

Mental Health Concern Oakwell

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

The inspection took place on 18, 25 April and the inspection was completed on 25 May 2018. This was an unannounced inspection which meant people did not know that we would be visiting.

We last inspected the service on 10 and 12 February 2016 and found the provider was meeting the fundamental standards of relevant regulations. We rated Oakwell as 'good.'

Oakwell is a 'care home.' People in care homes receive accommodation and nursing care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Oakwell can accommodate up to 13 people in one building and provides care for people who experience mental health conditions. At the time of the inspection eight people were in receipt of care from the service.

The registered manager had been in post for over two years and became registered with CQC in December 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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. They are also the registered manager for a sister home Coalway Lane and spends half a day in each service every day during the week.

We found the provider had instilled a positive culture within the service which meant people were given every opportunity and were supported through challenging situations. The provider aimed to go the extra mile and never give up, we saw copious amounts of evidence confirming this was the case. Staff were making a difference to people's wellbeing by working well as a team, in harmony with one another and by sharing the same values and principles. We found that staff tirelessly worked to engage people in recovery programmes and would continue to support people even when they wanted to lead chaotic lifestyles. For instance, one person was reluctant to engage with the service or address their difficulties and although they were not willing to stay at the service staff regularly spoke with them, offered access to facilities so they could attend to their personal care and worked with other professionals to complete welfare checks.

Staff were totally committed to delivering a service which improved the lives of the people who use the service in fulfilling and creative ways. Their drive and passion had created an exceptionally dynamic and vibrant service. Staff focused fully on the goals and aspirations of the people who used it. People told us the service provided care and support that was exceptional. They discussed how staff had supported them to redevelop skills and learn techniques that would reduce the negative impact their mental health conditions may cause. People also told us that the staff had enabled them to rebuild their relationships with family members and this meant a great deal to them.

Staff worked collaboratively with people to assist them to ensure their voices were heard by healthcare professionals. The service was providing treatment on par with that seen in rehabilitation hospital services

and people who were receiving treatment on acute mental health wards were referred by their treating team to Oakwell. There were sufficient staff on duty to meet the needs of the people and the staff team were very supportive of the registered manager, the providers and of each other. The staff team comprised of eight registered mental health nurses and six support workers. All the staff had received in-depth training around working with people who lived with mental health conditions.

Staff were exceptionally caring and understood how to support and enable individuals to maximise their potential. The service was proactive in providing people with a range of information to assist them to make decisions about their health and wellbeing. People were supported to develop their independent living skills. Staff took on dedicated roles for sourcing and setting up both activities people could do at the service and in the community. They actively supported people to engage in community activities and seek meaningful occupation. Some of the people told us how staff had actively supported them to find employment opportunities. Other people told us how staff had worked with them to enhance their independent living skills, which had led to them moving to less supported accommodation. People were exceptionally complimentary about the staff.

The service's visions and values promoted people's rights to make choices and live a dignified and fulfilled life. This was reflected in the care and support that people received. People were supported to be as independent as possible and could access advocacy services if needed. Procedures were in place to investigate and respond to complaints.

We saw people's care plans were person centred and had been well assessed. People's care needs were risk assessed with risk management plans in place and support for staff when they needed it. We found staff ensured the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) requirements were met. We also found that staff ensured the Mental Health Act 1983 (amended 2007) code of practice was followed.

We saw that staff were recruited safely and were given appropriate training before they commenced employment. Staff told us they received regular supervision and annual appraisals. Staff were respected within the organisation and were provided with a comprehensive range of training. We found staff were consistently striving for excellence and the provider supported them to achieve this goal by assisting staff to attend specialist training around working with people who lived with mental health conditions.

Medicines were stored and administered in a safe manner and staff were appropriately trained.

The registered manager had encouraged staff to constantly think about improvements. We found that the management style had led to people who used the service and staff feeling that they were integral and essential partners in the operation of the service. They constantly critically reviewed the quality of the service and routinely identified how they could enhance the service and ensure the staff remained at the forefront of best practice when working with the people who used the service. Their oversight of the service and encouragement of staff to keep abreast of developments and be innovative had led to excellent outcomes for the people who used the service and their relatives.

