Phoenix Learning and Care Limited

Oakwood

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?	Outstanding ☆
Is the service well-led?	Good

Summary of findings

Overall summary

Oakwood provides accommodation and personal care for young people who have a learning disability or autistic spectrum disorder who are attending Oakwood College, which is a specialist college. At the time of the inspection there were 19 people living at the service. The service is registered to provide accommodation and personal care for up to 30 people.

The inspection took place on 4 May and 6 May 2016 and the provider was given a short period of notice of our arrival. We last inspected in November 2013 when there were no concerns identified with the care being provided to people.

The service had two registered managers 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. Additional management support was provided by an operations manager who worked across the residential and college service.

People living at Oakwood were happy and thriving. They were enjoying friendships and achieving skills and goals that had seemed unreachable when they first moved to the service. Some people had learned new independent-living skills, like being able to cook or get up, washed and dressed independently. Others were achieving levels of independence that meant they could pursue their vocational interests, like going to work at a local animal centre. Others had gained in confidence, so that they could participate more actively in life. For example, one person had hardly spoken when they first arrived at the college, but was now able to ask questions at their house meeting. Another could now make eye-contact with staff and friends.

People told us of their achievements with pride and confidence and were optimistic about the future. Relatives told us "I have found the level of care provided by the staff at Oakwood (both college & residential) to be absolutely outstanding."

People said they felt happy, secure and safe living at Oakwood and relatives described it as "a happy and safe home". One person said "My life here is perfect at the moment. I enjoy myself so much. I am safe here". Throughout our inspection we saw people were confident and comfortable in their relationships with staff. The service had worked closely with people to ensure that they understood their right to live safely and to make sure they knew what to do if they experienced any feelings of worry or hurt.

The atmosphere in the home was warm and welcoming and we saw laughter, warmth and trust between people and staff. People felt listened to. They knew how to raise a complaint if they wanted to and were confident that staff would take them seriously. Staff understood their duty to protect people should they suspect abuse was taking place. This included notifying agencies such as the local authority safeguarding team and the police.

We found the service had a strong person centred culture where people were at the heart of everything that happened. Staff were keen advocates for people's right to be an individual and to receive care that reflected their individuality. People's preferences and views were constantly being sought and were instrumental in shaping the service. For instance, in relation to staff recruitment and suggestions for a basement gym.

People's likes, dislikes, interests and support networks were included in their care plans and care was planned in partnership with them. Each person met with their keyworker at least monthly to discuss their progress and wishes. Care records were accessible and people had a sense of ownership of their records. They were fully involved in their care plans and information was presented in an accessible way (such as symbols) so that they could be fully involved.

Care plans gave staff detailed guidance about how to provide care, including how to avoid triggers that may distress people. Where people were diagnosed with specific health conditions such as epilepsy, their care files held detailed information about this and what precautions staff should take to keep people safe and prevent complications. All staff we spoke with were fully aware of the guidance in each person's care plan. Any changes were effectively communicated through daily handover meetings, email and keyworker meetings.

Care was provided by staff who were kind and caring. They treated people with great dignity, respect and equality. Staff were recruited carefully and appropriate checks had been completed to ensure staff were suitable to support people living in the home.

People were supported to have their care needs met and achieve their goals by an exceptionally motivated and skilled staff group. They were confident and knowledgeable about supporting people with complex care needs. Staff received training in a broad range of topics, including specialist areas such as autism and attachment theory (a psychological theory about how we develop and behave). Staff were enthusiastic about the training opportunities provided. One said "I can't get enough of it. I want to do every course! It has helped me learn so much". They told us they felt really well supported and encouraged to develop their skills through supervision, appraisal, and team meetings.

Staffing levels enabled staff to spend plenty of individual time with people and ensured their needs and preferences could always be met, as well as fostering strong and trusting relationships. Staff spoke passionately and positively about people. They acknowledged people's strengths and were proud of the achievements young people had made. One member of staff told us about one young person who had recently been able to eat all of the components of their meal together on a plate for the first time. They commented "It is really good to know as a team that we've helped achieve something as brilliant as that. The small things make such a difference to people's lives"

Where there were risks of harm to people these had been clearly identified. There were comprehensive plans in place to minimise these risks, without restricting people's freedom. Where risks changed, this was recognised and responded to quickly. Staff used a recognised model of physical intervention to ensure challenging behaviours were managed using the least restrictive practice possible. This reduced the risk of people hurting themselves or hurting others. We noted that several people, who had come to the service with very unsettled behaviours, were now settled and living comfortably as part of the community at Oakwood.

Staff understood and respected people's rights to make decisions about their lives, care and treatment and held these in high regard. People were supported to take risks positively, for example in relation to activities, using sharp knives safely while preparing meals, or using public transport with support.

Comprehensive risk assessments for all such activities were in place to enable them to take place as safely as possible.

The registered managers and staff understood their responsibilities in relation to the Mental Capacity Act (2005). Although capacity assessments and best interests' decisions were being reached correctly, they were not always recorded correctly. Immediate steps were taken to address this during the inspection. Where people's liberty may need to be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS). This meant the person's legal rights were protected.

Staff were well trained in the safe administration of medicines. People received their medicines as they had been prescribed by their doctor and knew what medicines they were taking and why. This promoted wellbeing and meant people had more control and understanding of their health.

Lunch time meals during the week were provided at the college, but other meals were cooked by young people with support from staff. Everyone was able to contribute their choices to the weekly menu and took turns in cooking for their housemates. There was an emphasis on healthy eating with lots of information available on the walls in the kitchens, as well as discussion in house meetings. People were also supported to maintain good health through regular contact with relevant healthcare professionals when they needed them.

People had access to plenty of activities every day after college and at the weekends. People were taking part in their own individual interests, such as swimming, or tai chi, or arts and crafts. They could also take part in group activities such as going to a local youth club or sports centre. Everybody had an individual weekly time table that included their specific activities and this was updated regularly. The service had built links with the local community, for instance through use of local leisure facilities. The grounds at Oakwood were large and pleasant and were well used by people for recreation with areas for football and BBQ's, as well as beds for vegetable growing and a greenhouse. People also enjoyed caring for the animals housed outside in a large purpose built shed. Rabbits, guinea pigs, finches and other small animals were all cared for by people using the service.

