Care Quality Commission

Leonard Cheshire Disability

Oakwood Acquired Brain Injury Rehabilitation Service

Inspection report

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Ratings

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

Overall summary

This inspection took place on 20 November 2015 and was unannounced.

The service was previously inspected in January 2014, we found the service was meeting each of the standards assessed.

Oakwood is part of the Leonard Cheshire Disability group and provides specialist rehabilitation services for people with an acquired brain injury. The service is purpose built and is based in Offerton in Stockport. The service provides 13 places to support and rehabilitate people to lead independent lifestyles. Included are five self-contained rooms which are equipped to help people live more independent lives. All bedrooms are located on the ground floor with en-suite facilities. There is a shared

Summary of findings

kitchen and dining room, therapy rooms, a lounge, conservatory and space for people to meet visitors or friends in private. There is also adequate car parking facilities close by.

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

People who used the service told us that they felt safe as a result of the care and support they received.

We found that medication handled safely and that staff received competency checks to ensure medicines were given correctly. However we found that there were no PRN (when required) protocols in place to provide guidance to staff when PRN medication might need to be given. The manager said they would introduce these following our inspection.

We looked at how the service managed risk. We found individual risk assessments had been completed for each person and recorded in their support plan. There were detailed management strategies to provide staff with guidance on how to safely manage the risks to help keep people safe.

People were protected against the risks of abuse because the service had a robust recruitment procedure in place. Appropriate checks were carried out before staff began work at the service to ensure they were fit to work with vulnerable adults. This included ensuring DBS (Disclosure Barring Service) checks were undertaken and that references from previous employer were sought before people commenced in employment.

We found that there were sufficient staff to support people who used the service. We found that staffing levels were adjusted in line with people's changing needs. Several of the people who used the service required 1:1 support and we saw that sufficient numbers of staff were present during the inspection in order to support people and meet their needs.

We saw that staff had access and had completed a variety of training courses to help them in their roles, with staff telling us that they felt supported to undertake their roles effectively. This meant staff had the necessary skills to support people effectively.

People living at the service were supported with all aspects of daily living, in order for them to develop the living skills to become as independent as possible whilst using the service. This included support with food preparation, laundry and cleaning their bedroom.

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. We found that DoLS applications had been made where necessary and that staff had received training and had a good understanding in this area.

People told us they had enough to eat and drink. We saw that there was a shared kitchen area where people could prepare their own meals if they wanted to. If they were unable to do this, then support was provided by staff. Five of the self- contained flats contained a kitchen area , where people could prepare meals at their leisure.

People told us that staff were caring and that they were happy with the service provided to them. Several people were unable to verbally communicate and we saw that there were systems in place so that staff could communicate effectively with them. This included pictorial aids and letter boards, where people could indicate what they wanted to communicate to staff.

We saw that people had access to a range of activities both in and outside the service. This included airplane spotting at the nearby airport, comedy shows, pet therapy and trips to Blackpool. Several people were also keen football supporters and had been on a recent stadium tour at Manchester City.

There was a complaints procedure in place which was displayed at the service where people could see it. We looked at the complaints log and saw complaints had been responded to appropriately, with a response given to the individual complainant.

Summary of findings

Both staff and people who used the service spoke favourably about the management and leadership of the service.

There were appropriate governance systems in place to ensure the quality of service was monitored effectively.

This included checks of the environment, medication and support plans. The manager also called into the service at evening and weekends to ensure that high quality standards were still being adhered to.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe. Management and staff had a good understanding of what constituted abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice.

The service had sufficient skilled staff to look after people properly. Staffing numbers were adjusted to respond to people's choices, routines and needs.

People's medicines were managed safely by staff who had received appropriate training. Regular checks were done to make sure staff were competent. We did however find that there were no protocols in place for staff to follow about when PRN (when required) medication needed to be given.

Is the service effective?

Good

The service was effective.

Staff had a range of appropriate training available to support them in their roles effectively.

People told us they had enough to eat and drink and were able to prepare their own meals either on their own, or with support from staff.