The provider gathered information about the quality of their service from a variety of sources including people who used the service, their family and friends and external agencies. People made the key decisions about who was employed, the service model, the décor and the range of activities. This was used to enable the provider to identify where improvement was needed and to sustain continuous improvement in the service.

The registered manager had informed CQC of significant events in a timely way by submitting the required

notifications. This meant we could check that appropriate action had been taken

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 remains good.

Staff recognised signs of potential abuse and reported any concerns regarding the safety of people to senior staff. Staff considered the least restrictive option to reduce risks to people.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

People's medicines were managed safely and audited regularly. People lived in a clean and well maintained service with environmental risks managed appropriately.

Is the service effective?

Outstanding ☆

The service was extremely effective.

People were referred to healthcare professionals promptly when needed. Staff had formed extremely good working relationships with all of the local healthcare professionals in peoples' care.

Staff were appropriately trained and had an exceptionally good knowledge of how to meet people's individual needs.

Staff understood the principles of the Mental Capacity Act 2005 and acted in accordance with the legal requirements. People were only provided with care when they had consented to it.

People were supported to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable food and drink.

Is the service caring?

Good ●

This service remains good.

People were well cared for. People were consistently complimentary of staff and the support they provided. People were treated with respect and their independence, privacy and

dignity were promoted.

Staff interacted with people in a way which was particularly knowledgeable, kind, compassionate and caring. Staff took time to speak with people and to engage positively with them.

People were consistently involved in conversations and reviews about their own care and contributed to making decisions with the help and support of staff and other professionals.

Is the service responsive?

Outstanding ☆

The service was extremely responsive.

Care records were extremely detailed and assisted staff to identify how to work well with people.

Staff were exceptionally sensitive to any changes in people's behaviour and looked for innovative ways to resolve any issues.

People had been supported to regain employment, moved to independent living settings and gave talks to staff at local mental health hospitals.

There was a complaints procedure in place. Feedback systems were in place such as meetings and surveys to obtain the views of people.

Is the service well-led?

Outstanding ☆

The service was extremely well run.

The registered manager was effective at ensuring staff delivered services of a high standard. We found that they were very conscientious and critically reviewed all aspects of the service then took timely action to make any necessary changes.

Staff told us they found the registered manager and provider were very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were very effective systems in place to monitor and improve the quality of the service provided. Staff and the people we spoke with told us that the service had an open, inclusive and positive culture.

Oakwell

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 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.

An adult social care inspector completed this unannounced inspection on 18 and 25 April 2018. It was completed on 25 May 2018, after we had spent two days contacting all the relatives and four professionals who are involved in working with people who use the service.

Before the inspection, we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This was sent in by the provider. We reviewed this document and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are reports about changes, events or incidents the provider is legally obliged to send CQC within required timescales.

During the inspection we spoke with six people who used the service, the registered manager, the clinical lead, three nurses and three support workers. We looked at three care plans and medicine administration records (MARs). We also looked at two staff files, which included recruitment records and the records related to the overall management of the service.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

All of the people we spoke with felt the service provided a safe environment, which supported them to address the negative impact of the mental health condition on their life.

One person told us, "It is a good place to be and the staff always make sure we are fine." Another person commented, "The staff always make sure I'm okay." The relatives and healthcare professionals we contacted were complimentary about the service. a healthcare professional told us, "Oakwell works well for people" and a relative said, "the staff have helped people to become more independent and lead fulfilling lives."

Risk assessments had been completed for people in areas such as risks associated with low mood, misuse of substances and health conditions. The risk assessments we saw had been regularly reviewed. We found that the registered manager and provider critically reviewed any incidents to identify if lessons could be learnt. For instance, they had found that the missing person protocol was impacting relationships with the local police as one person was consistently going out and not returning or contacting the service to let them know they were ok. From a full review of the protocol they found it was equally effective to work with the police and local health professionals to use welfare checks as a means of making sure the person was safe. Thus, the staff were informed if any professional saw the person within a 72 hour period and no missing person procedure was invoked.

