Truecare Group Limited

Ocknell Park

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was carried out by an inspector and an inspection manager on 23 & 24 March 2016.

Ocknell Park provides accommodation for up to twelve people who require personal care. They specialise in providingsupport for people who may have a learning disability and/or mental health needs. The service has three vehicles available to facilitate community access for people either as a small group or on one to one support. The service offers a variety of activities in the local community and can also support holidays and trips away.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The previous registered manager had recently transferred to another home within the Truecare Group. The deputy manager had now been promoted to the manager position and was in charge of the day to day running of the home. They had begun the process of applying for their registration with the commission.

There were robust systems in place to effectively manage the ordering, storage and administration of some medicines. However, the arrangements to manage controlled drugs (CDs) were not effective. CDs are drugs which require additional safeguards as required by the Misuse of Drugs Act 1971. During the inspection, the manager responded immediately to the issues we raised and put measures in place to prevent this from happening again.

People were safeguarded from harm. Staff had received training in safeguarding people and knew how to identify and report any concerns of possible abuse.

Staff understood the requirements of the Mental Capacity Act 2005 and best interest decisions were made, where appropriate, and recorded in line with the Act. We observed people's freedoms were not unlawfully restricted and staff were knowledgeable about using least restrictive practice if physical interventions were required. Where close supervision was required, this was carried out respectfully and unobtrusively. Individual and environmental risk assessments had been carried out and measures put in place to mitigate risks to people.

Staff showed a good understanding of the needs of the people they supported. Records showed people's hobbies and interests were documented and staff accurately described people's preferred routines. Staff encouraged people to take part in activities in the local community which resulted in excellent outcomes for people, such as making new friends and learning new skills. For example, one person joined a local football club and received an award, which increased their confidence, self esteem and pride in their achievement.

People were offered a choice of food and drinks which were sufficient for their needs and that met their

dietary requirements.

People, their families and their advocates were involved in planning and review of their care. Care plans were personalised and support was tailored to their individual needs. Risk assessments and care plans had been reviewed regularly to take account of their changing needs.

Staff were knowledgeable about people's health conditions and made referrals to health care professionals quickly when people became unwell or if they had concerns. The home had access to an internal psychologist to support people with their mental health.

Relatives told us they were happy with the care people received. Staff treated people with kindness and compassion and respected people's privacy and dignity. People's confidentiality was maintained both in practice and in record keeping. An environment had been created which enabled people to maintain their physical independence and develop life skills.

There were sufficient numbers of staff on duty to support people safely and meet their assessed needs, including one to one supervision. The provider had appropriate systems in place to recruit staff and appropriate checks were carried out before they commenced employment to ensure they were suitable for the role. Staff received an induction before they started work, which included shadowing other staff. A comprehensive range of training was provided which ensured staff were appropriately trained and skilled to deliver safe care. Staff undertook reflective practice which helped them improve the way they supported and interacted with people.

There were systems in place to monitor the effectiveness and quality of the service provided. Incidents and accidents were recorded and analysed, and lessons learnt were communicated to staff to reduce the risk of these happening again. Complaints procedures were in place although the home had not received any recent complaints. Emergency plans were in place which had been implemented by staff during a recent, serious incident, and which received positive feedback from emergency services.

There was an open and transparent culture within the home. Staff and relatives said the manager was approachable and listened to and acted upon any issues raised. Staff understood the vision and values of the service and were actively involved in the development and improvement of the service. The provider understood their responsibility to inform the commission of important events and incidents that occurred within the service, such as safeguarding concerns and DoLS authorisations.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

There were procedures in place to manage and administer medicines; however, the management of controlled drugs needed some improvement.

Staff understood the different signs of abuse and knew what to do if they had concerns. Risk assessments were carried out and plans were in place to minimise the risks.

The home had sufficient numbers of suitably skilled and competent staff to keep people safe. Staff were subject to appropriate checks before they began working in the service.

Is the service effective?