People told us that staff asked for their consent, and showed a good understanding about how they sought this.

Is the service caring?

Good

The service was caring.

People using the service said they were happy with the staff team. We observed staff being kind, pleasant and friendly and were respectful of people's choices and opinions. Staff displayed good knowledge of the people they supported.

People told us that their independence was promoted and that staff allowed them to do things for themselves.

People told us they were treated with respect and staff listened to them.

Is the service responsive?

Good

The service was responsive.

People received care and support which was responsive to their needs.

There were activities going on both in and outside the service. These were based on what people wanted to do.

There were systems in place to ensure staff could communicate with people who could not speak verbally.

Summary of findings

Is the service well-led?

Good

The service was well led by an open and approachable team who worked with other professionals to make sure people received appropriate care and support.

The quality of the service was effectively monitored to ensure improvements were on-going.

There were effective systems in place to seek people's views and opinions about the running of the service.

A manager registered with the Care Quality Commission was in place at the home and systems were in place to monitor and assess the quality of the service being provided.

Oakwood Acquired Brain Injury Rehabilitation Service

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 November 2015 and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was carried out by one adult social care inspector from the Care Quality Commission.

Before the inspection we reviewed any information we held about the service. This included any notifications we had received such as safeguarding concerns, whistleblowing information, deaths or serious injuries. By viewing this information, it gave us an insight into areas we may like to focus on during the inspection. We also liaised with stakeholders from Stockport local authority.

At the time of our inspection, there were 10 people living at Oakwood Acquired Brain Injury Rehabilitation Service.

During the inspection we spoke with four people who used the service, four members of staff, the team leader and the registered manager.

We were able to look around the service and at various documentation to help inform our judgements. This included five support plans, five staff personnel files, medication records and quality assurance audits.

Good

Is the service safe?

Our findings

The people who used the service told us that they felt safe. One person told us; "I feel safe. I have a roof over my head and that is all I need". Another person said; "Sometimes I forget to lock the outside door of my flat but the staff check it for me which makes me feel better". Another person added; "I definitely feel safe. I have been assessed as not being able to go out on my own for my safety and that is fair enough".

We discussed safeguarding and whistleblowing procedures, with the 4 members of staff we spoke with. Safeguarding procedures are designed to protect vulnerable adults from abuse and the risk of abuse. All staff spoken with told us they had received appropriate safeguarding training, had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. One member of staff said; "I would go straight to my manager but also respect confidentiality as well. Things I would look for would include a difference in behaviour or being distant, unusually quiet or fearful of people". Another member of staff added; "Some things to be aware of would include bruising, loss of appetite and perhaps being withdrawn and staying in their room more than usual".

We looked at how the service managed risk. We found individual risk assessments had been completed for each person and recorded in their support plan. There were detailed management strategies to provide staff with guidance on how to safely manage risks in order to help keep people safe. We found risk assessments had been reviewed on a regular basis, or if something in particular changed. Some of the risk assessments in place covered medication, nutrition, swallowing/choking, substance misuse, absconding from the building and accessing the community. We found there was also detailed information in people's support plans about if they were to 'go missing' from the service or abscond from the building. This provided information about their appearance, any associated risks, next of kin information and a large photograph of what they looked like.

People were protected against the risks of abuse because the service had a robust recruitment procedure in place. Appropriate checks were carried out before staff began work at the service to ensure they were fit to work with vulnerable adults. During the inspection we looked at five staff personnel files. Each file contained job application forms, photo identification (ID), a minimum of two references and evidence of either a CRB or DBS (Criminal Records Bureau or Disclosure Barring Service) check being undertaken. The DBS is a service that identifies people who may be barred from working with children and vulnerable adults and informs the service provider of any criminal convictions recorded against the applicant. These checks help the registered manager to make informed decisions about a person's suitability to be employed in any role working with vulnerable people. This helped to keep people safe and ensure it was appropriate staff working with vulnerable adults.