The provider had went through a long process of identifying the right risk assessment as they wanted on that closely fitted with organisational values of providing opportunity for balancing non-therapeutic risk assessment with positive risk taking. The provider decided on GRiST, which is a Department of Health recommended risk assessment tool. When a person was referred to the service from a hospital setting they used historical information documented in FACE risk assessment, which is an accredited tool as the basis for the initial risk assessment, prior to completing GRiST. This allowed staff to consider historical incidents and use this against current presentation to predict the current risk factors. Staff had found this to be a very effective approach and supported them to judge current potential for people to self-harm or present as a risk to others.

We spoke with members of staff who had an excellent understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. Staff told us, "We follow a variety of strategies aimed at safeguarding people and we work proactively with people to put measures in place to keep them safe." Staff described how after one person had been discharged from the service they had started intimidating other people who lived at Oakwell so they had contacted safeguarding, the police and worked with the provider's legal team to see if a restraining order or injunction could be imposed.

Safeguarding events, accidents and incidents were monitored regularly by the registered manager to check

for any trends and staff told us how they reported any accidents and incidents promptly. We saw that where incidents had occurred they had been fully investigated and appropriate remedial action had been taken to reduce these reoccurring.

There were enough staff deployed to keep people safe. There was always a minimum of three staff at the service during the day and often six staff, as there was an hour overlap between shifts. At least one but often more nurses on duty at all times. When we visited there were three nurses on duty each day. A nurse and support worker were on duty overnight. In addition to this, the registered manager, clinical lead and domestic staff, worked at the service. The provider regularly visited the service and checked that the service met their expected standards.

The provider's recruitment processes minimised the risk of unsuitable staff being employed. These included seeking references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and reduce the risk of unsuitable people working with vulnerable children and adults.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. Staff could clearly articulate what they needed to do in the event of a fire or medical emergency.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. We also found that fire drills were completed every six months for day staff and every three months for night staff and refresher training was undertaken annually. This frequency was in line with that required in the fire regulations.

All areas we observed were very clean and had a pleasant odour. We saw that personal protective equipment (PPE) was available around the service and staff explained to us about when they needed to use it. Ample stocks of cleaning materials were available. We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. There were also specialist contractor records to show that the home had been tested for gas safety, legionella and portable appliance safety.

We found that there were appropriate arrangements in place for obtaining medicines, checking these on receipt into the service and storing them. We looked through the medicine administration records (MARs) and found medicines had been administered and recorded correctly. Adequate stocks of medicines were securely maintained to allow continuity of treatment. Information was available to inform staff about any protocols for people's 'as required' medicine. All staff who administered medicines were nurses and had completed competency checks to ensure they could safely handle medicines.

Is the service effective?

Our findings

Without exception people told us they found the service supported them to recover and move back to leading an independent lifestyle. People felt the staff were very skilled and competent. One person said, "The staff are fantastic, top notch." Another person said, "The staff really know what they are doing and they have been brilliant. I have come such a long way since moving here."

The healthcare professionals and relatives we contacted told us that staff had an exceptional understanding of people's needs. A healthcare professional commented, "In my role I have worked with many healthcare staff over the years but have found that staff at Oakwell knowledge is much greater than others. They really understand how to support people with complex mental health needs." We found the registered manager understood the importance of excellent partnership working to ensure that people received a truly person-centred service.

Oakwell specifically caters for people who have experienced mental health conditions and need nursing care. People can be referred to the service by any healthcare professional but usually the referrals come from local consultant psychiatrists working on acute and secure wards of local mental health hospitals. The provider and registered manager's tenacity to ensure people received support tailored to their needs had led them to form very close working relationships with clinical teams so much so that the service acted as a step down from acute wards. Thus, people would move to the service whilst still unwell and were supported in their recovery. The aim of the service was to support people to reach their potential and where possible live independently. We observed that the care staff offered was completely tailored to people's needs and enabled individuals to continue to lead an active and fulfilling life.

The staff we spoke with clearly understood the benefits of working in ways that supported people to regain their independence. They demonstrated an effective range of skills that encouraged people to regain the confidence to take charge of their lives. For example, staff had supported people to reflect on their recent experiences of anxiety and used to explore how they reduced this via mindfulness sessions and behavioural therapy. We found these skilled interventions were quickly enabling people to go back to their previous routines.

