

Empanda Care & Support Ltd CIC

Oak Trees (Respite)

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Oak Trees (Respite) is a residential care home which provides accommodation and personal care via a short break (respite) service to people with a learning disability. The service is registered to provide this regulated activity to up to four people at a time. At the time of the inspection three people were staying at the service and 33 people were using the service on a regular basis.

Oak Trees (Respite) is also registered to provide personal care to people living in their own homes. At the time of the inspection the service was providing support to 21 people with a learning disability across ten supported living locations. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

There were deliberately no identifying signs, intercom, cameras, or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

Everyone we spoke with praised the high quality of the service provided. People, relatives, and professionals were keen to tell us about the support provided and the positive difference it made. There was a deeply embedded person centred, open, and inclusive ethos. People were fully consulted about their care arrangements and involved in the operation of the service.

People, relatives, and staff worked together to support and develop the service. There was a strong sense of ownership and investment amongst everyone involved with the service. There were strong links to the local community which were utilised to benefit people using the service and this enhanced their daily lives and provided them with equal opportunities. Everyone we spoke with praised the dynamic leadership in the service, notably the registered manager's passion and dedication. The provider was committed to developing and improving their service. They looked across the social care sector at best practice and considered how this could be implemented within their own service. Robust quality assurance systems underpinned the continual development and improvement in the service leading to positive outcomes for people. Throughout the service we found creative ideas and actions that had helped put people at the heart

of their care and decision making.

People were exceptionally safe using the service. There were established relationships of trust and support between staff which enabled people to stay safe. People were empowered to make decisions about their safety, which helped avoid unnecessary restrictions being placed on people and maximised their control over their lives. Staff were very sensitive to the vulnerabilities of people living in the community. They acted proactively when concerns were identified and supported people to protect themselves. A strong sense of security and safety had been created for people by the use of the respite service location as a flexible and accessible space. One relative likened the service location to 'a crisis centre' offering a safe space and support for people to stay safe whenever they needed it. People were supported by a creative and inclusive approach which helped them understand potential risks and make decisions in respect to this. Best practice guidance was utilised and adapted to support people's individual needs and circumstances.

People were supported by a stable and consistent staff team. People were allocated core groups of staff to aid continuity of care and ensure people felt comfortable and safe. If particular sensitive tasks or events took place, then people were supported to express which staff they might like to support them, which was accommodated. Each staff group's training and skills reviewed in relation to the people they supported. The service understood the importance of empowering people so that they could understand how to live safely. Safety training, such as first aid and infection control, was offered to people alongside staff. People were supported by staff who understood the importance of safe medicine administration. This included ensuring people had regular reviews of their medicines and staff supported people to reduce their use of medicines when appropriate.

People were supported by very compassionate and dedicated staff who genuinely cared for them. Staff took great care and effort to ensure people were supported and their needs met, particularly during distressing or difficult times. Understanding and respecting equality and diversity were at the heart of the service. People's rights were respected and encouraged. People were supported to lead fulfilling and rich lives by staff who had high expectations of their abilities and needs. This meant staff worked hard to support and increase people's independence. The service was very inclusive, everybody we spoke with told us that the service felt like a big extended family. The service understood the importance of advocacy and worked hard to ensure people were provided with independent advocacy where necessary. In addition, staff spoke up for people and advocated for them to ensure they had the support and services they needed.

People's needs were assessed holistically across a wide range of areas. This included needs in relation to people's protected characteristics such as gender and sexuality. People were supported by staff who had training and support to understand their needs. Staff were supported to professionally grow and develop, which included gaining nationally recognised qualifications.