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe and looked at the staff rotas. We found the service had sufficient skilled staff to meet people's needs. We were told that staffing numbers were kept under review and adjusted to respond to people's choices, routines and needs. Several of the people who used the service required 1:1 support and we saw that there were sufficient numbers of staff present during the inspection in order to support people. Staff on duty during the inspection included the registered manager, a team leader, a therapy co-ordinator and eight rehabilitation support workers.

Both staff and people who used the service told us they had no concerns about the current staffing levels at the service. One member of staff said; "I would say they are good. We do use agency staff and are looking to recruit staff on a permanent basis. Several people need one to one support so they are adjusted accordingly". One person who used the service also said; "I think the staffing levels are ok. Sometimes there is agency staff who I don't recognise though". Another person said; "I do indeed. Any absence always seems to be well covered".

We looked at how the service managed people's medicines and found the arrangements were

safe. We found accurate records were in place for the ordering, receipt, storage, administration and disposal of medicines. Policies and procedures were available for staff to refer to. Staff had received training to help them to safely administer medication and regular competency checks to monitor their practice were undertaken by the manager to ensure they were competent to administer medication safely. Medicines were stored in a treatment room which we saw was always locked when not in use. Where

Good

Is the service safe?

medicines required cold storage, we found they were appropriately stored in a medicines fridge, with temperature records maintained daily. The people we spoke with didn't raise any concerns about their medication and felt they received them at the times they needed them. Several people who used the service needed PRN (when required) medication, although we found there were no protocols in place to provide guidance to staff about when this medication should be given and under what circumstances. The manager said they would look to introduce these following our inspection.

We saw that any accidents and incidents were closely monitored with the service. The manager maintained an electronic record of any incidents which had taken place and what action had been taken. The system also captured any re-occurring themes or if people were having accidents of a similar nature. This meant that staff would be able spot any trends forming and take any relevant action in advance. We also saw behaviour learning logs in people's support plans. This allowed staff to see what went wrong during a particular incident and what steps to take to stop them happening again in the future.

Good

Is the service effective?

Our findings

We found that there was a thorough, robust staff induction programme in place, which all staff completed when they first commenced employment at the service. This was broken down into four sections including a focus on being welcomed to the company, safety, people and communication. Some of the areas covered during induction included moving and handling, health and safety, infection control, safeguarding, mental capacity act, behaviour awareness and equality and diversity. One member of staff said to us; "I was given lots of books to read initially and then did lots of different training. It was very good. I'm glad I was able to do all those things beforehand".

We looked at how the service trained and supported their staff. Staff told us they felt well supported and received supervision from their line manager. We were told these took place every 12 weeks, although records suggested they were not as frequent as this. None of the staff spoken with raised any concerns about the frequency of supervision. Supervision meetings support and help staff to discuss their progress at work and also discuss any learning and development needs they may have.

From our discussions with staff and from looking at records we found all staff received a range of appropriate training to give them the necessary skills and knowledge to help them support people properly. We looked at the training matrix which showed staff had access to training such as medication, communication, safeguarding, mental capacity act, choking, moving and handling and whistleblowing. Each member of staff we spoke with said they were happy with the training available to them and felt well supported. One member of staff said; "We usually get updates each year. I'm doing my NVQ level five at the minute and am very satisfied. Support from the manager is really good". Another member of staff said; "There is always room for improvement. We can put other courses forward and they are usually facilitated". Another member of staff added; "I've done quite a lot of refresher courses. I feel up to date".

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. We found that DoLS applications had been made where necessary, with staff completing training in May 2015 and demonstrating a good knowledge and understanding in this area. One member of staff said; "It's decision specific around people's capacity to make their own choices".

People who used the service told us that staff asked for their consent before providing care or support. Staff were also able to describe how they sought consent from people. One person said to us; "Most of the time, I would say that staff ask for my consent. Like when staff come to my flat in the morning, they always ask if it's okay to make my bed". Another person said; "I can do quite a lot for myself but if I need help with anything then staff ask for my consent". A member of staff also said to us; "I ask them verbally initially, but if they are unable to speak then we ask them to write it down to check if it is what they want". Another member of staff added; "I'd ask them first. Gentle persuasions are important as well".

