislation and consulted with relevant people on important decisions in people's best interests.

● Staff had received training in the MCA and understood the importance of gaining people's consent. Staff had an excellent understanding of people's communication needs and abilities and used this to help people express their wishes and make choices.

● Staff and people's relatives told us, and our observations confirmed, people were in control of their lives and chose how they wished to spend their time.

Adapting the service, design and decoration to meet people's needs

● The environment was very clean and well maintained and people's rooms were personalised to meet their needs and preferences.

● An exceptional feature of the service was the commitment shown by the provider to ensure people's cultural preferences were respected and reflected within the design and decoration of people's rooms. People were given a free rein to express their ethnicity and culture within their own living space.

● Outdoor space had also been utilised to reflect people's hobbies and interests. A summer house had been erected for one person as their own private space which had been designed to meet their sensory needs and provide a 'hideaway' when they wanted peace and quiet away from other people. We observed the person enjoying quiet time in this room.

Outstanding ☆

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported; respecting equality and diversity

● Relatives told us the care people received was exceptional. One relative said, "It is wonderful as they [staff] are superb; [named person] asks to go back there when I bring them home they just want to go back; they [staff] go above and beyond in every way." Another told us, "[Named persons'] life has been turned around living here; staff take them away and the things they do for them are amazing, so thoughtful; [named person] is transport nuts so they arrange holidays in a mini bus and staying in a train; they have their own train station in the garden; they make sure they are always dressed nicely, keep their clothes up to scratch and their room is always lovely." Another relative said, "They [staff] really do care about [named person] which is brilliant; if [named person] is having a bad day, they [staff] are always there for them."

● Professionals who worked in partnership with the service were exceedingly complimentary about staffs' attitudes and qualities. A health care professional told us, "The staff are positive, friendly and flexible and are prepared to make reasonable adjustments to personalise care; people all have staff there who know them well and are respectful and professional."

● Staff showed genuine interest and concern in people's lives and their health and wellbeing. People were relaxed and confident around staff and expressed the fondness they had for each other. Staff chatted and interacted with people in a friendly and informal way. We observed a person playing a guitar and singing and staff joined in. A staff member told us, "I like playing songs with [named person], they love it and it makes their day; I love cheering people up when they are down."

● Staff demonstrated an exceptionally caring nature and a passion for providing high quality care which was clearly visible throughout the service. Staff, including the registered manager, frequently went above and beyond the required expectations, for example, thinking nothing of working beyond their normal working hours to support people to enjoy their indiviidual interests and hobbies.

● The majority of staff had worked at the service for many years, similarly people had lived at the service for a considerable time. As such, it was clear staff and people knew each other extremely well and had developed positive and trusting relationships. This was confirmed by feedback we received from relatives. One relative told us, "They [staff] know [named person] so well and [named keyworker] knows them better than anyone; they [staff] are really good with [named person] they have so much patience."

● Staff spoke with warmth and affection about people living at The Oakes and felt as if they were part of a family. This feeling was shared by people who lived at the service. A relative told us, "[Named person] thinks of staff as family and the service as their home."

● Staff were highly focussed on the needs of people and treating people as individuals. We observed people expressing their preferences regarding who they wanted to support them at different times and for different activities. This was listened to and acted upon by staff. A staff member told us, "Although I am not their keyworker I help [named person] with bathing because they like me to do it and always ask for me."

● The open, caring and inclusive culture within the service was exceptional. This supported people to follow lifestyle practices that truly reflected their diversity and personal choice.
● Care plans recorded how care should be tailored to support people's religious beliefs. A commendable feature of the service was the lengths the service went to in support of people to meet their spiritual needs. This included supporting a person to travel abroad to provide them with the opportunity to explore their faith and help them better understand their religious and cultural heritage. The positive impact on this person enabled them to join in discussions with relatives about their family history.