People were supported to plan and cook their meals, information was given to people on healthy eating. The service took a proactive and creative approach to helping people understand their health care needs. People were supported to make decisions and feel in control of their own lives. Staff worked with specialist professionals to help support people's decision making. Where staff had identified concerns around people's ability to make particular more complex decisions they had requested specialist support, such as a psychologist, to support people's understanding and decision making. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were provided with flexible, responsive, person centred care. Staff knew people well. This helped them deliver care that met people's individual needs and preferences. People's needs, interests, and

backgrounds were taken in to account when supporting people to access the community and take part in social activities. The service thought creatively about how people could be supported to understand information. The service provided face to face information and training sessions to people using the service. A wide range of information, including the service's policies and procedures, were provided to people in an easy read format.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 07 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was exceptionally safe.
Details are in our safe findings below.

Outstanding 

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good 

Is the service caring?

The service was exceptionally caring.
Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good 

Is the service well-led?

The service was exceptionally well-led.
Details are in our well-led findings below.

Outstanding 

Oak Trees (Respite)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Oak Trees (Respite) is a 'care home'. People in care homes receive accommodation and nursing or personal 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.

The service also provides care and support to people living in 10 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; where people were being supported by the supported living service we looked at people's personal care and support.

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

Notice of inspection

We gave a short period notice of the inspection because we needed to make arrangements to speak with people using the service.

Inspection activity started on 2 December 2019 and ended on 3 December 2019. We visited the care home and the office for the supported living service on 3 December 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and 13 relatives about their experience of the care provided. We spoke with six members of staff including the managing director, the registered manager, a house leader and three support workers. We also spoke with two visiting social care professionals who were working with the service. Following an invitation from one person using the supported living service we visited their home to talk to them about their experience of the care provided.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at additional training material and other records related to the running of the service.

We spoke with an additional social care professional, another person who used the service, and a support worker. The training manager and a house leader also contacted us to tell us about their experience of working for the service and we spoke with them.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Systems and processes to safeguard people from the risk of abuse

- Relationships of trust and support between people who used the service and staff were firmly established and this upheld people's safety. Staff closely involved people and empowered them to make decisions about their safety. Staff did this proactively, collaboratively working with people and other professionals whilst ensuring people's rights and independence was promoted and respected. A social care professional, when telling us how staff had worked with one person in response to a safeguarding concern, said "Their prime focus was to keep [name] safe and keep them out of trouble, what was impressive was they really involved [name], it was led by [name], they talked to [name] in language they understood." The support provided to this person had meant additional restrictions had not needed to be placed on them.
- Staff were sensitive and attune to more subtle signs of abuse that might occur in the community. Where they had identified such signs, they had been proactive in enabling people to recognise and protect themselves. In one example a staff member had gone to great lengths to enable and protect one person from the risk of financial abuse and to ensure they were not overly restricted. This staff member told us, "If I had backed down there would have been nothing else stopping [potential abusers] because they just disregarded what [name] wanted, I put myself in the line of fire [to do so]."
- The service recognised that people lived within the local community and could at times be vulnerable. The service had implemented creative actions to put people in control of their safety. For example, they had organised for the local police team to provide training for people on how to keep themselves safe in the community. People were also supported to carry information to support them in the event they felt unsafe when accessing the community independently. Staff were proactive in developing and exploring relationships within the local community which helped provide an additional safeguard.
- The respite service location provided additional security and provided a safe place for people living in the supported living settings and for regular respite guests. People were encouraged to drop in to the service whenever they had concerns or worries. A relative said, "I call this a crisis centre because of all the [available] advice information and help." In one instance the registered manager had put in place additional resources and facilities at very short notice to provide a safe place for one person who regularly used the respite service and who was at risk. Another person told us how the registered manager had come out late at night and taken actions to keep them safe when they had been concerned for their safety. A third person said, "Oak trees is one of my many safe havens."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff took a creative and inclusive approach to help people understand potential risks to themselves and

make decisions in respect to this. Best practice guidance was utilised, and the registered manager adapted this to work for the people using the service. For example, one person had a positive behavioural support plan which the registered manager had rewritten in an easy read format so the person could understand and discuss this. It also acted as an easy 'grab and go' sheet for staff in the event it was needed. The person told us this and additional support from the service had helped them manage their feelings and helped them feel safer.