We looked at how people were protected from poor nutrition and supported with eating and drinking. We saw that there was clear guidance within peoples support plans about the support to provide at meal times by staff, along with any associated risks. Several people who used the service had been identified as being at risk of choking and we saw that there was clear guidance for staff to follow about how to keep them safe such as ensuring their food was mashed and that their drinks were of syrup like consistency. This information was also clearly displayed in the kitchen area for staff to imminently refer to. People's support plans also contained records of the food and drinks they had consumed and what their weight was. Weights were monitored monthly to monitor gains or losses which may require consideration when providing support, with appropriate referrals made to other agencies as necessary.

People told us they had enough to eat and drink and we saw that there was a shared kitchen area where people could prepare their own meals if they wanted to. If they were unable to do this, then support was provided by staff. Five of the self- contained flats contained kitchen areas where people could prepare meals at their leisure. People who used the service were also given £30 each week by Leonard Cheshire, so that they could prioritise and budget

Good

Is the service effective?

accordingly for their chosen food choices. We asked people who used the service for their opinion of the food provided and the support they received. One person said; “I enjoy doing my own online shopping for food and then cooking it in my flat”. Another person said to us; “The food is good it’s top notch. I can choose my own foods and can cook basic meals in my flat”. Another person said; “I like to go in the kitchen area and make my own lunch. One of the good things here is that they encourage people to do that if they can”.

We looked at how people were supported with their health. People’s healthcare needs were considered as part of ongoing support plan reviews. Each person had a health action plan which showed people living in the service or their relatives were involved in discussions and decisions about their health and lifestyles. In addition, each person had a ‘hospital passport’. This provided a brief overview of people’s current health needs, which could be presented in the event of them going to hospital or the doctors and could easily be understood by the staff to ensure continuity of care. We also saw records of any therapy sessions that were attended. These included neuro-psychology, physiotherapy and SALT (Speech and Language Therapy).

Good

Is the service caring?

Our findings

During the inspection we spoke with four people who used the service. They told us they were happy and spoke positively about the care and support they received. One person said to us; “I like it here but I am looking forward to getting into my own house. The staff are alright, they help you. The staff take me out. We go and visit different places. I feel well treated by the staff”. Another person told us; “It’s alright I would say. I get fed and I like the staff. All the staff are good. They are hard workers. I get on with them all well”. Another person added; “You get support from a dedicated support worker each day. I am very grateful to Oakwood for facilitating my move here. It is very service user focused and they are working with me to get me back to where I was before”.

Throughout the inspection, we observed staff interacting with people in a kind, pleasant and friendly manner and being respectful of people's choices and opinions. There was a relaxed atmosphere and the staff spoken with had a good knowledge of the people they supported. At one point, we heard staff discussing plans for a Christmas meal and talking about the different places they might visit. However at the same time they considered the needs of people who used the service, such as if the food would be appropriate for people with swallowing problems or for people of different nationalities.

Staff told us they were nominated ‘key workers’ for named people living in the service. A key worker is a member of staff who with the person’s consent and agreement takes a key role in the planning and delivery of person’s care. This mean staff had access to their own support worker each day who knew how they liked their support to be delivered.

People who used the service said that staff allowed them to be as independent as possible. Staff were also able to demonstrate how they tried to encourage people to do things for themselves. One person said to us; “The staff allow me to shower myself and leave me to it when I go to the toilet. They also let me get on with it when I am in the kitchen”. Another person said; “The staff allow you to get on with things but are watchful as well and are not intrusive”. A member of staff said to us; “I am a great advocator of promoting independence. We look at what they can do as part of their assessment and then provide assistance where necessary”. Another member of staff added; “If I’m ever doing the shopping, I will make a point of trying to get people to come with me so that they can chose things for themselves”.