The person-centred approach to care planning that staff adopted had led to people experiencing excellent outcomes and being able to improve their lives and move to more independent settings. People's needs were assessed and care and support was planned and delivered in line with their individual care plan. Individual choices and decisions were documented in the care plans and they were reviewed monthly. The provider and registered manager used a recovery based model of care and this was reflected in all of the care records. This model allowed individuals and staff to concentrate on how to make positive changes to their quality of life. Within this process staff could access and use a variety of mechanisms for supporting positive behavioural and cognitive change. For instance, one person had been working with staff to understand why they responded to situations in unhelpful ways. Together they had identified the pre-disposing factors that led to their difficulty forming sustained relationships and how to deal with these vulnerabilities so more effective coping strategies could be used. The person told us, "Until we worked

together to do this full review I didn't really understand why I responded to stress and that the way I did. It has been a challenge working through everything but now I feel completely changed and in a much better place."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS) authorisations.

We found that the staff clearly understood the Mental Capacity Act 2005 (MCA) and what actions they would need to take to ensure the service adhered to the code of practice. We found that in line with the MCA code of practice assessments were only completed when evidence suggested a person might lack capacity. Staff closely examined whether people lacked capacity to make decisions. For instance, one person preferred to spend the majority of their time sleeping rough and the team had worked with the individual's clinical team and support network to determine if this was a capacitated decision. The conclusion drawn was that this person was making a fully informed choice, understood the consequences of taking these risks and therefore had capacity to make this decision.

The provider and staff respected this person's decision but continued to offer them accommodation for if and when they wanted to stay, let them attend to their personal care at the service and continued to monitor that they remained safe.

At the time of the inspection, no one lacked capacity to make decisions so DoLS authorisations were not needed. However, staff we spoke with had a very good understanding of DoLS authorisation and why they were needed. Staff were aware of the person's right to contest the DoLS authorisation and apply to the Court of Protection for a review of this order.

We also found that staff had an excellent understanding of the requirements of the Mental Health Act 1983 (amended 2007) and made sure the Code of Practice was followed. They supported people to understand the conditions that were applied via sections of the Mental Health Act 1983 (amended 2007) such as Community Treatment Orders and to understand their right to appeal this section.

From our discussions with staff and the review of the care records we found that they had a very good understanding of each person's care and support needs. We saw records to confirm that staff encouraged people to have regular health checks and, where appropriate, staff accompanied people to appointments.

We viewed the staff training records and saw that staff were up to date with their training. One staff member told us, "We do lots of training and the registered manager and clinical lead will support us to go on courses." Staff told us that the clinical lead kept them informed of other training opportunities. New staff completed an induction, which followed a national formal induction programme called the Care Certificate. The registered manager said that the online training system monitored when staff undertook training programmes and would alert staff to the fact they needed to rebook or review training on a regular basis.

Staff told us they had undertaken an extensive range of learning and records confirmed this. They told us the provider had completed all of the mandatory training such as safeguarding and fire safety training, food hygiene and first aid. Staff also told us they were supported by the provider to maintain their continuous professional development. Staff had completed specific training around working with people who personality disorders and addictions, symptom management, advanced risk management strategies, Dialectical Behaviour Therapy (DBT), advanced diplomas, degrees and master's degrees in mental health related subjects, clinical interviewing techniques and leadership. The provider had also provided a bursary for staff to assist them complete their nurse training and had offered them employment within the organisation once this qualification was complete.

The service also engaged with the local university and provided student placements at Oakwell. The staff also discussed how when working with other disciplines and university staff, they worked collaboratively and actively shared their knowledge on current best practice. Also a member of the staff team was a part of the provider's practice development group and then shared the learning with the team. They discussed the technique they were implementing at the service from the group which was a tool that supported staff and people to think about other's views, share information about their views and then consider things from the other person's standpoint. All of the staff we spoke with were very positive about this process and how it had effected positive change both within the team and for people.