Supporting people to express their views and be involved in making decisions about their care
● People were consistently involved in and consulted about all aspects of their care and support. People chose which staff they would like to support them and what they wanted to do on a day to day basis. People were also actively involved in choosing new staff as they were part of the interview process. People sat on the interview panel and came up with questions they wanted interviewees to answer. If a candidate was successful at interview, they then completed a taster day. This was used to observe how they engaged with people and to ask people their opinion on the suitability of new staff.
● A senior member of staff had been trained by a speech and language therapist in inclusive communication. This staff member was then able to provide additional training, support and advice to keyworkers and managers to meet people's communication needs. Information about people's vocabulary, body language, emotions, feelings and other ways of communicating was documented in detail in their care records. Staff showed an excellent level of understanding about people's communication needs, they knew the different signs people used and what they meant.
● Staff understood and were very sensitive to people's emotional triggers and how people expressed and communicated their feelings through their behaviour. A relative told us, "[Named person] is really happy now. They [staff] know them so well, they know if there's a mood coming on and what to do to settle them down; when you get consistency, that's where it helps." We observed staff were attentive, listened to people and paid attention to behavioural cues. This resulted in effortless communication with people which lessened people's anxiety or frustration. Relatives feedback confirmed the positive impact this had on people. One relative told us, "[Named person's] history in the past, they used to throw TVs and armchairs because they were being ignored. They don't do that here, everything staff can do to give them quality of life, they do."

Respecting and promoting people's privacy, dignity and independence
● People's rights to privacy and dignity was embedded in staff practice and the culture and values of the service. Staff understood it was a human right to be treated with respect and for people to be able to express their views openly and feel listened to. Staff gave examples of how this respect translated in practice, for example, by being open minded and non-judgemental, supporting people with their daily life choices and 'really listening' to them.
● Locks were fitted to people's doors for privacy and they were given the opportunity to be alone in their bedrooms whenever they wanted personal time. A relative told us, "They [staff] always knock and wait for [named person] to open their door, they know it's their room and they're entitled to privacy."
● People's personal development was a priority and people were enabled to achieve specific goals which were incorporated within their care plan to improve their independence and wellbeing. A staff member told us, "I help [named person] with their personal care but they are starting to do things themselves; I'm helping teach them independence." A person's relative told us, "[Named person] took cookery classes and likes to cook; they [staff] let [named person] use the kitchen to make something if they want."
● Friends and family were made welcome at the service and could visit whenever they wanted. A relative told us, "They [staff] are really good at making you feel really welcome, they never hide anything, we can go there anytime."

● The service went above and beyond to help people maintain and develop important relationships with their family. For example, where a relative had expressed a desire to take their family member away on holiday, but lacked the confidence to do so alone, the registered manager took time out and accompanied them both to provide invaluable unconditional support which had a real positive impact on their life. This was confirmed by the person's relative who told us, "[Named person's] family is very important to them."

Outstanding ☆

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● The service strived to be outstanding and innovative and provided exceptionally responsive care. An excellent feature of the service was the commitment, enthusiasm and passion to provide people with person-centred care. Person centred care means care and support that has been tailored to meet each person's individual needs and wishes.

● People had a full needs assessment and a care and support plan which contained detailed information about the person. This included their social and medical history, life history, routines, important relationships, likes and dislikes and goals and aspirations. This information helped staff deliver person-centred care. A relative told us, "The care plans are meticulous, there's not much I can do short of write a song for them."

● People were placed at the heart of the service and received highly personalised and flexible care that respected their individuality and provided choice and control. No two people experienced the same day as people were supported to enjoy individual and personalised activities and interests at home and abroad that were unique to them.

● The registered manager was 'hands-on' providing care and support and led by example, demonstrating their own commitment to providing a truly personalised service. They told us, "Our main philosophy is to support people to lead good lives, it's about listening, paying attention and acknowledging people." Feedback from relatives showed how this philosophy was applied in practice and how the registered manager and staff exceeded their expected role and responsibilities in responding to people in a way which mattered to them. A relative told us, "I thank God [named person] is at the Oakes; they love live bands; [registered manager] will take them out on a Friday night to listen to music; [registered manager] knows [named person] inside out which is excellent."

● The registered manager had instilled in the staff team a 'can do' attitude which challenged the barriers around supporting people with learning disabilities and autism. This meant people were consistently encouraged and supported to try new things and live the best life they could. This was possible because of staff's in-depth knowledge and understanding of each person which resulted in better planning to ensure potential obstacles were identified and addressed which made positive risk taking possible. For example, where a person struggled to tolerate traffic congestion which was a common occurrence on journeys to the airport. This had not stopped the service taking the person abroad, instead they knew to book early morning flights so the person could travel by car without experiencing undue stress and anxiety.

● Staff had an excellent understanding of people's social diversity, values and beliefs and how these might influence their decisions on how they wanted to live their lives. People could choose the gender of staff who supported them, and staff were linked to people with similar interests or skills. A staff member told us, "I am keyworker for [named person] because we get on so well, we spend a lot of time together and have a real bond."