People said that staff treated them with dignity and respect. Staff were also able to describe how they aimed to treat people when providing care and support. One person said to us; “In general, the staff treat me very well here”. Another person added; “There have been occasions where I haven’t quite seen eye to eye with staff, but other than that they treat me with great respect”. One member of staff said to us; “I knock on doors before entering and cover people up before or after showering. I speak with people first rather than just presuming”. Another member of staff added; “It’s important to speak with people the same way we would like to be spoken with”.

It was clear from our discussions, observations and from looking at records that people were able to make choices and were involved in decisions about their day. Examples included decisions and choices about how they spent their day, the meals they ate, layout and design of their room, clothing choices and involvement in tasks to keep their rooms or flats clean and tidy.

There was an advocacy services and corporate appointee ship available to people if they wanted it. This service could be used when people wanted support and advice from someone other than staff, friends or family members. Corporate appointee ship enabled somebody externally to monitor their finances on their behalf if they did not have a good understanding of their money and what to do with it.

Good

Is the service responsive?

Our findings

When people came to live at Oakwood, some were expected to live there for a long time, whilst other people were supported to develop the skills to support them moving on to live in their own accommodation.

Following admission to the service, we saw that assessments were undertaken by staff to establish if they could meet people's needs and what support they required from staff. The process involved meeting with each person that was due to be admitted to the service prior to admission, to determine their understanding of the rehabilitation process and ensure they understood what they were agreeing to on admission. This enabled people to take part in physical and functional tasks, to promote independence and community access as a means to move on to more independent living. Questions from people were encouraged throughout the assessment process to help facilitate a partnership approach and support engagement in rehabilitation.

People were given the opportunity to be involved in their support, with people being involved in the assessment and planning of goals and interventions. People were also involved in Multi-Disciplinary Team (MDT) discussions and ongoing reviews of their support at Oakwood. Multidisciplinary meetings involve different professionals meeting to discuss peoples support needs. These processes along with the person centred focus and plans, put people's views and needs at the centre of the process. One person said to us; "I feel heavily involved in the support I receive. I'm involved with meetings and can let staff know if anything has changed".

Each person who lived at the service had a support plan that was personal to them. The support plans were easy to follow and contained information about people's likes and dislikes as well as their care and support needs. We saw they contained information about how people managed their toileting, medication, personal care, mobility, nutrition and how to support people in the morning and at night. We saw that peoples care plans were personalised and detailed things of importance to the person, such as the football team they supported or an area of interest such as cars or motorbikes. The support plans also contained an overview of things that were important in people's lives such as family/friends, sports they enjoyed and activities they liked to do during the day such as watching TV or playing on the computer. This demonstrated that the service had explored particular areas of interest people had.

We saw that people's support plans contained 'Goal orientated' support tasks which were determined at multidisciplinary meetings between staff. This gave people who used the service specific things to work towards in order to gain an improved quality of life. For instance, one person required support in order to reduce their alcohol intake and one of the goals identified was for the person to reduce their drinking from four cans of lager a day, to eventually only drinking one can per day. When speaking to this person, they told that this had been agreed with them as part of their ongoing support. Another person wanted to do more exercise and we saw in their support plan records that they were encouraged to do 20 minutes on the exercise bike, usually three times per week. This person told us; "It gives me something to do and a bit of exercise".

We saw that people had access to a range of activities both within and outside the service. This included airplane spotting at the nearby airport, comedy shows, arts and crafts, pet therapy and trips to Blackpool. Another person was a fan of Stockport County and they were supported to attend home games by a member of staff. They also had the fixtures clearly displayed in their room, along with tickets from previous matches.

There were also many onsite facilities which people could access. These included a physio and therapy room with access to an exercise bike, trampoline and a standing frame and parallel bars. This allowed people to gain confidence with different areas of their mobility with support from staff. Other onsite facilities included a drinks vending machine, pool table and a Wii computer system, with a variety of different games.

The service was responsive to aspirations that people had. One person had expressed an aspiration to go swimming with sharks. Staff had assisted with the research into wheelchair accessible activities and whether there were options to support this. This led to this person being assessed medically as to whether they would be able to do this activity. Unfortunately their health needs hampered them from doing this activity. Further work was done with this person and skiing was identified as an area of interest. This activity was supported at the chill factor, which is an indoor ski centre and is in close proximity to the service.