Good

The service was effective

The service was effective. Staff were knowledgeable about the requirements of the Mental Capacity Act 2005 (MCA). The provider ensured people's liberty was not restricted without authorisation from the local authority.

Referrals to health care professionals happened quickly when people became unwell or staff had concerns. People were offered a variety of nutritious food and drinks which were sufficient for their needs.

Staff had received effective induction, training and on-going development, and undertook reflective practice to support them in their role.

Is the service caring?

Outstanding

The service was caring.

Staff were kind and treated people with dignity and respect. Staff were passionate about the support and equality of opportunity people received. The service had a culture that promoted choice and independence.

People, their families and their advocates were involved in planning their care. Care plans were personalised and contained detail about people's hobbies and interests.

Relatives told us that staff really cared and went the extra mile. Staff were sensitive to people's wishes and feelings and showed compassion when people were in distress.

Is the service responsive?

Outstanding ☆

The service was responsive.

People's care plans were detailed and person centred. People, families and advocates were involved in regular reviews and records were updated to provide accurate guidance for staff.

People were supported to maintain relationships that were important to them. Staff worked alongside family members to help produce personalised aids that had special meaning for people.

An environment had been created which enabled people to maintain their physical independence and improve their life skills.

Is the service well-led?

Good

The service was well led. □

The culture within the home was open and transparent. The manager was approachable and listened to and acted on feedback.

Staff were supported and knew what was expected of them in their role. Staff understood and worked to the visions and values of the home.

The provider had quality assurance systems in place to assess and monitor the quality of the service. People, families and staff were involved in driving improvements within the home.

Ocknell Park

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 23 & 24 March 2016 and was unannounced.

The inspection was conducted by an inspector and an inspection manager.

Before the inspection we reviewed the information we held about the service such as previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law. We also gained feedback from two health care professionals.

During our visit we spoke with the manager, deputy manager, four care staff, the cook and the assistant area director. Following the inspection we spoke with three relatives of people using the service by telephone to gain their views of how the provider cared for people.

We pathway tracked three people's care who lived in the home. This is when we follow a person's experience through the service to check they have received the care and support they need. We looked at staff duty rosters, the training, support, supervision and recruitment records for four staff. We also looked at the home's incident records, safeguarding records, internal quality assurance audits and medication records. We carried out observations around the home to see how staff interacted with people.

We last inspected the home on 2 May 2013 where no concerns were identified.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe. One person said they felt safer at Ocknell Park than they had in their previous placement but other times felt less safe, but they couldn't say why. Another person said they had a key to their room and always locked their door so their belongings were safe. Relatives told us they thought their family members were safe. One relative said "There was an incident and the staff intervened straight away" and "[My relative] is so safe. If there are any incidents they are on the phone straight away to safeguarding". Another relative told us their family member had not had a medication review at their previous placement for eight years, but once they'd moved to Ocknell Park the staff had arranged this quickly with the GP.

The management, storage and disposal of medicines required improvement. There were concerns about the management of controlled drugs (CDs). Controlled drugs are specific drugs which require additional safeguards as outlined in the Misuse of drugs Act 1971. The home had a CD cabinet, which was bolted to the wall as required by the Act. However, the CDs were not locked in the CD cabinet, but kept in a petty cash tin within an ordinary locked medicine cabinet. This was also contrary to the provider's medicine policy. The manager told us the lock on the CD cabinet was broken. Following our discussion, they contacted the maintenance team and arranged for this to be repaired or replaced urgently.

When we checked the CD register we found two errors in recording the balance of tablets which did not tally with the actual number of CD's in stock. The manager could not explain this. They made enquiries with staff and checked the person's archived medicines administration records (MARs) and found that two tablets had been administered on 22 December 2015. Another two tablets had been returned to the pharmacy. The MAR and returns book had been completed appropriately, but the tablets had not been signed out by staff in the CD register.

Following our discussion, the manager clearly recorded in the CD register the outcome of their investigation and cross referenced this to the MAR and returns book so the stock level in the CD register was correct.