Staff told us, and records showed they had access to regular supervision and appraisal. The registered manager showed us that a record was kept of when appraisals and supervisions took place, to ensure they were carried out regularly. Records showed that staff were able to discuss a range of issues, both work related and personal, if they wished. Having these processes in place meant people could be assured that they would receive effective care and support.

Staff told us they met together on a regular basis. We saw minutes from regular staff meetings, which showed that items such as the day-to-day running of the service, training, medicines, and any health and safety issues were discussed. Staff told us, "We always talk about how to improve our practices and everyone contributes."

People, were supported with their cooking and food shopping. People's nutritional needs and preferences were assessed and recorded in their care plans. We saw that staff ensured people were actively involved in managing their own diet.

The registered manager told us that healthcare professionals such as psychiatrists and neuropsychologists visited and supported people who used the service. We saw detailed records of such visits to confirm that this was the case and staff told us how they communicated any event such as a GP visit during a handover when they came on shift so everyone was up-to-date with any changes in people's health or well-being.

The environment was designed to support people's privacy and dignity. People's bedrooms had personal items within them, such as photographs.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be caring.

People, their relatives and visiting healthcare professionals were exceptionally complimentary about the caring nature of the staff. People told us that the staff were 'wonderful,' 'fantastic,' and "the best." One person told us, "The staff treat everyone really well." Another person commented, "Since I have been here the staff have helped me to reconnect with my family and build bridges. It is great as now I see my family often and we now get on well." A relative commented, "I have seen a big difference since [person's name] has been at Oakwell."

We found staff were attentive, kind and really thoughtful. Staff worked well with people and formed strong therapeutic relationships. We found these good working relationships had helped people to work through stressful situations and deal with issues such as an addiction. Even when people moved on staff kept in touch and continued to provide a support network. For instance, people who had moved to less supported environments regularly visited and one person who had recently lived at Oakwell but experienced a marked relapse still rang to discuss their health and how to make changes to their life.

Staff strongly adhered to the core values of the provider, which were based on treating everyone with compassion and always being invested in supporting people to recover. A staff member told us, "We give everyone a chance and always try to show we are invested in them so no matter what happens we will always be there if they want us to be."

Without exception the visiting professionals we spoke with complimented the staff and highlighted their compassionate and kind nature. One person told us, "Oakwell is a caring service. The staff are truly dedicated to delivering a service that puts each individual at the centre of the care." Visiting professionals also discussed how the staff team were committed advocates for people and would not hesitate to challenge practice that was not effective.

All of the people were able to manage their self-care needs and we found that staff always protected their privacy and dignity. Staff told us about the importance of encouraging people to be as independent as possible and how they achieved this whilst also remaining very mindful of making sure people's privacy was maintained. For example, one person felt physically unwell when we visited and staff discreetly checked their temperature and blood pressure then offered them advice on what to do to reduce their symptoms.

We found staff placed great emphasis on promoting people's rights to make choices, to live a dignified and fulfilled life. This was reflected in every aspect of the care and support that people received. The registered manager and staff showed genuine concern for people's wellbeing. Staff had an absolute commitment to deliver a personalised and responsive service, which relatives described as wonderful. One person commented, "It is clear that the staff are really dedicated and want us to have a fantastic quality of life."

We saw many examples of staff providing support with compassion and kindness. Staff spent time chatting, encouraging, laughing, and joking with people. Staff were committed to delivering a high quality service for people and had created an environment that people thrived in. A staff member said, "We aim to ensure people have the best opportunity for recovery as possible."

Staff were passionate about their work. They actively listened to what people had to say and took time to help people feel valued and important. The registered manager and staff knew how to assist people to access advocacy services, if this was needed. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights.

Is the service responsive?

Our findings

Without exception all the people we spoke with said that staff were extremely responsive to their needs. One person told us, "The staff know me so well and really have helped me to make a difference to my life." A healthcare professional told us, "The staff provide an outstanding service that does make a difference."

Staff were devoted to ensuring each person found their lives were enriched by their experience of life within the service and their local community. We found the staff empowered people to voice their wants and aspirations for their lives and then supported them to achieve these goals. For example, one person told us how staff supported them to obtain a job as a peer support worker for a local mental health hospital. Another person told us how staff equipped them with the skills they needed to move to their own flat.