There was a very high level of confidence in the leadership and management of the service expressed by people, relatives and staff. The registered managers were a visible presence in the home and were always available to offer support and guidance. The management team had made changes at the service to improve the quality of care provided. This included introducing more rigorous recruitment processes in order to ensure only people with the right skills and values joined the staff team. Managers provided regular, comprehensive supervision sessions and annual appraisals to staff which enabled them to develop their competence and skills. Staff felt valued within a culture of openness where they knew their ideas and concerns would be taken seriously and acted upon. Managers stayed in touch with best practice through research. They had resources to seek additional expertise if it was needed.

The service had robust and effective quality assurance systems in place to monitor safety and the quality of care. Managers actively sought feedback from people using the service, staff, families and health and social care professionals and this influenced service delivery. A comprehensive monthly managers' report was completed. Where issues or possible improvements were identified, they were addressed and resolved promptly. The service's quality monitoring systems were effective in ensuring high standards of care were maintained. There was a commitment and energy from all staff and managers to continually improve. We asked about goals for the future and one manager told us "We want our uniqueness to shine and be nationally renowned for what we do"

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:

There were sufficient numbers of suitably trained staff to keep people safe and meet each person's individual needs. There was ongoing review of people's care needs and staffing levels were increased when necessary.

People were protected from the risk of abuse because they were well informed about how to stay safe and staff understood the signs of abuse and how to report concerns.

Risks were identified and managed in ways that enabled people to lead fulfilling lives and remain safe.

Is the service effective?

Good

The service was effective:

People received effective care and support from highly motivated staff who were trained in providing specialist care for people with complex needs related to learning disabilities or autism.

Staff told us they felt really well supported and were encouraged to develop their skills through supervision and appraisal.

People's rights were respected. Staff had clear understanding of the Mental Act 2005 and where a person lacked capacity to make an informed decision, staff acted in their best interests. However, this was not always recorded fully

People were encouraged to take responsibility for improving their own health and wellbeing by learning about healthy lifestyles, nutrition and exercise.

Is the service caring?

Good

The service was exceptionally caring:
Staff were passionate about supporting young people at the service to achieve life skills. They treated everyone with great kindness and respect and recognised each person's individual

strengths.

People had strong relationships with their keyworkers and had regular individual time to talk or engage in their preferred activities.

We observed good practice that showed people's right to privacy and dignity was respected.

Is the service responsive?

Outstanding ☆

The service was very responsive:

The service had a strong, visible person centred culture and was good at listening and acting to the views of people who used the service.

People were involved at all stages of assessment and planning of their care and ands were encouraged to be involved in any decisions which affected them.

People's individual needs and preferences were fully understood and acted on by staff.

People felt listened to and were confident they could make a complaint if they wanted to.

Is the service well-led?

Good ●

The service was very well-led:

The service promoted an open and caring culture which was centred on people's individual needs.

There were robust and effective systems in place to assess and monitor the quality of the service. The quality assurance system was used to develop and drive further improvement.

People were supported by a very motivated team of management and staff.
who were committed to excellence in their practice.

Oakwood

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

The inspection took place on 4 May and 6 May 2016 and the provider was given 48 hours' notice of our arrival. This was because the location provides a service for younger adults who are often out during the day and we needed to be sure that people and staff would be available to speak with. Also, the service needed time to prepare some people for our visit due to the nature of their care needs.

The inspection team comprised of two social care inspectors on the first day and one social care inspector and a specialist advisor (social worker with background in working with people with a learning disability) on the second day.

As part of the inspection we reviewed the information we held about the service. We looked at previous inspection reports and other information we held about the home including notifications. Statutory notifications are changes or events that occur at the service which the provider has a legal duty to inform us about. The provider completed a Provider Information Return (PIR) before the inspection. The PIR is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make.

We looked around the premises, spent time with people in their rooms and communal areas and observed how staff interacted with people throughout the day. We met with seven people using the service and received feedback from four relatives. We observed the staff handover meeting in the morning and spoke with 10 staff members, including the registered managers and operations manager. We also looked in detail at four sets of records relating to people's individual care needs; four staff recruitment files; staff training, supervision and appraisal records and records relating to the management of the home, including quality audits. We looked at the way in which medicines were recorded, stored and administered to people. We sought feedback from eight health and social care professionals and commissioners who were involved with the service, including community learning disability nurses and social workers. We received a response from

four of them.

Good

Is the service safe?

Our findings

Some people living at Oakwood were unable to talk with us about their experiences at the home due to their levels of anxiety or difficulty communicating verbally. However, we observed people appearing relaxed and comfortable in the home, smiling and responding warmly to their support staff. This indicated they felt safe. People who were able to talk to us said they trusted staff and felt safe and happy living at the home. One said "My life here is perfect at the moment. I enjoy myself so much. I am safe here"

Relatives were confident that their son or daughter was safe and being looked after well. One described Oakwood as "a happy and safe home for our daughter" and another said " I am very happy with regard to the safety aspect, which is paramount"

There was a high level of awareness amongst the young people living at Oakwood of their right to live safely, without abuse of any kind. This was achieved through the culture of the home, where there was a 'zero tolerance' of any form of harm, bullying or harassment, together with clear raising of awareness for young people. For instance, information boards in each of the living areas contained posters about staying safe online, recognising bullying and who to talk to if you felt worried. Contact numbers for the police, CQC and college councillor were clearly displayed. People told us they knew what to do if someone was unkind to them or hurt them as they discussed it in their house meetings. One said "I would tell my keyworker" or "If I am in trouble when I am out, I go into a shop with a sticker" (indicating shops that support the 'safe places' scheme for people who may be vulnerable).