Good

Is the service responsive?

Another person showed us a form which they had been asked to complete when they first started using the service, where they had stated they had a passion for gardening, which was also recorded in their support plan. During the afternoon of the inspection, we saw that this person was supported to go to a local allotment with staff.

People were able to go on holidays upon request and this had been facilitated for three people. This included going to Spain, Blackpool and Scotland. Staff told us this was something they were flexible with and were happy to facilitate once risk management plans were in place, which often involved a staff member providing support for the proposed trip. Staff from Oakwood had also recently provided a mini break to a person using voluntary funds, as they had no monies of their own to fund the trip.

Several people who used the service were unable to communicate verbally and we saw there were systems in place to ensure staff could communicate effectively with them. This included various pictorial aids such as giving yes or no answers or stating if they agreed or disagreed with a particular decision. People also used spell boards where they could point to a specific letter and make words which staff could understand, or use an iPad system where they could type their response to questions asked. The service also had access to and made use of assistive technology. Assistive technology is any item, piece of equipment, software or product system that is used to increase, maintain, or improve the functional capabilities of individuals with disabilities. This included using 'Possum switches' and 'Talking Mats. A Talking Mat is a simple system using a mat, such as a nylon doormat or carpet tile, to which symbols and pictures can be attached by Velcro. Symbols representing emotions are placed along the top to form a visual rating scale, allowing people to express their views. A 'Possum Switch, is used by people who are unable to hold a device, meaning they can use switches which enable them to use assistive technology. Making contact with a switch can, for example, turn on the lights, a lamp and open doors and windows.

People living at the service were supported with all activities of daily living (ADL's), in order for them to develop their living skills to become as independent as possible whilst using the service. In one person's bedroom, we saw that they had a weekly schedule in place, with specific household chores to complete each day such as dusting and cleaning, hoovering, washing clothes and cleaning the bathroom. For one person, Friday's task was to do some exercise and we observed this person on the exercise bike in the gym area. Next to people's front doors were reminder boards. These were completed by staff prompting people of specific things they needed to take with them such as their walking stick, or key to their room.

The service ran 'Community meetings' regularly. This provided people with the opportunity to raise any concerns or change anything about the support they received, with both staff and people who used the service being present at these meetings to discuss improved ways of working. We looked at the minutes of these meetings, and saw people had made suggestions on how things could potentially be improved. Some of the items on the agenda included interests, entertainers visiting the service, stock car racing, plans for Christmas and having a pool competition. There was also an update provided from previous meetings where a bell in the dining room had now been fixed due to it being too loud, as well as the fixing of the pool cues which were broken. Several people also expressed their satisfaction at the Manchester City stadium tour they had been on, which had been facilitated for them by staff, after being raised at the previous meeting, as an area of interest.

We saw several examples of where people had transitioned between services successfully. Three people who lived at Oakwood had all moved into to their own homes after a successful period of rehabilitation at the service. Prior to their moves, staff supported the new team, who were an external agency, to shadow Oakwood staff and assist with acquired brain injury (ABI) specialist training that was tailored to the needs of each person. On discharge from the service, staff continued to provide training, behavioural support and neuropsychology input. This included a monthly visit with the staff and service user and weekly phone calls to support staff to discuss any problems, behaviours and issues with the care package, which provided an overview and update of any interventions and staff support. Another person who lived at Oakwood had moved to a different service, that were able to support them to access the community making use of safe holds if required as a last resort. This was following detailed mental capacity assessments, multiagency working, court of protection involvement and a full handover, with copies of relevant documentation given to the new provider.

We saw that people were supported to maintain contact with family members and friends wherever possible. This

Good

Is the service responsive?

included allowing people to spend quality time together when they visited the service. Staff also told us about how they supported people to attend different appointments, because it had become too stressful for family members. Another person had a young child and support was facilitated by staff to ensure this person saw them as often as possible. There was also a record of the birthdays of family members within support plans, so that people could remember and be able to send gifts or cards.