● Feedback from professionals confirmed how attentive and respectful staff members were to each person in their care. A healthcare professional told us, "I am often impressed that staff will take residents to social activities and on holidays of their choosing and frequently go the extra mile for people's quality of life to be enhanced in their own individual ways."
● Regular care plan reviews were arranged to ensure they were up to date and continued to meet people's needs. People, relatives and relevant health and social care professionals were included in the reviews. A relative told us, "I'm invited to annual reviews; I am included and listened to." A health professional who regularly attended reviews said, "The annual reviews done at Kingswood Care establishments are very well organised with excellent supporting paperwork, as a company they really stand out."
● People were empowered to choose what they wanted to do day to day. They received support from passionate and committed staff to engage in a wide range of activities they were interested in. Activities were individually tailored to meet each person's specific wishes. People enjoyed spa days, horse-riding, meals out, pubs and theatre trips. A relative told us, "If [named person] mentions anything they [staff] will try to get it organised."
● Staff came up with creative and innovate ways to support people to explore and develop their interests. For example, one person had a love and fascination of public transport, particularly trains. Staff came up with the idea of building a summerhouse in the garden which they turned into a train station which was decorated and personalised. Work was also in progress to build an outside train track to run alongside the station. In addition, the registered manager had liaised with staff at a local airport so that the person could sit at the front of the monorail (a driverless train) wearing their 'high-vis' jacket and hard hat. This gave the person the feeling they were driving the train. They told us proudly, "I drive the train." We spoke with the person's relative who said, "[Named person] loves it, train driving at Gatwick, that's a [named registered manager] special, he takes [named person] to do that."
● When people identified activities they wanted to do, these were planned with staff in a timely way to promote people's health, mental well-being and enrich their lives. Staff recorded the activities they supported people with and produced photographic evidence of what had been accomplished. This was kept in a diary format which people enjoyed looking at. Once activities had been completed, they were then analysed to reflect on people's behavioural responses, likes, dislikes, what went well and what could be done differently in the future to improve the experience. This information was used to inform care plans and risk assessments. As a result of this reflective practice, staff were better equipped to safely support people to take part in a wide range of activities and try new things. People also had an increased enjoyment and greater sense of satisfaction as they had more confidence in trying new adventures.
● Information was made accessible to people through pictorial means or an 'easy read' format if required to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.
● People chose when and where they went on holiday and who they went with. A person told us, "I can go wherever I want, next year I'm going to Greece." The service went above and beyond to accommodate people's wishes and make people's dreams a reality. For example, one person had been identified as needing two to one staff support when on holiday but could not afford to pay for the additional staff required. So that the person could enjoy a holiday, the registered manager took annual leave to provide the additional cover for three years running until the person was assessed as safe to be accompanied by just one staff member.

Improving care quality in response to complaints or concerns
● There were systems and processes in place to respond to complaints. A complaints policy was in place with an easy read version to support people's understanding of how to make a complaint. Relatives told us they knew how to make a complaint but had never had to. A relative told us, "I would phone [registered

manager] but honestly I have never had to but trust me I would if necessary."

● Whilst there had been no formal complaints, we saw an example where a person's relative had expressed a concern to the manager and provider. The person's concerns were taken seriously and every effort was made to resolve the issue including organising contractors to make the necessary improvements to the environment. The relative described their experience of raising the concern. They told us, "To give them [management] their due, they have done everything that was needed; they listened to me and took action from the word go; they are always quick to resolve any problems."

● Each person had their own keyworkers who they had chosen to support them. Keyworkers were responsible for organising one to one meetings with people to monitor their satisfaction with the service. These meetings were also used to set goals identified by people and plan how these would be achieved. Each person had two to three ongoing goals, once these had been accomplished new goals would be agreed upon. These meetings also provided an opportunity for people to raise any concerns.

● The registered manager was committed to ensuring people were happy living at the service and felt listened to and included. For example, one person who had historically experienced feelings of being ignored was provided with weekly one to one time with the registered manager. This person's relative told us, "[Registered manager] bends over backwards for [named person], he takes [named person] out for breakfast or lunch regularly so they can talk."

End of life care and support

● There was no-one living at the service who was being supported with end of life or palliative care.

● If people' had particular needs or preferences for their end of life care such as preferred place of death or funeral arrangements, these were known and recorded .

● The registered manager was dedicated to ensuring appropriate arrangements were in place to meet people's individual religious and cultural needs at the end of their life. These had been sensitively recorded so that the staff knew people's wishes and choices. A relative told us, "[Registered manager] knows what to do when the time comes; they are prepared; they have sorted out clothing and so on."