- Staff had utilised a national scheme if people went missing from the service. They had included person centred and thorough detail to provide to police regarding the risks to people and how to respond to them. They also, where appropriate and relevant, had considered how to involve people's families. In one instance, a family member held copies of this paperwork in the event they went missing from their family member's home.
- There was a system in place that provided an overview of risks, including accidents and incidents. Any concern, change, or incident was reported by staff to the registered manager on a supplementary report form. This involved a descriptive account of the issue, any actions that needed to be taken and was shared with all staff supporting the person involved.
- In the last year there had been no accidents or incidents involving people using the service. A social care professional told us they felt staff were very proactive and identified issues, so these did not progress to larger concerns. They said, "They do seem to keep a lid on things."
- People were provided with easy read information on what risks assessments were, when they might be needed, and also included information on where people could raise concerns and seek support.

Staffing and recruitment

- People were supported with continuity of care by an established staff team. People were allocated core groups of staff, and each staff group's training and skills were reviewed in relation to the people they supported.
- Where staff changes were made systems were in place to ensure people had met and got to know staff beforehand. People were supported to have a say and make decisions about the staff who supported them. For example, people had a say in which staff supported them to go on holiday, and this included where staff had an interest in the same activities. We saw for another person, they had been asked which staff member they would like to help them with a particular task. This had given the person a sense of security and trust in resolving a sensitive and potentially risky situation.
- The service acted to ensure staff and people using the service had training to keep people safe. Staff and people participated in training on safety issues together which helped create an inclusive approach to keeping people safe. For example, the in-house trainer had organised first aid training for people and staff. They told us, "One of the [people using the service] said to me they went to work and someone cut their finger and they knew what to do. They were really proud of that."

Preventing and controlling infection

- People were supported to understand the risks of infection. The service had brought a UV light box and undertook training with people and staff to help them understand infection control and the importance of washing their hands. People had also been supported to participate in food safety training, so they could understand associated risks with infection control.
- The care home environment was clean and well looked after.

Using medicines safely

- Where people were supported with their medicines, this was done safely. Staff understood the importance of ensuring people only took medicines where absolutely necessary. For example, one person had been supported to have a better diet and this had meant that they no longer needed to take certain medicines in

relation to this.

- There was information for staff on people's medicines and these were administered as prescribed. A relative told us, "Medication the staff give, and I trust them. I know they do give it. Its two tablets at night and I count how many are missing in the pack, and it's the right number."
- The care home had facilities for people to choose where they would like their medicine stored, this included being able to safely store this in their rooms. There were systems in place to check people were being administered their medicines safely.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff assessed people's needs holistically across a wide range of areas. This included needs in relation to people's protected characteristics such as gender and sexuality. Assessments were carried out in a person-centred manner in consultation with people using the service, and other people where relevant.
- The service had considered and implemented best practice guidance, for example in responding to people's communicating and distressing behaviours.

Staff support: induction, training, skills and experience

- The provider employed their own internal training co-ordinator who ensured a mix of training was delivered. This included a mix of external online training and in-house face to face training. The training co-ordinator told us they discussed individual training needs with staff taking in to account the people staff supported and their needs. They said, "When you get the Oak Trees care team they are fantastic because they totally engage and that's what I love about that team, they totally engage in it, and they do challenge each other and each other's opinions but in a positive way, and they challenge me which is great."
- Staff learning was supplemented by quizzes and discussions in team meetings around different topics. The training co-ordinator told us, "If you set something and one of the answers is a bit of a red flag you can pick that up and deal with it."
- Staff received regular supervisions and appraisals. The service encouraged staff learning and development. We saw that all staff either had or were working towards national vocation qualifications in care. Staff were positive regarding the training and support provided. They told us the provider was open and responsive to any requests they had for additional training or support.