Staff had completed safeguarding adults training and were knowledgeable about signs of abuse and how to report concerns. Staff felt confident in the management team and told us their concerns were always taken seriously and promptly investigated. All necessary actions would be taken to keep people safe. Staff knew what action to take in order to raise a safeguarding concern if the registered manager or providers were not at the home. They were aware of whistle-blowing procedures, whereby they could report any concerns to external agencies such as the CQC 'in good faith' without repercussions. One said "Safeguarding and whistleblowing contact details are constantly on show to staff and students and we go through it with students at house meetings regularly". Another said "The culture here is fantastic; very open. I would have no problem whistleblowing, but there are no concerns like that here. I can safely say I've only seen an amazing group of staff working with an amazing group of students"

Safeguarding matters had been dealt with appropriately and skilfully, with sensitivity to the feelings of people in the home. Multi-agency safeguarding partners such as the local authority safeguarding team and police had been involved where necessary. Therapeutic support was in place, which recognised the emotional impact of one incident. Following another incident, systems have been improved to ensure the security of people's monies. Most people retained responsibility for their own money. Where people weren't able to do so, the home kept their money in the safe. Only the registered managers and team leaders had access to the safe, which reduced the number of staff involved in handling people's money. We saw this system working well during the inspection.

Staffing was set up to provide residential support to people from 3pm in the afternoon until 09:30 am during the week and all day at the weekends. Staffing levels varied depending upon people's support needs. On the days of our inspection there were eleven support staff and three shift leaders and two registered managers supporting 19 people living at the service. Overnight there was one waking and three sleeping-in staff. Support staff from the college joined residential care staff in the mornings and assisted people with their personal care and getting ready for college. They then accompanied them to the college and supported them through the college day. This enabled good communication between both parts of the service.

Staffing rotas were well organised so that staff worked with the same people to ensure consistency. This was important to many of the people living at Oakwood who liked to know the rotas in advance and who they would be supported by on each shift.

There were plenty of staff available during the inspection and people's needs were responded to promptly. For example, when one person asked their keyworker for a chat, they were able to respond immediately. Staff told us that the organisation was responsive in relation to staffing and would increase or decrease staffing levels according to people's needs. For instance, one person had recently needed two members of staff to support them during a period of unsettled behaviour. However, they were now calmer and the staffing had been reduced to one. Staff said that where a person was funded for one to one support, this was always provided in line with the commissioning agreement.

Recruitment practices were very robust. The registered managers recognised the value of good recruitment in ensuring people with the right skills, aptitude and values for the role were appointed. Potential new staff attended an initial interview. If successful they attended a second interview, involving service users and other members of staff. Appointments were only made where staff were successful at both stages and service user's views were prioritised over those of managers or staff. Staff files showed the relevant checks had been completed to ensure new employees were suitable to work with vulnerable people. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained. New staff were regularly monitored during their induction period to ensure they were suitable and well supported.

Medicines were managed safely and people were supported to be involved in managing their own medicines. People knew what their medicines were for and why they needed to take them. One person we spoke with knew the time needed between doses to remain safe and had learnt to give their own injections. We observed two people have their lunchtime medicines. They were both supported to take their medicines from the cupboard and to check they had the right medicines before dispensing them.

Each person's medicines administration records (MAR) held information about what the medicines were for and whether there were any precautions to be considered in their administration. For example, if one person was unable to take medicines essential for their well-being, their GP was to be contacted immediately. Medicines were stored safely and administration records were fully completed with no gaps in recording. Records were made of medicines received into the home from the pharmacy and the remaining balance updated after each administration. Records showed additional checks were also completed each week by the registered manager to ensure the medicine records had been fully completed and the remaining balances were correct. Records were also maintained of those medicines taken by people when they went home at the weekends and the amounts returned. We checked the balances of a number of medicines and found them to be correct.

Where a person's GP had agreed to homely remedies, such as pain medicines or cough medicines, records of these agreements were held with each person's MAR. These detailed the circumstances they could be

given and for how long before staff should seek medical advice. Homely remedy checklists guided staff through a number of questions to enable them to decide if it was appropriate and safe to administer a medicine or whether further medical advice should be sought. Information was also provided for staff about when medicines such as creams and ointments should be disposed of after opening and what medicines required refrigeration. The temperature of the medicine fridge and store cupboards was recorded daily to ensure medicines were kept at the correct temperatures. Staff told us they had received training in the safe administration of medicines.

Staff understood and respected people's rights to make decisions about their lives, care and treatment and held these in high regard. The student statement of rights says "Phoenix Learning and care recognises that service users have the right to make choices, including taking risks. The avoidance of risks should not automatically be seen as reason for limiting experiences or curtailing activities. The intension should be to lessen risks without effecting the individual participating and ensure that opportunities are available and accessible" This statement was part of people's care records and was discussed in house meetings. We saw this right to take risks in a supported way was part of the day-to-day ethos of the home. For example, students were being supported to use sharp knives safely while preparing meals. People were going out into the local community and using the roads and public transport with support. Comprehensive risk assessments for all such activities were in place to enable them to take place as safely as possible.

Each person had risks to their health, safety and well-being assessed and detailed management support plans guided staff in reducing these risks. People were assessed for risks in relation to their physical and mental health, their medicines, their personal care needs, their mobility, their safety both in and out of the home, social and leisure activities and managing their finances. Management plans gave staff step by step guidance about how to avoid potential triggers such as changes in routine, loud noise or unknown people. Where people were diagnosed with specific health conditions such as epilepsy, their care files held detailed information about this and what precautions staff should take to keep people safe and prevent complications. All staff we spoke with held detailed knowledge about this and were fully aware of the detailed guidance in each person's care plan.

An important part of risk management at the service was ensuring that any aggressive behaviours were managed safely to reduce the risk of people hurting themselves or hurting others. Skilled support meant that these incidents were kept to a minimum by reducing people's anxieties and using good distraction and calming techniques. However, there were times when physical interventions were required by staff to keep people safe. All staff had received training in non-abusive psychological and physical intervention (NAPPI) in order to manage this as safely as possible. We asked staff about this training and they said they knew how to restrain someone if it was necessary and how to release a hold on their arm or hair for example. Staff were able to describe what physical restraint technique would be necessary to keep particular individuals safe in a way that showed they were familiar with guidance in people's care plans and were following the least restrictive principles of NAPPI training.

If accidents or incidents had occurred, these were recorded and reviewed to see how they came about and whether any actions were necessary to reduce reoccurrence.