Outstanding ☆

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service demonstrated a steadfast commitment to providing high quality, compassionate, innovative and individualised support. As a result, people lived in an exceptionally person-centred and forward-thinking service.
- The culture of the service centred on the promotion of people's rights and freedom to make choices and take considered risks. Consequently, people lived their lives the way they wanted and were valued as individuals.
- Staff were supported and encouraged to develop leadership skills. Consequently, the service had promoted staff from within the organisation which benefitted from having a strong management team made up of the registered manager, a deputy manager and two assistant managers. The management team shared responsibility for the day to day running of the service and were aware of their duty of candour responsibilities to work in an open and transparent way.
- Relatives spoke in glowing terms about the service, staff and management. We were provided with numerous examples cited throughout this report where staff and the registered manager had gone above and beyond to provide people with truly person-centred care and support. A relative told us, "[Registered manager] is absolutely brilliant; he has given me his mobile number so when anything happens I can get hold of him." Another said, "My only concern about the service is that [named person] would ever have to leave, they have been there 15 years and they love it; [named registered manager] is an excellent manager, very laid back and chilled but there is nothing they won't do for [named person]." A third told us, "I will be honest with you there has not been any time at all that I can honestly say I regret [named person] being at the Oakes, in fact it's the opposite; we are happy every day and I say a little prayer because we are so happy with the care that [named person] has ."
- Feedback from professionals was also extremely positive about management and the provider. A health professional told us, "It is helpful that there is such a reliable manager as [named registered manager], and also Kingswood Care having expert behavioural input from [named service manager] and the higher management such as [named nominated individual] being so accessible and visible."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff, management and the provider understood their duties and responsibilities and there were clear lines of accountability. The service met its regulatory requirements to provide us with statutory notifications as required.
- The registered manager set an exemplary example to ensure staff shared their vision and values. The

registered manager was highly visible in the service and was an excellent role model for staff, promoting a person-centred culture which embraced positive risk taking, balancing peoples' safety with their right to freedom to support people to live full and varied lives.

● The service was consistently assessed to ensure its' safety and quality. Regular checks and ongoing monitoring was completed by the management team and the provider to ensure robust oversight of the service at all levels. Action plans were generated, and improvements carried out when issues were identified.

● There were systems in place to understand and respond to the lived experience of people who used the service. Staff practice was observed on a regular basis to assess staff performance and the quality of care provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The service engaged with people exceptionally well. Regular meetings and one to one sessions were used to obtain people's views which were listened to and acted upon.

● Satisfaction surveys had been completed with people. The provider had organised a social event where people from all of the providers six services came together to socialise, enjoy a meal together and complete the survey. The results of the survey were analysed, shared with people and relatives and used to drive improvements.

● Staff and management felt extremely well supported by senior management and the provider, who were actively involved in the service and regularly engaged with people. An assistant manager told us, "They [the provider] come in often, they are lovely; they make sure everything is up to standard, they talk to staff and come and take people out. Last week [named person] went out with one of the managers from head office."

● Staff were included in the running of the service through regular staff meetings. Minutes of meetings showed these were used constructively to discuss best practice and staff roles and responsibilities.

● The service was committed to improving staff satisfaction and a recent survey had been completed to assess staff wellbeing. The results of the survey were discussed during staff meetings and actions agreed so that staff felt listened to and valued.

Continuous learning and improving care

● The provider demonstrated a strong commitment to continuous learning and improving care within its services. Each year the registered managers from all six services came together for an annual meeting to generate a development plan for the year and share ideas on best practice. For example, the latest meeting had been used to discuss improvements to the induction process and the best way to implement the Care Certificate.

● The registered manager was committed to keeping their knowledge and skills up to date and attended a range of courses and workshops relevant to the needs of people who used the service. In addition, they had recently agreed to be part of a parliamentary review to share their knowledge and best practice which was aimed at raising standards.

Working in partnership with others

● The service worked in partnership with a range of external agencies such as Healthwatch, the Court of Protection, psychiatry services and the Continence Advisory Service. This helped people access a range of services that promoted their health and wellbeing.

● To promote people's social inclusion, the service had reached out to its local community by holding coffee mornings, where neighbours were invited to come and meet people. As a result, a local family who lived opposite, invited the people who lived at the service to come to their wedding reception which was held at their home. This had a positive impact on people who were made to feel welcome and valued within their local community.