The provider had not always obtained a receipt from the pharmacy to confirm they had collected the medicines listed on the returns form. This was contrary to the provider's medicine policy. The manager could not explain this to us but assured us the medicines had been collected and were no longer on the premises and they would address this issue urgently.

People received their medicines appropriately and safely by staff who were trained to do so. Two members of staff were present at each dispensing round and medicines, dosages, and administration records were witnessed, checked and signed by both staff. Any hand written changes to MARs were also witnessed and countersigned to reduce the risk of errors. The actual times of dispensing to each person were recorded on a medicines register so that the minimum safe time lapse between doses could be monitored. Where people needed to take medicines out with them for the day, such as when attending an activity, these were counted and signed out by three members of staff. Any remaining medicines were signed back in along with the MAR which ensured staff were aware of what medicine the person had taken during the day. We looked at four people's MARs which were completed and up to date and, with one exception; there were no gaps in

recording of medicines.

Medicines that needed to be stored below room temperature were kept in a fridge in the medicine room although no medicines required cold storage at the time of our inspection. Room and fridge temperatures were checked and recorded daily which ensured medicines were stored in accordance with manufacturer's guidelines. We completed a spot check of medicines and found that they were within their expiry date so people were not at risk of receiving out of date medicines.

Staff were knowledgeable about their responsibilities to protect people from abuse and knew who to contact if abuse was suspected. Staff had received training in safeguarding people and could describe the different types of abuse to look out for. Safeguarding information was available for staff throughout the home which included an up to date policy and contact details of who they should report concerns to. Staff knew about the whistleblowing policy and said they would not hesitate to use it if they had to. Staff were each given a whistleblowing card with details of who to contact if they wanted to report a concern. One staff member said "There's a whistleblowing policy here and I wouldn't hesitate to use it" and went on to say they had no concerns about any staff practice. Whistleblowing is when staff can raise concerns about staff practice within the home either internally or externally. For example to CQC or to the local authority.

Staff told us they thought people were safe. One staff member said "Residents are safe, staff are safe too. Alarms go off, [panic and door alarms] so we know where people are and we've had physical intervention training". Another staff member told us "Absolutely, people are safe. There's not one person [staff] here I wouldn't trust." Staff had received training that supported them to keep people safe, such as risk assessment, physical interventions, understanding people's mental health needs, autism and infection control. Records showed that most staff were up to date with this training in accordance with the provider's policy. However, a small minority of staff required updating in these areas.

We observed an incident during which a person had become agitated and smashed a fire alarm point which resulted in the alarm going off. Staff remained calm and communicated well as a team. Three members of staff independently checked on our inspector and a new member of staff to ensure they were okay. Following the incident, the deputy manager explained to us that they had attended to the person to find out why they were upset and tried to calm them down while another staff member contacted the fire company to arrange for them to come and reset the alarm.

Individual and environmental risk assessments had been completed and measures put in place to minimise any risks identified. Incidents and accidents were recorded and analysed, and learning was shared not only within the home, but across the Truecare Group to ensure other staff teams could take steps to reduce the likelihood of similar incidents occurring.

Procedures were in place to protect people if there was an emergency. The emergency plans included important information to guide staff in what action to take in different emergencies, such as the failure of the gas supply and the location of emergency cut off valves. Contact details of senior staff as well as on call and utilities companies were included in the plan. Weekly checks on the fire alarm were carried out. Other equipment tests, such as emergency lighting, were completed periodically and records were up to date. People had a personal emergency evacuation plan (PEEP) which guided staff in what support each person required in the event of an evacuation from the building. This had been tested in a recent serious incident where a fire had started in the home. Staff followed their emergency evacuation plans and everyone was safely supported out of the premises. A senior staff member fought the fire with an extinguisher until the fire service arrived. Staff were praised by the emergency services for the way they dealt with the emergency. Following the incident, the home's fire risk assessment, arson risk assessment, smoking risk assessment and

PEEPs had all been reviewed and updated to take account of any learning from the incident.