Everyone living at the service had a 'hospital passport' that gave a detailed overview of their care needs should they need to be admitted to hospital. Each person had a plan the detailed the support they needed to get safely out of the building if there was an emergency. These were in a format people could understand. Fire drills were held every 6 weeks and the fire system was checked weekly. All buildings were equipped with appropriate fire equipment such as fire blankets and foam extinguishers. Cleaning fluids and other potentially hazardous substances were stored safely in locked cupboards

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills needed to care for them. All new staff undertook an induction programme which included time to familiarise themselves with people's care records and a period of shadowing experienced staff. Monitoring and support was provided by the managers at regular intervals throughout the 6 month probation period to ensure they had the required interpersonal skills, values and competencies to work with the people living at Oakwood. A comprehensive staff guidance booklet gave information about the philosophy of care at Oakwood as well as equality and diversity, dealing with challenging situations, risk management, the keyworker role, medication, infection control and the care certificate. Key messages were printed in bold as reminders for staff. For example "remember behaviour is a form of communication" and "Always promote the rights and dignity of the vulnerable people you support". Staff told us they found this booklet a very useful reference point and continued to use it beyond their induction.

Learning was taken seriously at Oakwood and staff completed training in a broad range of areas to equip them to meet the needs of the people they support. Training included safeguarding adults and children, the Mental Capacity Act (2005), infection control, food hygiene, epilepsy, challenging behavior and safe physical interventions, first aid and fire. Training in relation to autism and attachment theory was taught by a specialist provider to equip staff with the expertise to care for people living in their care. 15 staff had completed diplomas in health and social care and all new staff were completing the care certificate. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. The registered managers kept up to date records of staff training and key areas of training were regularly revisited, such as safeguarding and first aid. Staff told us they felt competent and skilled to be able to support people well. They were enthusiastic about the training opportunities provided. One said "I can't get enough of it. I want to do every course! It has helped me learn so much".

As well as formal training, there were innovative approaches to staff learning such as a knowledge quiz with questions across a wide range of areas. This was followed up with learning sessions from managers about specific areas, such as the role of CQC.

Parents spoke highly of the skills and knowledge of staff at Oakwood. One said: "All members of staff involved with my daughter are very skilled and experienced which gives her lot of confidence, stability and reassurance on a daily basis and I have found the staff to be extremely knowledgeable and of a very high calibre with great understanding of particular needs."

Staff received monthly supervision from both registered managers. They also had quarterly observations of practice, with feedback being given during supervision. Staff told us how much they valued these sessions. They were able to discuss their practice in depth and seek guidance. They received constructive feedback about their work and praise where it was due and were able to put forward ideas for improvement. One said "I love my supervisions. I come prepared with a list of things and carry a note book with me in case I have an idea I want to raise". Staff also noted the importance of having time to 'debrief' after difficult incidents. They

felt confident in the skills of their managers to support their well-being in what could sometimes be a challenging role. Appraisals were held annually and offered staff the opportunity to discuss their development, progression and training needs as well as give their feed-back about the leadership and organisation of the service.

Staff meetings were held every two weeks. They were scheduled to take place in the daytime so that everyone could attend while young people were in college. As well as discussing the well-being of people, there was time to discuss best practice, relevant legislation and the development of the service. Information was emailed to staff in advance of meetings to allow them to prepare. Records showed there was openness to ideas and improvement that ran throughout these meetings.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager understood their responsibilities under the MCA. They and staff regularly attended training provided by the local authority and discussed relevant legislation such as the MCA in staff meetings. Staff had a good understanding of the principles of the MCA. For example one said "It's the law. It protects people who lack capacity and helps them make the best choices. It puts processes in place to make sure decisions are made safely for people in their best interests". They knew that people had capacity to make some decisions, such as decisions about what to eat and what to wear, but may not be able to make more complicated decisions, such as managing money, or deciding to live at Oakwood. Staff constantly sought consent from people, for instance in relation to taking medication, or what they wanted to do or eat. They knew to look for visual clues to assess whether they were consenting to receive assistance if people could not communicate verbally.

Although capacity assessments and best interests' decisions were understood and being reached correctly, they were not always recorded correctly. For example, one person had an alarm to alert staff at night if they had a seizure. This had been fully discussed with family and the epilepsy service and a risk assessment had been completed, together with an application to lawfully deprive this person of their liberty. However, the capacity assessment and best interest decision making process leading up to the DoLS application had not been formally recorded. One person had been assessed as having capacity to agree to deposit their mobile phone and electronic notepad in the office every night and for staff to monitor their internet and phone usage. However there was no recorded evidence of the capacity assessment to make this decision. We spoke with the registered manager about this at the time of the inspection and immediate steps were taken to review records to ensure recording was in line with the guidance provided in the Mental Capacity Act Code of Practice.

The registered manager had applied for DoLS of everyone who was aged over 18 living at the service. Of these, two had been authorised, but had no specific conditions attached. The others were still awaiting review by the local authority responsible officer. Where DoLS applications had been made in relation to people's placement at Oakwood, we saw that the decision making process had been recorded clearly. Best

interest's meetings had taken place involving family and social workers or other health and social care professionals.

Good

Is the service caring?

Our findings

The atmosphere at Oakwood was happy and positive and people were comfortable in the company of staff. People were chatting easily with each other, joking and laughing and telling each other about their day. Throughout our time at the service we saw interactions between staff and people that were kind and supportive and never patronising. We saw relationships of genuineness and warmth between keyworkers and the people they supported. One person said about staff "they are annoying but I love them. They don't boss me around. They are fairly kind. In fact, all of them are kind, especially my keyworker". Another said "Staff here are always kind". We saw one person becoming anxious due to our presence. Staff recognised this and asked us to leave, then spoke quietly and calmly to them, stoking their arm and soothing them.

Staff spoke about people with affection and respect. They recognised people's uniqueness. There was a real sense of positivity when speaking about the challenges of supporting some of the people living at the service. Staff were passionate about their job and about supporting young people to achieve life skills and quality of life. One staff member said "I've done a lot in the past, but nothing has given me incentive like this. I love to see the change in people. They are all so brave". Staff at every level demonstrated a caring attitude. For example, we heard the maintenance worker saying to one young person "Were you happy with the heating last night? Not too hot? I've turned it down as it is going to be hot this week".