Supporting people to eat and drink enough to maintain a balanced diet

- Where people required support to eat and drink they had care plans in place which covered how they needed to be supported. Information included foods people liked and disliked.
- People were encouraged to participate in planning and cooking their meals. A staff member told us for the people they supported they had put in place a recipe book to help people choose things they might like to eat. They said, "It would be easy to just do [people's] housework for them and cooking for them but it's not what it's about." Another staff member told us how they would support people to think about what meals they might like to cook together but would ensure these were adapted for each person to suit their individual tastes and preferences.
- People were provided with information on healthy eating. The service had purchased a water cooler drinks dispenser for the respite service, so people could access fluids when they needed. The registered manager told us when they had concerns about people's fluid intake they would introduce a 'water

dispensing game' to encourage people to drink more.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service took a proactive and creative approach which empowered people to understand their health needs and make decisions. For example, the service had purchased breast and testicular self-examination models. They had worked with people using the service to help them understand how to conduct their own health exams and what to do if they had a concern. One person told us how they had learnt that finding a lump did not mean they had cancer and this had lessened their anxieties.
- Staff had also undertaken work with people to help them understand the importance of oral health. We saw at the respite service, timers were available by people's sinks, and a staff member told us they used these to help people know how long to brush their teeth for.
- Staff worked closely and proactively with health and social care professionals to ensure people's needs were met. Information was shared appropriately. A social care professional told us the service had worked flexibly with them, with good communication.

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

- The respite service environment met the needs of the people using it. There was a warm and homely feel to the home. Everyone using the service had chosen name signs and pictures to put on their bedroom door when they came to stay.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff ensured people were supported to make decisions and feel in control of their own lives. Where staff had identified concerns around people's ability to make particular more complex decisions they had requested specialist support, such as a psychologist, to support the people's understanding and decision making.
- No one in the service was being deprived of their liberty. The registered manager had a good understanding of when they might need to make a referral for deprivation of liberty to be approved. They had done so in the past appropriately.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Without exception people, relatives, and staff told us the service was caring, loving, and supportive. We found numerous examples where staff had gone out of their way to ensure people were supported often during difficult and stressful times. A relative told us some health concerns had been identified for their relative. They said staff had encouraged their relative to visit the respite care home every day, so staff could check on the person and offer support. For another person staff had opened the respite service and worked extra hours especially to provide somewhere for the person to stay during a period of crisis. A staff member told us, "I've never worked somewhere like this before, it is just so caring."
- Understanding and respecting equality and diversity were at the heart of the service. People were supported to form meaningful sexual relationships and with seeking employment. The registered manager was skilled at ensuring equality and diversity were core values in the staff they recruited. For example, one of the interview questions for staff covered how staff would react to people having sexual relationships. The registered manager told us this quickly helped them identify if prospective staff had the right attitude and values. A person said, "I feel like I'm just one of the guys, one of the team. They just see me as a normal person."
- The service was committed to ensuring that people had the same rights and opportunities as everyone else. A social care professional told us the service was determined to ensure people were provided with the resources and support they needed. A relative said, "They don't stop till they get it [the support needed]." A person said, "Staff would defend me to the moon and back."
- Staff were very sensitive at recognising when people required additional emotional support and care. They often went over and above to provide the support required. For example, a staff member told us how one person they supported had to leave the service as they needed specialist care at the end of their life. They told us how they and the registered manager continued to visit the person and provided emotional support, including being with the person when they passed away. The staff member said, "Well, its massive when they move on, [name] had no-one, so we kept in touch with them. It's a lonely old existence otherwise."
- People told us the service was so inclusive they felt part of a big family. Many staff had worked for the service for a long time and cared deeply about people's welfare. One person said, "They've all treated me like family, it's given me a warm fuzzy feeling of unconditional love, care, and respect." A social care professional told us, "Quite unusually they seem very family focused. It almost seems like an extension of the family home, staff are very committed."
- Staff knew people very well and this included their social histories, background, and preferences. These issues were taken in to account when arranging support for people. For example, people were supported to

go on holiday by staff who shared similar interests. For another person, staff had taken in to account their life history to help them gain employment in an area they would enjoy. Their relative told us how much this meant to the person, they went on to say, "[Name] has always been an outdoors person so for them to be able to do that, and have that lad relationship that [name] loves, [Name] would hate to be stuck indoors all the time."