We found that the staff made sure the service worked to meet the individual needs of each person. Each person had a keyworker who helped them maintain their care plan, liaise with relatives and friends and supported the person to attend activities of their choice. Each person had a very detailed plan, which identified their background, preferences and needs. These plans were up to date and clearly stated how staff should support each person. The registered manager told us, and records confirmed that there was an emphasis on making sure that even the smallest things were documented. They said, "We make sure every detail is captured in the records. I think we can't go far wrong if we have all the information as this lets us provide consistent care." We found that people's care and support reflected what was written in their support plans.

We saw that staff had given consideration to the impact on people's mental health upon their ability to understand events and engage in every-day activities. We observed that staff used this information to provide meaningful occupation for people and to organise outings and visits that people would enjoy. Staff were proactive when people's needs changed. For example, when a person's mood had dipped staff actively made more frequent checks and ensured they got additional support.

At the time of our inspection no one was receiving end of life care. However, we found that staff clearly understood the actions they needed to take if this was the case. Recently one person had died unexpectedly. This had been a shock to the staff and people who used the service and we found that the registered manager had worked well with all to come to terms with this loss. The provider and staff had worked closely with all the various healthcare professionals reviewing the lead up to this person's death to determine if any preventative measures could be taken. The report had concluded that staff at Oakwell had taken all possible measures they could have to prevent the death. It concluded that staff had gone above and beyond in care provided.

People informed us that they were encouraged to maintain their hobbies and interests. People independently organised their day but told us that staff helped them find meaningful occupation. People told us they never had a dull moment and how they now went to college, local drop-in centres, volunteered and had obtained jobs. We spoke with staff members and they told how they researched what events and activities were available in the community. Then they discussed these opportunities with people, such as job

vacancies, college courses, local social events, clubs, volunteering at the local animal sanctuary and working on an allotment. People then chose what activity they wanted to join in.

One person had been encouraged and supported by staff to talk to local mental health practitioners about their personal experience of having a mental health condition. They told us this had been a very rewarding experience and the audience told them they had learnt a lot.

Staff also provided a range of therapies aimed at improving people's mental health such as mindfulness and relaxation sessions, which aids the reduction of distress and the impact of people's mental health condition's symptoms. They taught people harm reduction techniques, anxiety management and how to cope with distressing symptoms. Staff worked collaboratively with people to assist them to understand their mental health condition, manage the condition and reach their full potential.

We found the service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and friendships. The people who used the service told us that they were supported by staff to develop and sustain their personal relationships. Staff also respected and supported people's spiritual needs enabling individuals to continue to practice their faith. People, who wanted to, went to the local church each week. Staff were supportive of people's diversity and had recently gone to meetings with the local LGBT group with people and went with them on the Pride march.

The registered manager told us that people were involved in all aspects of the service. This included staff meetings, recruitment and the planning of social and recreational activities. People told us they were involved in interviewing potential staff and that if they were not happy the individual was not employed by the service.

There was a complaints procedure in place. The registered manager told us that no complaints had been received. None of the people we spoke with said they had any complaints or concerns. We found that the registered manager and provider clearly understood how to thoroughly investigate any concerns and ensure action was taken to rectify the issues. People told us they knew how to complain and raise issues.

Surveys were sent out to people and their relatives to obtain their views about the care delivered. , We reviewed the questionnaires and found they were very positive. The feedback showed people were happy living at the service, stating, "Really happy at Oakwell," and, "It is really brilliant."

Staff were always looking at how technology could support them when working with people and used iPads and laptops to assist in sharing ideas. They had been recently using videos on YouTube that explained mental health conditions in positive ways and described how recovery could be achieved.

Is the service well-led?

Our findings

We found the registered manager and staff's creativity and acceptance of innovative practice had led to the domains 'effective' and 'responsive' developing so they could demonstrate outstanding practices in these areas. For example, the way staff accessed specialist training, developed practices at the service and supported people to develop the skills they needed to lead ordinary lives. This had led to opportunities such as working as a peer support that individuals had felt were impossible for them.