The service had deployed sufficient and suitably skilled staff to meet people's needs. Staffing levels were assessed and reviewed to ensure the service had staff with the correct mix of skills and competency on duty during the day and night to be able to meet people's individual needs. The number of staff on duty was dictated by the care and support needs of people. Five people required one to one supervision and support. Shifts were covered if people called in sick or were on annual leave. The staff roster for the day of our inspection showed the number of staff on duty matched that which we had been told. Our observations confirmed there were ample staff to meet people's specific needs.

There were appropriate recruitment systems in place. These included assessing the suitability and character of staff before they commenced employment. Applicants' previous employment and experience was reviewed at interview and references were taken up as part of the pre-employment checks. Staff were required to provide photographic identification and complete a Disclosure and Barring Service (DBS) check. DBS checks enable employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with vulnerable adults.

Good

Is the service effective?

Our findings

Relatives told us staff provided effective care and were able to meet people's needs. A relative said "They do a good job. It's a difficult job." Other comments included "[My relative] is quite happy" and "They [staff] are ever so good, really good, they're switched on." One person told us their keyworker was "Spot on. Really helps me cope."

Staff received an effective induction when they started work at Ocknell Park. Each member of staff had undertaken an induction into their role which included a period of time shadowing other staff and learning about the people who lived there before taking on their duties. Staff told us the induction and ongoing training and support provided them with the skills and knowledge that helped them support people appropriately. We observed staff interacting effectively with people, using hand gestures, tone of voice and facial expressions to provide reassurance and understanding.

Staff had regular supervision and appraisal. Supervision and appraisal are processes which offer support and learning to help staff with their personal development and care practice as well as raising any issues or concerns. Staff told us they felt supported in their role and could always get help from the manager, deputy manager and their seniors when they needed it. One staff member said: "We can speak to the manager anytime. Supported. Yes, absolutely. It's excellent. I'm happy here".

Staff received a range of training to help them carry out their role effectively such as food hygiene, first aid, infection control and moving and handling. They also received training relevant to people's specific needs such as epilepsy, schizophrenia and autism. Staff also learnt strategies for crisis intervention and prevention (PROACT SCIPr). This aims to support staff to identify triggers and recognise early behavioural indicators, so that non-physical interventions can be used to prevent a crisis from occurring. Staff told us they reflected on their care practice so that they could review what went well and look at what they could do differently in future to improve people's care. Regular staff meetings provided additional opportunities for support, learning and reviewing practice.

People were referred to healthcare services quickly when needed. Staff regularly made contact with GP's, dentists and other health professionals for advice and treatment to support people with their health needs. Some people required additional support with their health and wellbeing due to their anxiety or behaviour. In these cases health professionals would come to the home, such as opticians and the dentist for one person who would be too anxious to attend the surgery. In addition, the provider employed a psychologist who attended the home on a weekly basis to support people with their behaviour and provide guidance for staff.

People were provided with a choice of nutritious food and drink. The chef told us the food was homemade daily from fresh ingredients, which we observed. People were asked at each mealtime what they would like and were offered alternatives to the main choices if they did not want what was on the menu. One person told us the food was "Nice and there's plenty of it." Relatives agreed the food was good and one relative said "The food up there is brilliant". They told us the portions were sometimes too much and they had asked the

manager "not to pile up the plate" as their family member was a little overweight. We confirmed that where necessary, people's weight was monitored regularly and healthy eating was encouraged. For example, the impact of people's choices of sugary drinks and snacks was discussed with them and fresh fruit and tea was encouraged instead.

We observed people enjoying their lunch. The chef told us one person required their meal to be blended and we observed their lunch was prepared in this way. Everyone agreed the soup was delicious. One person asked "Can I have a drop more" and the chef immediately got up and took the person to the kitchen to get more soup. The chef offered a menu that took account of people's preferences and dietary requirements and told us that no-one had any known food allergies. Staff were knowledgeable about people's dietary likes and dislikes.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The provider had applied for DoLS for people where required and copies were kept in people's care records. Staff were knowledgeable about people's safeguards and why they were in place. These were kept under review to ensure they were applied for in a timely way.