We looked at the most recent satisfaction survey which had been sent to people who used the service. This asked people for their views about activities, choices, assistance received from staff, being treated with respect and medication. The manager told us that they had not received a good return from people and that the next one was due to be sent early next year. Leonard Cheshire also ran a national service user involvement groups which were encouraged, although at the time of the inspection, there were no participants from Oakwood.

The complaints procedure was displayed around the service and was also held on file. The procedure was available in an easy read format so that it could be understood by everyone who lived at the service. We looked at the complaints log and saw complaints had been responded to appropriately, with a response given to the individual complainant. The people we spoke with told us they had never had reason to complain but would feel confident speaking with staff if they were unhappy with anything. One person said; “If I had a complaint I would raise it”.

Good

Is the service well-led?

Our findings

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

The staff we spoke with all felt the service was both well-led and well managed. One member of staff said; "The manager is very good. She is a good listener. She is supportive with the residents and understands the job" Another member of staff said; "Management are fair. They are approachable and you can speak your mind". Another member of staff added; "Very good. Good at multitasking and very approachable as well". When we asked a fourth member of staff about leadership within the service, we were told; "Very understanding I must say. Management are flexible around the personal lives of staff as well".

People who used the service also spoke positively about the manager and told us they appreciated the support they received from staff. One person said; "The manager is good I would say. I have been impressed with everything so far". Another person told us; "I get on with the manager very well. I'm quite happy overall". When we asked a third person about leadership within the service, we were told; "The manager delegates very well from what I can see which shows good management. Staff are trusted to act appropriately".

There were systems in place to regularly assess and monitor the quality of the service. They included audits of the medication systems, supports plans, and the environment. There was evidence these systems identified any shortfalls and that improvements had been made. The manager also called into the service on evenings and weekends to ensure that the high quality standards were still being maintained. We saw that audit findings were reported on along with any relevant action that needed to be taken. Staff also received an annual medication assessment, to ensure they still had the necessary skills and competence to give people their medication safely. These systems helped to protect people from poor care standards. The service aimed to continually improve, in other ways also. This was done through MDT reviews, service user feedback, service user meetings, observed interactions or due to an increase in certain behaviours from people who used the service. This allowed staff to look at ways to effect change, make changes to goals and interventions and review ways of working within the service.

The service also had policies and procedures in place which covered all aspects of the management and delivery of the service. The policies and procedures were comprehensive and had been updated and reviewed as necessary, for example, when legislation changed. This meant staff had access to relevant advice if they ever needed to seek advice in a particular area

From our discussions and observations, we found the manager had a good knowledge of the people who used the service and of the staff team. We saw that people appeared to be relaxed with the management team and it was clear they worked well together. For example, at regular intervals during the day, we observed staff and on occasions people who used the service, approach the main office and speak with the management team. These conversations were mainly in relation to support requirements and discussing different people's routines, but were also personal discussions, where particular areas of interest were discussed, or plans for the upcoming weekend.

The registered manager understood their legal obligations including the conditions of their registration. They had correctly notified CQC of any significant incidents which had occurred within the service and looked to improve safety within the service wherever possible. For example, the dining area had been re-arranged, with the repositioning of tables, to reduce aggressive and territorial behaviour of service users in shared areas. This improved safety for people who used the service, visitors and staff. Both the manager and staff team also encouraged positive risk taking within the service. For example, supporting one person, who was on an alcohol reduction programme, to attend community outings and activities where alcohol was going to be consumed, or available. Another person, after a period of support and dependant on their mood on the day, went to the shops independently, after previously being identified as being at risk of absconding from the building.

We saw that that the service worked closely with other organisations as necessary. One of which was a service called Headway. Their aim is to promote understanding of

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all aspects of brain injury and provide information, support and services to survivors, their families and staff. The service also worked closely with drug and alcohol services and we saw evidence of multidisciplinary team meetings within peoples support plans where both staff from Oakwood and other relevant professionals met to discuss the best way forward for people who used the service, who were involved also. The service also had several good links within the community. These included accessing various schemes funded by Asda such as sensory equipment for the garden and improvements to the outside patio area. Several people also attended Stockport Wheelers, which was a cycling club for people with disabilities.