Registered managers spoke with us about the risks of social isolation for people leaving the service. They recognised the importance of people developing friendship groups whilst they were with them to help overcome these risks. We observed a real sense of camaraderie between people living at the service. People were happy and confident being together. Staff supported people to develop friendships and told us they wanted people to see themselves and their peers positively. The registered manager told us that the provider had developed a supported living service in Dawlish and Teignmouth directly in response to people's wishes to continue living in the friendship groups they had developed whilst at Oakwood. One person told us they enjoyed visiting their friends who lived nearby in a supported living arrangement, and that they wished to have their own place in the future.

People were also encouraged to accept difference and learn tolerance of others. House groups were arranged with sensitivity to friendships and people were encouraged to celebrate their successes. Shared activities and celebrations, such as birthdays and youth club, also helped cement friendships. Where there were disagreements, staff supported people to understand the other's viewpoint and to resolve the situation openly and positively.

Parents were enthusiastic about the service supporting their son or daughter to make friends. One said: "We are also delighted that [name] has forged good relationships with the other students who share her Pod which, due to autism, is not something that comes easily". Another said "[Name] has made good friends there and seems very happy".

Staff recognised that it was hard for people being away from home for the first time and tried to make accommodation as homely as possible. For example with posters, DVD's, TV, and individual bedding, that

people could choose. People were encouraged and supported to maintain contact with family and friends through weekend visits, telephone or skype. People had regular times for doing this, but could request to make contact with friends and family whenever they wanted. During our inspection one person wanted to skype their parents, and this was facilitated immediately by staff.

People had a say in every aspect of their care and staff listened to them. People told us they could raise their views directly to their keyworker or at house meetings. One person told us that house meetings were about choosing what to eat, planning weekend activities, any staff or house issues, arranging contact with family and friends and any other business. They said: "They [the staff] listen to me". At the time of our inspection people were being consulted about how best to use the outside space at the service. They had also been consulted about redecorating the Camellia House building and had chosen a shade of blue for the walls that they thought was positive and calm. They were about to be involved in deciding about the redecoration of the Oakwood building.

The 'Student Voice' group met regularly to represent people's views and generate ideas for improvement across the service. Information about this group's activities were displayed on each of the notice boards around the residential areas. Recently they had been talking about whether they could have a punch bag to use to relieve frustration and anger. There was a thoughtful debate going on and people told us some thought it would be a good thing, but others felt it may lead people to think violence was ok. They were planning to discuss this further. We could see that other ideas had resulted in real change. For instance, a tuck shop had been introduced at the college and a 'taster week' with new menu ideas for lunches had been held.

The culture of the service was that everybody's voice mattered and staff paid great attention to enabling those who had difficulty communicating to verbally express their views. For example, one person communicated using signs and limited words. Staff understood they needed time to respond and knew to keep questions or guidance short and simple. They knew it helped the person understand if they said their name and had good eye contact before starting to talk or sign. One-to-one time was used with their keyworker to focus on ensuring their views were understood. The keyworkers was then able to advocate when needed. For instance, in relation to choices of meals or activities at house meetings, or in contributing their thoughts to the Student Voice group.

Another person living at the service had gained confidence and trust that enabled them to participate fully in keyworker meetings and house meetings which they had not been able to on arrival. Staff understood how this would help this person to know that they and their views were respected.

One person had been supported to communicate using interactive technology. Staff had introduced a vocabulary of words and symbols that they could access at any time on their own electronic tablet. This had enabled them to move on from simple 'yes', 'no' responses to being able to be fully involved in decisions affecting their life. For example in relation to their food, activity and shopping choices.

We observed good practice that showed people's right to privacy and dignity was respected. For example, staff were discreet when delivering personal care. Personal care was provided by a staff member of the same gender as the person receiving assistance. Staff always sought private space to meet with people they were supporting. A separate cabin was available for meetings with the counsellor to ensure confidentiality and privacy. Where a person could not give verbal consent, staff knocked on the door several times before entering the bedroom and spoke clearly to introduce themselves. They made sure the person had seen them and looked for non-verbal signs of consent, such as a smile, before entering.

A charter of people's rights was widely available and was presented accessibly using symbols, pictures and words. It said "at Oakwood the students have a right to be treated fairly and be well cared for; have friends and family made welcome; be able to make mistakes and learn from them; to have a voice and be heard; to have your religious beliefs supported; be encouraged to make your own choices; have access to your written records; to be able to raise concerns or complaints". People told us they knew about their rights because staff talked with them about this in keyworker meetings and house meetings. They told us "I have rights for lots of stuff!" and were confident they could speak out and be listened to.

Outstanding ☆

Is the service responsive?

Our findings

Oakwood provided a service for people with autism or learning disabilities who had a wide range of support needs. However, everyone was working towards increasing their level of independence and confidence at some level. Some people required support to increase their independence with personal care and independent living skills. Others were working towards greater community integration and developing vocational skills. Whatever individual goals people had, we saw they were achieving exceptional results. The care provided was highly personalised and highly responsive to people's needs.

People told us staff understood the things that were important to them and their care needs. Care was planned proactively in partnership with them from the beginning of their contact with Oakwood, throughout their stay and their transition onwards to more independent living. Everyone had a detailed pre-admission assessment, completed over several months, which included discussions with individuals, their families, social workers or other key support providers who were important in their lives before they moved to Oakwood. This meant people arrived at Oakwood with a clear picture of their care needs and individual aspirations. There was then an additional period of assessment at Oakwood to allow time to 'test' this assessment and review it to make sure it really did reflect the person's needs and what they wanted.

People's aims and objectives for attending the college were clearly assessed and recorded. For example, one person's aims were identified as "to become more independent, to develop my social interaction skills, to develop an awareness of stranger danger and to develop my life skills". Following assessment, a personalised development plan was drawn up to ensure support met this person's care needs and achieved their objectives. Targets were described in both standard text and symbols so that people could be fully involved in understanding their progress. People were making great steps towards achieving their goals and becoming better prepared for living more independently. One person told us "I can do loads now" and told us about being able to cycle independently in and out of Dawlish and even as far as Exeter. When they had arrived at Oakwood two years previously, they had been accompanied by a member of staff everywhere. Another had started out only able to eat a meal with each component presented separately, on different plates, but could now enjoy eating their whole meal off a single plate. Their keyworker said "It is really good to know as a team that we've helped achieve something as brilliant as that. The small things make such a difference to people's lives".