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. Staff were knowledgeable about the requirements of The Mental Capacity Act 2005 (MCA). Its principles were consistently applied by staff and any interventions were carried out in line with people's care plans, risk assessments and recorded appropriately. Relatives and care professionals were involved in making decisions about people's care where appropriate. Decisions made in people's best interests were properly assessed and recorded.

Outstanding ☆

Is the service caring?

Our findings

Relatives and people told us staff were caring and supportive. One person told us "I like living here." Another person showed us their dolls on a shelf in the dining room and said "I have dolls. They bring me joy." One relative told us their family member had a previous placement they weren't happy in and went on to say of staff at Ocknell Park, "Staff are very kind. They're marvellous. [Family member] is always lovely and warm now and lovely and clean. He took his cat with him. We're very pleased." They also spoke highly of the manager saying "He's such a nice man, a lovely chap." Another relative told us "They [staff] all love [my family member]. He doesn't want to come home. He wants to stay down there for Christmas".

The atmosphere in the home was calm and relaxed and staff engaged people in meaningful and interesting conversations that were relevant to them. For example, about football or music. One person got out their mobile phone and said to a member of staff "You like whales don't you [name]." They then both watched the video together. Staff spoke with people in a friendly way, and people shared jokes and stories with them. A relative told us a staff member regularly took their family member home by car to visit them and commented on the very good relationship there was between them all and how the staff member always put music on in the car that they knew their family member liked. They told us "This is genuine. It's not put on".

The home had a strong person centred culture and people were consistently supported to express their views. We heard that one person had asked staff why they were not punishing them when they presented challenging behaviour, as this had been their previous experience elsewhere. Staff told us they had explained to the person they wanted to try to help them understand why they behaved in a particular way and to support them, not punish them, as this would help them live a happier life.

Staff consistently supported people in a calm, courteous and respectful manner. People were listened to and staff demonstrated prompt and honest responses. For example, one person asked a staff member "When is the guy coming to fix my sink". Staff explained the reasons for the delay and told the person what had been arranged.

People were involved with the planning of their care. Keyworkers met with people regularly to discuss how they were doing and if they wanted to make any changes to their care. These reviews were recorded in people's care records. People had access to advocacy support if they wanted help to voice their opinions. Staff promoted and encouraged people's independence within the home, such as helping to cook meals and cleaning their rooms. Staff respected people's confidentiality and when one person was anxious about inspectors reading their care records, staff were supportive, reassuring and explained we were looking to see how staff supported them with care. The person was then happy with this explanation. Following the inspection, further evidence was requested and this was sent through via secure email and password protected which ensured the security of people's information.

Staff promoted dignity and privacy. People had a key to their rooms and could lock their bedroom door when they wanted to. Staff knocked on people's doors or went to ask their consent before entering their

room or providing any support. Staff were sensitive to people who required full time, one to one supervision and gave them enough space to be themselves and not feel watched over whilst still being close enough to step in if needed. We observed this approach consistently throughout our inspection. Staff demonstrated this skill with excellent effect, as it had a positive impact on people's behaviour, helping them to remain calm, rather than it being intrusive and upsetting people.

Staff knew people very well and were able to tell us about them in detail, such as their care needs, birthdays, preferences, life histories and what they liked to do. People made decisions about what they wanted to do each day and their wishes were respected by staff. Staff were skilled at understanding people and their body language and responded to them consistently, which at times, prevented people's behaviours from escalating. A relative told us "Staff are so patient and caring. [My relative] is not easy when [They] get a bee in their bonnet." Staff spoke sensitively and enthusiastically about the people they supported and were clearly proud of the progress people had made in their lives. For example, the way people had become more self-aware of their behaviour and less anxious or aggressive. One member of staff said "It is our role to do whatever they need to make them happy. We are responsible for everything to do with the person." Staff were very aware of their responsibilities and were concerned for the people's wellbeing. They showed kindness and compassion and did what they could to protect people from any distress. At the start of our inspection, before we knew more about one person, we had discussed the possibility of observing staff interaction with them but a staff member told us "They are in a good mood today." They told us because the person didn't know us they would get upset and "I don't want to spoil it for them. It could ruin the rest of their day."