The provider was a registered charity. We found that the directors were very involved in the service and visited regularly. They also had an extremely engaged central team who always critically reviewed the service to determine how further improvements could be made. The senior management team worked closely with the registered manager and they jointly looked to incorporate new and innovative practices into the service. For example, they had recently reviewed the missing person's protocol and made positive changes which had led to the service forming very good relationships with the local police force.

The registered manager had been in post for the last two years. All the people we spoke with were extremely complimentary about the management of the service. One professional told us, "[Registered manager's name] runs a very tight ship and everything is always spot on." Another said, "The staff at Oakwell provide high quality care. [Registered manager's name] and [clinical lead's name] are really making sure the home delivers an excellent standard of care."

The service's visions and values promoted people's rights to make choices and live a dignified and fulfilled life. This was reflected in the care and support that people received. People and staff reported that the registered manager supported them and included them in the running of the service. Staff told us they thought the service had an open and honest culture. Staff told us they had regular meetings and made suggestions about how they could improve the service for each person.

All the staff we spoke with stated that the registered manager and clinical lead were very understanding and very supportive. A staff member told us, "They [registered manager and clinical lead] are always at hand to discuss anything and encourage us to make suggestions." Another staff member told us, "We are always working to make sure we keep people who use it at the centre and make sure they receive quality care."

We found staff routinely consulted with people and shared the findings in a format everyone could understand. People thought the service was well run and completely met their needs. They found staff recognised any changes to their needs and took action straight away to look at what could be done differently. People were involved in all aspects of the running of the service from recruitment to determining what improvements could be made to the service.

Staff were able to clearly explain the governance procedure, their role in reviewing the service and how suggestions around improvements were implemented. All of the staff we spoke with had a comprehensive understanding of people's needs and their level of knowledge exceeded that seen in nursing homes. The passion for knowledge displayed by staff was directly attributable to the registered manager and clinical

lead's leadership and commitment to the people who used the service.

We found the provider and registered manager provided very strong leadership and their constant critical review of the service had led to year-on-year improvements. They, in consultation with staff, people who used the service and relatives routinely identified how they could enhance the service and ensure they remained at the forefront of best practice. This oversight of the service and encouragement of staff to keep abreast of developments and be innovative had led to excellent outcomes for the people who used the service and their relatives. The provider constantly considered how lessons could be learnt from incidents and shared the results of this work across the organisation.

We saw that the staff team were very reflective and all looked at how they could tailor their practice to ensure that the support delivered was completely person-centred. We found the registered manager was the integral force ensuring the service was safe, responsive, caring and effective. We found that under their and the provider's leadership, the service had developed and been able to support people with complex needs to lead ordinary lives.

We found that the provider consistently invested in creating an effective staff team and life-long learning. They actively encouraged all the staff to obtain qualifications and the training team ensured every support worker was supported to obtain NVQ's and they were encouraged to gain level 3 in care. The nursing staff had been supported to obtain a range of post graduate qualifications including diplomas, degrees and master's degree in health-related topics. They also offered a bursary programme for support workers who wanted to train to become registered nurses.

The provider also sought to inspire people new to care to work in care at home services by using an apprentice scheme at the service. This scheme had led to a number of apprentices gaining permanent employment at the service. One of the staff members told us, "Starting as an apprentice was a great way to find out if you would take to the job and to gain the skills. It's been great and did get me a full-time job."

The provider routinely celebrated success and ran an award programme across the organisation. Staff routinely submitted entries to these awards and over the years had been nominated for a number of awards. The registered manager also gave internal awards to staff for demonstrating the values of the organisation. For instance, showing compassion, going above and beyond and never giving up.

The provider had systems in place for monitoring the service, which the registered manager fully implemented. The registered manager completed monthly audits of all aspects of the service, such as medicine management and staff development. They took these audits seriously and used them to critically review the service. The audits had identified areas they could improve upon. The registered manager produced action plans, which clearly detailed when action had been taken. The provider also completed regular reviews of the service called 'balance of care audits' and discussed the operation of the service. These two elements combined ensured good governance arrangements were in place.

Services that provide health and social care to people are required to inform the CQC of deaths and other important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.