The service strived to improve the skills and knowledge of staff and had several 'Champions' in different areas, such as health and safety, COSHH, infection control, first aid, fire marshall, moving and handling. This then enabled staff to provide practical skill training, support to others, and assessment of competency, to maintain staff knowledge and understanding. All staff had done an NVQ 2 and the majority of staff were assisted to access NVQ 3 as a career progression if they wanted to do this. One member of staff said; "I'm currently doing NVQ level 5 which was facilitated for me". The service also employed a 'Therapy Coordinator' who worked in between the therapists and the staff support team. Therapy coordinators are able to share information and practical skills with the key workers and then the wider staff team to make sure the team is well informed of goals and interventions that require completion. They then reviewed people's understanding and use of these.

Both staff and the manager felt there was a positive culture within the service. There was an open door policy, where management were available to discuss concerns with staff or people who used the service. The manager lead by example and aimed to show staff that there was no task that they would be asked to do, that management would not do themselves. The manager also told us they felt it was important to gain people's views, promote discussion and look at ways to incorporate suggestions and views into service delivery.

We found that the service used reflective practice in order to improve service delivery. Reflective practice means that staff and management can learn from any specific incidents. For example the introduction of a 9-5 and an 8-6 shift pattern to accommodate the needs of two people who used the service, so they could maintain the same staff member for these hours and not have to have a change-over of staff in the middle of the shift. This then allowed for a full day out of service to happen if people wanted to complete activities

The service also used staff meetings as a means to get staff to think about how they supported service users and to think about the difficulties service users and family may face following injury. Staff were reminded that whilst situations could be difficult to deal with, that they must give consideration to what people have experienced, to remain empathic and non-judgemental, even when they were asked to deal with challenging behaviour and situations.

We were told of several examples where the registered manager and staff had gone the 'Extra Mile' for people who used the service. Staff had recently provided a trip away and purchased items using voluntary funds for one person that had been recommended for an assessment. This was a trial group assessment which looked at whether this person could make use of coloured lenses in their glasses to aid smell and taste. This was particularly important, as they previously used to be a chef and wanted to see if they could make improvements to their taste and smell, which had been impaired as a result of their head injury. At the time, this person didn't have any money to purchase the glasses that were recommended, or to go on the trip. To support this trial group and study, the service felt it would have a potentially positive effect upon the person's mood if they were able to make even a small improvement to their senses, as this was something that frustrated them. Staff had also arranged a free trial of sensory equipment for a person with challenging behaviour and were in the process of getting quotes to use voluntary funds to set this up. This would benefit this person and also others at the service, by having access to these facilities.

We found that staff were extremely flexible in the hours that they provided and often came in at short notice to go out with people as additional hours to concerts, day trips and holidays. Staff also used their own time outside work to complete tasks that would benefit people who used the service. For example, going out and getting prices for equipment, purchasing equipment for an impending house move, sourcing and looking at activities they think people would like. All of this was done above and outside their contracted hours and not part of their current work remit.

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The service had sustained outstanding practice and improvements over time and had achieved recognised accreditation schemes. The provider held membership in a number of recognised bodies that looked at driving improvement through quality. One of these services was called Headway, where Oakwood was a preferred provider of acquired brain injury rehabilitation. This allowed the service to be affiliated with Headway, make use of their logo and have a direct link on their website. It also gave the service the opportunity to ask questions of Headway for information purposes and to provide additional support to people who used the service and family members via an external agency.

To further support the registered manager in their role, support was provided to them by a line manager from within the Leonard Cheshire organisation. This included direct phones, email contact and supervision for support as required. There were also bi monthly managers meetings to discuss issues that were organisational and service specific for the patch. There was also an on call phone arrangement for out of hours support which comprised of managers and senior managers for contact in an emergency.