People were encouraged and enabled to maintain relationships that were important to them and family and friends were welcomed and could visit at any time. One relative told us "They offered to come and pick me up to see [my family member]". They told us their relative phoned regularly and this was encouraged by staff. Relatives told us how staff helped their family members celebrate birthdays and other events. One relative said "We were invited to stay for their birthday dinner of roast lamb and veg. You wouldn't get better in a restaurant". Another relative told us the staff had "Put on an amazing spread" for people at Easter and Christmas and had invited the families to take part.

People were communicated with appropriately and in a way that met their needs. Some staff had learnt non verbal communication such as Makaton and used this to communicate with a person who was not able to understand verbal communication. Makaton is a nationally recognised communication method that uses hand signals and shapes to communicate everyday words and objects. People were given support and aids were identified and used creatively by staff to help meet people's needs in relation to their disability or health condition. One person enjoyed looking at food magazines although their destructive behaviour meant they would tear the magazines into pieces so could not look at them again. Staff were aware of how much enjoyment the person got from looking at the pictures in their magazines and what an important activity it was for them. They had purchased a tablet (hand held computer) and had taken photographs of each page of the magazines so the person had permanent access to the pictures on their tablet whenever they wanted to look at them. This was a positive outcome for the person, because without it, they would not have been able to continue to enjoy looking at their magazines.

Outstanding ☆

Is the service responsive?

Our findings

Relatives told us staff were responsive to people's needs. A relative said "We have attended reviews. They're always helpful when we phone up." Another relative told us "They're on the phone straight away" if anything happened. They told us they felt informed about their family member's health and what was happening in the home. People told us they had a keyworker who supported them to discuss their care and what they wanted to achieve.

Care records included a detailed initial assessment of each person's needs which was completed before they went to live at Ocknell Park. As part of the assessment, the staff or manager had visited people at their previous placement to get to know them, which also gave people the opportunity to become familiar with the staff. This helped to ensure the home could meet their care and support needs, inform staff of their specific needs and put any risk management measures in place prior to their admission. Care plans were then drawn up which contained detailed information about people's health and social care needs. These were individualised and relevant to each person and included information about their health conditions, behaviour, moods, hobbies, interests and goals. Records gave clear guidance to staff on how best to support people. Staff had signed to say they had read each care plan and told us they felt the care plans were informative and provided sufficient guidance in how to support people.

People were supported to have their say about their care, their goals and how they were progressing through the use of nationally recognised planning and review tools. For example, The Recovery Star is a tool to help people with mental health needs to take personal responsibility for their personal development and progress. They can plan their goals and track their progression and achievements in areas of their lives such as managing mental health, identity and self esteem, living skills, relationships and physical health and self care. Each of these areas is given a score at each review by the person themselves, in discussion with staff, and these scores are joined up to create a star shape. We looked at one person's Recovery Star record and saw they had reviewed their goals and achievements regularly and had discussed this with staff. The scores they had given themselves at each review showed a gradual increase in how positively they saw themselves and how far they had gone towards achieving their goals. This was a very personal and visual record of progression for the person to use and keep for themselves, increasing self confidence, self esteem and motivation.

As part of one person's transition planning, all relevant people and professionals had met up and devised an action plan which included time scales, contact phone numbers and email addresses of all involved, and their individual roles and responsibilities to make it happen. Due to the person's very complex needs, which meant they could not live with other people, the provider had built a bespoke, single storey bungalow with its own garden in the grounds of Ocknell Park. This home met the person's very individual and complex accommodation needs and was staffed on a one to one basis and provided them with support for cooking, cleaning, personal care and activities. This enabled them to safely live an independent life, with more freedom and control over what they wanted to do, and at a time of their choosing.