One person was interacting well with their peers and communicating regularly with family via telephone calls which they hadn't been able to do previously. Family told us how pleased they were with the progress made. Staff told us "[Name} used to isolate herself, but now we see her dancing and singing with her peers". The registered manager told us in the 6 months since moving to the service, this person's behaviour had become so settled calming medication was rarely needed.

Care plans provided staff with detailed guidance about how staff should meet each person's care needs. This included information about how people communicated when happy, unhappy or anxious. For example, one person's plan noted they became distressed and highly anxious if their regular routines were disrupted. Their behaviour support care plan gave staff guidance about how to recognise the onset of this

distress, such as jumping or flapping their arms. Guidance informed staff about the types of events which may provoke this anxiety, such as unforeseen changes or not having enough time to prepare. This was followed by further guidance about what staff should do to help, with clear descriptions about how they should respond. For instance, by accompanying the person to a help board or timetable so they could see what would be happening next; keeping routines regular with as little change as possible and using a quiet and calm tone of voice to reassure. Staff were able to describe this in detail and were familiar with this person's behaviours, how to interpret them and how to help calm or avoid situations that would cause anxiety and distress.

People had ownership of their care plans and could take them to look at whenever they wanted; and could make their own suggestions about their plans to keyworker. For example, one person had a care plan about having sweet sugary drinks which had been causing them to gain weight and there was a risk of tooth decay. The person had taken ownership of this and worked with their keyworker to arrive at a plan they agreed with where they bought and consumed only one sugary drink a day. This had resulted in calmer behaviour and stabilised weight. Their keyworker noted "It really gives them a sense of control; to see them take full control of their care is an amazing thing".

Keyworkers had regular 'one-to-one' time with people scheduled through the week and people knew when this was and told us they really enjoyed having this special time. Staff told us they had the flexibility to spend extra one-to-one time with people when necessary, for instance if they needed some emotional support, or with a particular activity. We saw evidence of support given to one person to get in contact with their favourite band and how delighted they were when they got a reply.

We saw care records were used as working documents, with staff referring to them throughout our inspection to ensure they delivered the right care in a consistent way.

There was an ongoing programme of assessment, planning, action and review to ensure that the needs, aims and outcomes of people using the service were updated and well understood. Managers met with keyworkers to complete monthly reviews of each individual and a more in depth review was held on a termly basis. Reviews included detailed feedback from keyworkers based on discussion with and involvement of the person, as well as input from families and relevant staff from the college, residential service and external health and social care professionals. Analysis of incidents where behavioural support had been needed was also part of this process. This enabled managers and staff to really understand people, identify patterns of behaviour or particular triggers, and plan appropriate responses. We saw that review processes were effective in supporting the service to recognise and respond to people's changing needs. Skilled staff responses meant that any behavioural distress was managed calmly and effectively. A number of people who had come to the service with unsettled and distressed behaviours were now calmer, enjoying better quality of life and achieving their own goals. For instance, being able to get out and about independently, or shop and prepare a meal.

Care plans were comprehensively reviewed at least termly, or more frequently if required and people were fully involved in this. Any changes were discussed at handover meetings and noted in the care plan and discussed with the person in a communication method they could understand. Changes to care plans or other updates were also sent to staff by email. This ensured everyone involved in a person's care was kept up to date about their care needs. A daily communication book held detailed notes about each person's day and this travelled with them between the residential and college side of the service.

Staff and registered managers held a holistic view of people's health that included physical and emotional wellbeing. A specialist counsellor was available to provide psychological support. They commented

"Oakwood are keen for each student to have the opportunity of therapeutic support while they are students at the college. Referrals come from tutors or residential staff; this is a very important link in providing the care needed for the psychological well-being of students". We could see that this service was being used and young people told us they could see the counsellor if they wanted to discuss anything worrying them.

Health and social care professionals told us that staff knew people's individual care needs very well. One said "Documentation and staff understanding is of a very high standard. Support plans and risk assessments are always person centred" and "staff manage well in a challenging environment to both meet and anticipate their client's needs".

Staff were strong advocates for people's right to a personalised service. For example, one said "Person centred care is unique to that student and is based on their preferences. If they like a bath, you wouldn't give them a shower would you?" and "No two students are the same and they change their mind about what they like, just like we do. Last night [name] was going to go to church, but decided he wanted to go disco dancing; so he did that instead. It's his choice, not mine"

People's bedrooms were personalised with photos, posters and duvet covers of their choice. Staff told us people had chosen the décor in their home and had helped with choosing pictures and paint colours. There was a plan for redecoration of the Oakwood accommodation and young people were actively involved in this.

All records were presented in a way that enabled people to access and understand the contents. For example, by using symbols and pictures.

Staff and registered managers worked hard with people to increase their self-confidence and esteem and saw this as a key component in their successful transition onwards. All staff spoke positively of people, even at times when behaviour could be unsettled and challenging for the service to manage. Records were written positively to reflect people's strengths and individual characters. Everyone's file had a prominent section called 'Things to like and admire about me', full of pictures and written using communication that was accessible to the person. One said "I am happy and have a good sense of humour, I am playful and strong-willed, my memory is fantastic, I can talk two languages, I have a lovely smile, I love people, I can tell you a lot about Disney".

Records gave a detailed picture of the things that were important to each individual. For example, "my family, ipad, shopping, drawing, craft work, colouring, chocolate buttons, structure and dates and times". Files contained photographs and pictures of the people and things important to people, such as members of their family, favourite TV programmes and bands and favourite foods. There were also pictures of things people did not like such as spiders or bits in their orange juice. This level of detail indicated that the service understood and was truly responsive to people's individual needs and preferences.

People were supported to participate in daily living activities as part of developing their independent living skills. For example, we saw one person being supported to check the fridge to see what items were needed to prepare the evening meal. They then wrote a shopping list and considered how much money they needed, before going out to do the shopping. We saw another being supported to follow a recipe and prepare a meal. Every small decision was referred back to the person to seek their view and encourage as much ownership as possible. For example, one person had a medical issue that needed checking. They had made the appointment at the doctors with their keyworker. We then heard the keyworker asking what time they thought they should leave in order to arrive on time and a discussion about planning the journey and how long that would take followed.