Supporting people to express their views and be involved in making decisions about their care

- The registered manager understood the importance of independent advocacy and was proactive in asking for such advocacy for people using the service. A social care professional told us how impressed they were with how the service understood and utilised formal advocacy to help protect people's rights and ensure needs were met. The service's own business plan aimed to explore how people who could not access existing advocacy could be supported. The registered manager had started to contact similar services to their own to see if they could set up reciprocal arrangements for advocacy.
- There was a clear culture of inclusiveness and person-centred care, this was demonstrated through various initiatives such as training on health needs, health and safety, and keeping safe, which supported people to understand and make decisions about their care. People were fully in control of their care and this was promoted in everything the service did. For example, when people came to stay at the respite service rather than allocate a bedroom they supported people to choose which bedroom they wanted to use.
- Each person using the service was supported to write their own set of 'staff standards' which was a charter about what they expected from the staff that supported them. This was on display in people's homes for staff to read. This helped staff know what was important to each person and how to support them.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of people developing new skills and living as independently as possible. People were encouraged to achieve the same goals and aims as people living without a disability. For example, a high number of people using the service had been supported to undertake further education or voluntary/paid work. We were provided with numerous examples where staff had encouraged people's independence. Three people using the service had been supported to go on to live completely independently. One person told us how much staff had encouraged them to grow and develop. They said, "They see me as a young adult someone who can easily try hard to look after their own self. They've turned me from that really shy nervous boy to a young gentleman, opening my eyes to having friendships and supported living." Their relative told us how they had seen their relative become more independent, had grown in confidence and started developing new friendships.
- People were supported to write 'goals' care plans which staff then supported people to achieve.
- Staff supported people's privacy and dignity. Staff spoke about people in a positive respectful manner. People's care plans framed people in a positive and dignified manner. People had 'things about me' information that celebrated their positive attributes and characteristics.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were provided with flexible, responsive, person centred care. Staff knew people well. This helped them deliver care that met people's individual needs and preferences. Social care professionals told us the service provided very person-centred support. One social care professional said, "They are solution driven they can think outside of the box. It's about what someone's individual needs are, and they will adapt and tweak their own provision to meet people's needs, which I think is quite unusual."
- Staff supported people's relationships with each other and their relatives. Relatives told us staff knew people's friendships and took this in to account when helping people plan their stays at the respite service. One relative told us how the service knew that their relative had grown up with another person who also used the service. They said staff would book both people in together, so they could spend time with each other.
- People's histories and preferences were considered when staff supported people to access social activities, for example when planning holidays with staff. One person had been supported to go on holiday to America to watch a particular sport they loved, they had gotten to meet their heroes from this sport. They showed us a book that staff had put together for the person about their holiday. We could see from this how much it had meant to the person and that they had really enjoyed it.
- Staff utilised the local community and supported people to access resources within it. For example, the registered manager had developed relationships with local shops in the town to help provide people with volunteering opportunities.
- Staff supported people to plan their care. Care plans were individual and person centred.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service thought creatively about how people could be supported to understand information. One person told us how people using the service had wondered how Brexit might impact them. The service had developed their own easy read guide on Brexit for people, which included things like how it might affect people going on holiday. They also put on a face to face session for people to discuss and understand this.
- A wide range of information was provided to people in easy to read formats. This included people's care plans and the service's policies and procedures. Where necessary staff had utilised individual communication systems for people to enhance their understanding.

Improving care quality in response to complaints or concerns

- The service had not received any concerns or complaints. There was a complaints process in place and easy read information on this was provided to people. People and relatives told us they felt there would be little reason for them to complain but knew how to do so if needed. One relative said, "I've never had reason to complain about anything at all and I can't see I ever would."