Where required, people's care plans included a "Personal behaviour support plan" which had been written

with input from the psychologist. It gave information about the triggers to the person's behaviours and a number of different strategies that staff could use to de-escalate any given situation. One person's care plan listed biting and scratching as behaviours that challenged others. There were robust strategies in place to identify the possibility of these behaviours happening, support techniques to be used and guidance on what should be recorded and reported once interventions had been used. There was also guidance for staff in how and when to use protective equipment such as arm guards when supporting the person who would try to bite unfamiliar staff. However, as part of the risk management plan, only regular and familiar staff were deployed to support the person. This meant the person was not put in a situation that was known to be upsetting for them and which would increase their distress and anxiety, and therefore their response of biting. This was a prevention strategy that reduced the risk of this equipment being necessary. A staff member told us how they supported the person most of the time so had not yet needed to use the arm guards as they were "a familiar face" and the risk of being bitten was very low. They were aware of the guidelines and equipment and said they would use them as a last resort if they had to.

Staff assessed and reviewed risks in relation to people's health conditions and had put measures in place to manage these. Where a risk had been identified, a corresponding care plan had been put in place to guide staff in how to provide support and minimise the risk to the person. For example, by the use of equipment to monitor a person's epilepsy when they were in bed which meant they could respond quickly if they were alerted to the person having a seizure. Charts were completed to monitor the frequency and times of the person's seizures so that any pattern could be identified and treatment could be reviewed if appropriate.

Care plans were updated and reviewed on a regular basis to ensure they reflected people's changing needs and any included any new recommendations provided by healthcare professionals, such as the psychologist. Staff were kept informed of any changes through handover meetings and day to day discussions about people's mood, behaviours and achievements. Care plans of each person living at the service had daily records which were used to record what they had been doing and any observations regarding their physical or emotional wellbeing. These were completed regularly throughout the day and staff told us they were also a good tool for quickly recording information which gave an overview of the day's events for staff coming on duty.

The service was flexible and responsive to people's needs and wishes and staff found creative ways to enable people to live as fulfilling lives as possible. Positive outcomes had made a significant impact on people and how they felt about themselves, had given them an enhanced sense of wellbeing and an exceptional quality of life. For example, one person told us they had started to play football after saying this is what they wanted to do. Staff explained the person had been supported to attend a premier league foundation football club and they now played several times a week. They had been nominated for an "Improvement" award which they had gone on to win. They received their award at an annual award ceremony, and it was presented by their footballing hero from the premier club. The whole experience had increased the person's confidence, self-esteem, pride and their behaviour was now much more positive. Another person had gone on to become a judge at a talent contest run by the provider. We heard how they had wanted to go out shopping to buy a new shirt for the occasion, which they had done with the support of staff. Staff told us because the person felt valued and listened to, they had also become more confident and self-aware of their behaviour and what might trigger their outbursts. They had started to take objects, such as ornaments, to staff to look after as they were worried they might throw them in anger when they felt themselves getting agitated, which was significant progress for this person.

People were able to take part in a range of other activities which suited their individual needs such as knitting, drawing, listening to music or shopping. Other activities were planned but people sometimes changed their minds at the last minute and staff responded by offering different activities. Staff explained

that if a person did not want to attend their planned activity in the community, they would offer something to do in the home, such as music, games or a walk in the garden. Care records showed people had been supported to take part in, or attend, their chosen activities most of the time. People were protected from the risk of social isolation because the service supported them to have a presence in the local community and access local amenities. For example, people regularly went swimming or shopping to Southampton, enjoyed a fish and chip lunch and attended art classes. People took part in a regular football tournament, summer fete; Valentine's Ball and took part in pantomimes. Photographs of events were displayed around the home, with one showing people dressed up as characters from Grease, the musical.

The home had made strong links with the local community and were working in partnership with other organisations around unwise decision making. For example, the local police were involved with the home on occasions when people ran away from support staff when in the community. Staff were aware of who was at risk of doing this and assessments and guidance was in place for these emergencies. To better understand people, the police had been visiting the home to learn about mental health issues and to meet people and discuss how they could provide support. This had a positive impact on people who had not all had a good experience of the police in the past. One person had got to know their local policeman though their visits to the home and had commented "He's alright. He seemed like a nice bloke".