In the evenings and weekends people enjoyed a full range of social activities and interests of their own choosing. Individual interests were recorded within people's care records and these formed part of their weekly timetable. Everybody had an individual activity plans for each day, detailing their college activities and home routines. These routines and activities included leisure activities and hobbies, such as swimming, horse riding, painting, knitting, craft work, as well as skills teaching sessions such as shopping, cooking, learning about money. One person loved trampolining and drumming and was regularly doing this. Another person enjoyed arts and crafts and staff had been supporting them to go shopping to buy beads and craft magazines. They spent time doing craft most evenings and their room was full of pictures and things they had made. Staff knew people's interests well and could tell us of everybody's special interests and hobbies and how these were followed. As well as individual interests, there were regular group activities that people could participate in if they wished, such as sports, swimming, cinema and a weekly youth club. People told us how much they enjoyed their activities and the youth club was a great favourite.

A parent told us about the service's excellence in relation to providing people with suitable opportunities for off-site activity: "I'd like to mention the fantastic variety of off-site activities provided by Oakwood to the students, which are absolutely first class and of very high quality and the staff are very quick to research anything and everything new which is introduced locally and further afield. For example, a new trampolining centre has recently opened locally which is ideal for students with sensory processing difficulties. I was informed about this new activity by a member of staff within hours of its new opening only a few weeks ago and staff are always well informed about the specific benefits of the various activities for the students".

People's individual interests were used as a basis for future work. For instance, one person had a great love of trains and was working towards a goal of working on the railway. Another person loved animals and was working towards a diploma in animal care. They had started working as a volunteer at a local animal park.

People were supported to maintain their faith and cultural identity. For example one person was supported to go to church twice weekly to ensure they could maintain their links with their chosen faith group.

People told us they could always speak with any of the staff or their keyworker and knew they would be listened to. Parents told us they were kept up to date and staff would call if there was an issue they needed to know about. They said "staff maintain good contact with us by phone and email, and always consult whenever medical attention is needed". Another said "The staff members are always ready to listen to my own concerns and are very quick to take action if and when necessary. Communication with the staff is excellent at all times and I am able to discuss with them anything at any time if necessary"

Few complaints were raised. However, where they were we saw they had been dealt with in line with the service's complaints policy. All had been dealt with quickly. There was a clear statement of the actions taken by the manager and the outcome was communicated to the person who raised the complaint in their preferred form of communication. Complaint forms were available in easy to read formats with pictures and photographs of who to talk to were on each noticeboard in each residence. The registered manager told us that the complaints procedure was regularly discussed in keyworker meetings to check that people knew how to raise a complaint if they wished to.

Oakwood is a transitional environment where young people can stay for up to three years. Staff and managers at Oakwood understood that the transitions for young people moving from home to the service and then on into more independent living, were potentially difficult. The college employed a full-time transitions coordinator who worked closely with people, their families, education partners and other providers to help with this and ensure transitions were as smooth and supported as possible. They were

involved in a range of work including meetings with people, their families and relevant health, education and social care professionals to make sure their needs and wishes were understood before they came to Oakwood. This was followed by a three day initial assessment at Oakwood, where staff contributed to further assessment of people's skills and supporting them to identify goals for the future. The transitions coordinator was also involved in completing education and health care needs assessments (which evidenced what was needed educationally to help each person reach their full potential). Where people were going forward onto a work placement pathway, they coordinated closely with managers and staff in the residential side of the service. They said "It is our duty to make sure we have the right balance between the care element and preparing people for real life".

There was recognition that young people often found it hard to move on from Oakwood, where they had made friendships and felt secure and supported. The transitions coordinator, residential managers and keyworkers were closely involved at this time in order to enable people to move on as confidently as possible. Some people went on to further education or returned to living with their families in different local authorities. Where this happened, people were supported to build links and networks back into the local community. For instance, through visits and meetings with other care providers, colleges and health and social care professionals. In preparation for this, people had a series of 'transitions meetings' where people were encouraged to could talk about change and plan their next steps. One person who was soon to leave told us they were very happy at Oakwood and were worried about going, but they were working on this in their transitions meetings. The meetings covered a wide range of issues, including the emotional impact of the forthcoming move, as well as meeting with key support networks and working through particular practical aspects. This might include planning routes to the local shops, how to get to the cinema or access local public transport links. Relatives said the service was "extremely helpful in preparing [name] for his next steps with meetings, form filling, references etc".

The risk of social isolation once people had left Oakwood was acknowledged and a five year programme of follow up and reviews was put in place to try to help prevent this. This included meetings, phone calls, questionnaires and contact with new service providers. However, having formed friendships and links with the local community, many young people chose to remain living close to Oakwood. Where this was the case, people were assisted to move into supported living where they could share accommodation with a group of friends. The transitions coordinator noted how helpful this had been in enabling people to see possibilities for the future. People were able to meet with others who had already made this step, ask questions and grow in confidence. She noted "Our young people are thriving and we want that to continue into the future".

Good

Is the service well-led?

Our findings

Oakwood was a well led service. The registered managers and operations manager at Oakwood had led the staff group through a period of reassessment and improvement over the past two years: "We've reassessed the service; stripped it right back and reworked the whole system to meet our expectations of what an excellent service should be". This had included changing the structure of the management team and increasing shift leader cover. Recruitment processes had been made more robust to ensure that only staff with the right skills and values were employed. The views of people living at Oakwood were given high priority in influencing service delivery and improvement. For instance through their involvement in staff recruitment, staff appraisals and the 'Student Voice' group, which actively generated ideas for improvement. The operations manager told us this change had been achieved through open, supportive relationships within the team and recognition of each other's strengths. They said "The structure of the service is so improved; we have a happy staff group; increased engagement from everyone; increased energy. There is great confidence felt by staff and students in the management team."

People living at Oakwood were happy and thriving. Strong leadership and a positive empowering culture had supported people towards achieving skills and goals that had seemed unreachable when they first moved to the service. People told us of their achievements with pride and confidence and were optimistic about the future. Relatives told us "I have found the level of care provided by the staff at Oakwood (both college & residential) to be absolutely outstanding." This success was founded in an exceptionally motivated staff team and strong leadership, working within a culture of genuine person-centred care. People's individual needs, preferences, strengths and interests were understood and championed. People were meaningfully involved in planning and evaluating the service and this drove improvement. Registered managers and staff were passionate about supporting people's right to person-centred care and were proud of their achievements. The operations manager said "I am so proud of the individual achievements of the students. They are just so brave. Last year at the student prom; seeing people dressing up and getting ready, when last year they couldn't even look in the mirror. Or going on a camping trip and getting covered in mud. Or just having the confidence to blag us and play a joke!"