End of life care and support

- Staff supported people to consider their end of life care needs and preferences when appropriate to do so. A relative told us how following some family bereavements the registered manager had recognised the impact and pressure this had placed on them. The registered manger had worked with the person and the relative to make plans for end of life care. At the time of our inspection the service was not providing support for anyone at the end of their life.
- People had basic end of life care information however the service had recently introduced more detailed end of life care planning documents. This included supporting people to consider issues such as what and how much information they might want to be given should they become very ill, who they would want to support them during this time, and important people or places they might want to see before they became too ill to do so.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a deeply embedded person centred, open and inclusive ethos in the service. People were fully consulted and involved in the operation of the service. People using the service were included in developing its business strategy. Policies and procedures had been developed in easy read format which helped people to understand the information provided and explained how the service delivered their care. A staff member told us, "You feel like you matter to this company and that's lovely. Everyone matters and everyone matters to everybody."
- The service worked hard to foster a feeling of connection and care between people and relatives involved in the service. Relatives told us they didn't know what they would do without its support. One relative told us, "Without this place I don't know how we would cope to be honest." Two relatives told us how the registered manger had supported them with applying for peoples' personal independent payments. One said, "[Registered manager] and [deputy manager] have been extremely supportive to me when it comes to applying for PIP."
- People, relatives, and staff worked together to fund raise for resources for the service to benefit the people using it. The service had raised funds for its own mini-bus, and for adapted bicycles so people and staff could access the local community and go on cycle rides together. A relative told us, "You can send your child somewhere and not get involved but I've been happy to get involved. They [Staff] are working hard to benefit everybody so I'm happy to support that."
- There were very strong links to the local community, staff recognised people were living in the local community and were keen to support and develop this. Links had been built with local work places and shops in the town to assist people in gaining work skills and employment. People were supported to take part in local community events. For example, the town had a big summer carnival each year. The service had its own carnival float and people took part in the carnival procession.

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

- Everybody we spoke with were extremely positive about the quality of the service provided. A relative told us, "Five gold stars if you can put that." A person said, "I feel Oak Trees should win pride of Britain awards. I am championing Oak Trees all the way." Another relative said, "It's nice to find nice services, good from the word go. The social worker recommended them and said they were very well managed." A social care professional told us, "In my profession I go round lots and lots of residential homes and I'm not kidding I was

so impressed with Empanda [The provider]."

- Everyone we spoke with talked positively about the registered manager. People, relatives, and staff often used words such as, 'passionate', 'determined' and 'strong'. Staff and relatives told us the registered manager and deputy manager were approachable, supportive, and acted to ensure the service being delivered was of exceptional quality. A staff member said, "The most stress-free job I've ever had in care, the management are fantastic, I can't praise them too much."
- Systems and processes were in place to help ensure the registered manager had a good oversight of the service being delivered and they knew people's individual needs, backgrounds, and circumstances very well. The managing director told us the provider did not have a separate office, instead they said they tried to move around, with people's consent, to different locations or visit people in their homes. They said this helped them to be easily accessible to people and pick up on any quality or care issues.
- There was a governance framework in place which included regular quality monitoring, such as regular audits and service questionnaires. Where possible the registered manager told us, they encouraged people to support with quality checks, such as asking people to assist them with undertaking daily fire and safety checks in the respite service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was open and honest with people using the service. We found no situations where the provider needed to exercise their duty of candour. The provider understood their responsibilities regarding this. We found they had notified us of notable incidents that occurred in the service.

Continuous learning and improving care; Working in partnership with others

- The provider was committed to developing and improving their service. Their business plan showed they looked across the social care sector at best practice and considered how this could be implemented within their own service. For example, they had identified that within older people's care there was a recognised best practice tool to help identify when people were at risk of malnutrition and were exploring what equivalent tool could be used or developed for people with a learning disability. Throughout the service we found creative ideas and actions that had helped put people at the heart of their care and decision making.
- The registered manager took part in local provider forums and networked with similar learning disability services.