The organisation had a complaints procedure which provided information for people on how to make a complaint in a format that was accessible to them. It also included details of who to contact if they wished to complain. The home had not received any recent complaints but one relative told us "I have no complaints. I can't fault them but I would call the manager if I did. He'd take it on board."

Good

Is the service well-led?

Our findings

The home did not have a registered manager as the previous registered manger had recently moved on. However, the current manager had completed their DBS check and was in the process of completing their application to the commission which was about to be submitted. Staff and relatives told us the service was well-led. Staff said the manager and deputy manager were supportive and approachable and always willing to listen. One staff member said "[The manager] is a brilliant boss. We're managed exceptionally well. He lets you get on with the job but he'll be on your case if he needs to be." Another staff member told us "If I have any problems he [The manager] is always willing to deal with them." A relative told us "They're always welcoming, anytime."

There was a relaxed and open culture within the home. Staff were complimentary about the assistant area director, who had spent time in the home during the inspection supporting the manager. One staff member said "The area manager is very supportive. We have a good team of managers working together and they support us when we need it". Another staff member said "The managers are very open and approachable. We have a brilliant team". The manager and deputy manager were able to demonstrate their understanding of people's individual needs, knew their relatives well and were familiar with the strengths and needs of the staff team. They had a good understanding of the running of the home and were able to assist the inspectors, answering questions and providing documentation on request. The provider understood their responsibility to inform the commission of important events and incidents that occurred within the service, such as safeguarding concerns and DoLS authorisations.

The provider had an extensive range of quality assurance systems in place. As part of the provider's drive to continuously improve standards, regular audits were conducted to identify areas of improvement. These included an unannounced monthly manager's monitoring visit which was completed by the assistant area director and included checking risk assessments, care plans, DoLS, mental capacity assessments and health and safety matters. In the latest report dated March 2016, areas for improvement had been identified and were listed as actions for the manager to complete. Out of hours visits were also carried out which enabled managers to see how staff worked outside of core daytime hours.

The provider had recently created a new post of Quality Manager to support the senior management team to review and implement quality assurance systems. Policies and procedures to support with the running of the home were read by all staff and were reviewed by the provider on a regular basis to ensure they met current guidance and best practice.

Staff were actively involved in improving the service and were clear about their responsibilities. Questionnaires had been sent out to staff in September 2015 and responses were mostly positive, with 100% of staff saying they received training they needed to give safe and effective care. One staff member said: "There is an open culture and we are encouraged to share ideas. Anything that will improve the quality of life for service users". Staff meeting records showed staff had opportunities to discuss any concerns and be involved in contributing to the development of the service.

People who used the service were also involved in providing feedback and developing the service. The provider had implemented an "Expert auditor" system and trained people who used the service to carry out audits on other services in a paid capacity. There were "Service user committees" which encouraged people to attend and share their views and agree actions for the future, such as social events. Questionnaires had been sent to people and relatives in September 2015. Responses were positive, with 75% of people saying staff were kind and respectful and listened to them and 100% saying staff cared about them and let them do what they wanted to do and enabled them do things for themselves.

The provider held an annual award ceremony to recognise individual and team achievements and Ocknell Park had recently won the most improved service. Regional staff conferences were held with speakers and workshops, where all staff were invited and could meet other staff and learn new skills.

The provider had developed an "Academy", because they recognised the importance of "nurturing the talent of our staff" and wanted to retain and promote staff from within. They stated "Positive and long standing relationships between staff and people we support are vital as it helps individuals to feel secure, understood and happy." The structure of the Academy included Values based interviews; the vision for leadership at all levels; a competency framework; staff appraisal and scoring system, and supervision. The provider had a foundation and advanced management development programme which had been developed specifically to support managers in key management skills such as performance management, leadership for managers and supervision and appraisal.