There was a shared commitment from staff and registered managers to supporting young people to develop their independent living skills and quality of life in a positive, supported environment. Staff at all levels understood their role and worked effectively together. They were confident and knew all aspects of the service and the people who lived in it. One of the registered managers told us "We are a person centred team and focused on getting the best outcomes for our students. We are all singing from the same hymn sheet".

Staff morale was high and all staff we spoke with expressed their confidence in the leadership of the service. "I believe in them and I have so much respect for what they do" and "I am proud to be a part of this team, communication in here is great, we always looking to improve"; "I have great confidence in management team, its run really well."

Observations of interactions between the registered managers, staff and people who used the service showed they were inclusive and positive. The registered managers 'led by example' and were always willing

to support staff or step in if additional support was required. There was an open door policy that meant they staff could raise concerns or ask questions and staff felt confident the registered managers would respond. Senior managers provided an on-call system to support staff out of hours. One said "Staff will always be able to get hold of one of us. We would hate for staff to feel unsupported in a crisis situation". Staff told us they knew if they asked for help they would receive it, at any time of night or day.

The quality of leadership and its impact on the culture of the home was noted by visiting health and social care professionals. One said "I find [name] a very committed and diligent team leader. His attitude and performance clearly transfers to his colleagues"

Registered managers provided a structured approach to supervision and appraisal where staff development and competency could be addressed. We also saw strong leadership skills in their use of positive feedback which contributed to high staff morale, positive culture and strong ethos of team working. For example, one registered manager had written on a probationary report "You are so encouraging and positive and you are a fantastic role model to students and other staff. Thank you so much for your hard work and dedication". Strong, positive leadership led to a happy workplace and staff retention was good. This meant people were assured of a stable staff group, which was very important to them.

A culture of openness enabled staff to question practice and suggest new ideas. We could see that there was a constant flow of information and ideas being generated by staff through conversations with the people they supported. Suggestions for improvement were invited through keyworker meetings and house meetings. Staff could bring ideas to the registered managers at any point, or through staff meetings, supervision or appraisal. One staff member said "I know I am making a difference; if I come up with an idea, the manager's will discuss it and tell me to go ahead and do it and take the initiative". Another said "It's not a dictatorship – it's a team! I suggested new notice boards and this was all done within 3 weeks". We saw lots of examples of suggestions being implemented, such as planning underway to start using the outside space more creatively and funding being agreed for the basement gym. This showed that people and staff had a genuine voice in impacting on the development of the service.

Records management was good. Records were stored securely, well organised, clear, and up to date. They were also accessible to staff and people and were used as working documents to support people's care. When we asked to see any records, they were located promptly.

Staff and people who lived at Oakwood understood the role of CQC because it had been discussed in meetings with them. Contact details and posters showing information on how we inspect were displayed on several walls in the home. The registered manager's had notified the Care Quality Commission of all significant events which had occurred in line with their legal obligations.

The service worked in close partnership with other agencies from health, social care and education. Feedback from stakeholders in other agencies supported that information sharing was consistently of a high standard and support was sought appropriately. Feedback from partners included: "Staff are professional, approachable and person centred" and "staff sought our [social care] involvement appropriately and always communicated effectively".

Strong partnership working at times of transition to and from the service was seen as integral to people's successful placement and onward journey. For example, the service had worked closely with advocacy services and local authority social worker's to support one young person to make their own decision about their future living preferences. This enabled them to move successfully into a supported living arrangement with their friends.

Another person had been supported through the transition process, working closely with the college, health and social care partners and employment services to achieve independent living. This person had just been nominated for an award in the National Learning Disability and Autism Awards 2016 in relation to their considerable achievements. They were now working successfully in a paid post within the college kitchen and were also providing an inspirational role model to other young people using the service.

One strength of the residential management team was their close working relationship and shared understanding of key challenges and goals. They had a wealth of experience in supporting people with of autism and learning disability and shared their knowledge. They also sought continuous improvement through links with external organisations. The service was currently involved in a focus group with Exeter University working towards a better understanding of people's therapeutic needs. This included researching and reviewing current evidence based therapeutic models as well as identifying areas for future development. There were also links with other universities to develop research around the areas of learning disability, autism and challenging behaviours.

Registered managers kept in touch with best practice through research updates. They also worked collaboratively to support each other and were able to seek additional support from other managers in the wider provider organisation. External specialist support could be accessed if needed. A 'Strategy Day' was held annually by the provider and managers across the organisation were encouraged to share and discuss their ideas and values. Good work and improvement was recognised through an award system and people using the service were able to take part in this.

Registered Managers at Oakwood were committed to continual improvement. The service had robust and effective quality assurance systems in place to monitor safety and the quality of care. A comprehensive monthly managers' report was completed. This included consideration of staff training, quality questionnaires, complaints, medication audit, any safeguarding issues, together with analysis of incidents or accidents and identified any areas where improvements could be made. Where issues or possible improvements were identified, these had been addressed and resolved promptly.

An annual quality survey was completed and everyone living or working at Oakwood was invited to take part. It was also sent to relatives and visiting health and social care professionals. Feedback was analysed and changes put in place. Changes introduced as a result of survey feedback included an increase in one-to-one time for people with their keyworkers and the appointment of more shift leaders. This had been positively received by people using the service and staff. Feedback was given to staff, people and their families about actions taken using accessible communication.

Registered managers had a clear plan for future improvements which was outlined in the provider information return. This included working to make the review system more person-centred, so that it belonged firmly to the individual and important people in their lives. "The person centred review will be a platform for all the people involved in the individual's life to come together and share in celebrating the individual's achievements and to create appropriate and person centred plans for the future".

All significant events had been notified to the Care Quality Commission in line with legal responsibilities.

Throughout our inspection we saw a commitment and drive towards excellence from the registered managers and staff. We asked about goals for the future and one manager told us "We want our uniqueness to shine and be nationally renowned for what we do"