

## The Oaklands

# The Oaklands

### Inspection report

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### Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
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

We carried out an announced inspection of the service on 7 December 2017.

The Oaklands is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Some people also attended this service for a short, respite period. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Oaklands accommodates up to 20 people living with mental health needs and/or learning disabilities and an autistic spectrum disorder in three separate bungalows. On the day of our inspection 19 people were living at the service and one person was staying for a short, respite period.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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

People's medicines were managed appropriately and safely. People were protected against the risks of experiencing avoidable harm and staff understood how to protect people. Regular assessments of the risks to people's safety were carried out, where risks were identified these were managed safely and effectively. People were supported by an appropriate number of skilled and experienced staff and safe recruitment procedures were in place. Safe infection control practices were in place and equipment was well maintained. Accidents and incidents were regularly reviewed, assessed and investigated by the registered manager.

People's physical, mental health and social needs were assessed and provided in line with current legislation and best practice guidelines. Staff were well trained, received continued professional development and had the quality of their performance regularly reviewed. People were empowered to make choices about their food and people's nutritional intake was monitored where needed. The registered manager had built effective relationships with external health and social care organisations and people's health was regularly monitored. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People had excellent, meaningful relationships with the staff. People were treated with respect and dignity

and staff were very kind, caring and compassionate towards them. Providing dignified care was a fundamental aim of the provider and staff understood how to support people appropriately. Independence was widely encouraged and innovative methods were used to communicate with people as well as to support people with remaining independent. People felt able to contribute to decisions about the support needs and always felt staff acted on their wishes. People's rights were always respected. Staff rotas were flexible and regularly amended to ensure people were able to be supported by the staff they wanted. People were provided with the information they needed if they wished to speak with an independent advocate, to support them with decisions about their care. People's friends and relatives were able to visit whenever they wanted to and people were supported to develop and maintain relationships with family and friends.

People received person centred support focused on what mattered most to them. People were fully involved with the on-going development of their support needs. People were encouraged to achieve their goals and to partake in activities that were important to them. People were provided with the information they needed, in a format they could understand, if they wished to make a complaint. People were treated equally, without discrimination and systems were in place to support people who had communication needs. People felt able to make a complaint and were confident it would be dealt with appropriately. Effective end of life support was available should people require it.

People, staff and health and social care professionals spoke highly of the registered manager. The provider was supportive in ensuring the registered manager had the resources they needed to carry out their role effectively. People were encouraged to aim high and to succeed in life. All people were given opportunities to do so. The Oaklands' approach to community involvement ensured people from within the service, other adult social care services and the wider community were able to meet together and build positive relationships. The continued development of the skills and performance of the staff was integral to the success of the home. People who used the service were invited to attend committee meetings with the aim of improving staff performance and the service they received. Quality assurance processes were in place and staff were empowered to carry out many of these on behalf of the registered manager.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

People's medicines were managed appropriately and safely.

People were protected against the risks of experiencing avoidable harm and staff understood how to protect people.

Regular assessments of the risks to people's safety were carried out, where risks were identified these were managed safely and effectively.

People were supported by an appropriate number of skilled and experienced staff and safe recruitment procedures were in place.

Safe infection control practices were in place and equipment was well maintained.

Accidents and incidents were regularly reviewed, assessed and investigated by the registered manager.

### Is the service effective?

Good 

The service was effective.

People's physical, mental health and social needs were assessed and provided in line with current legislation and best practice guidelines.

Staff were well trained, received continued professional development and had the quality of their performance regularly reviewed.

People were empowered to make choices about their food and people's nutritional intake was monitored where needed.

The registered manager had built effective relationships with external health and social care organisations and people's health was regularly monitored.

People were supported to make decisions for themselves wherever able.

### Is the service caring?

The service was very caring.

People had excellent, meaningful relationships with the staff. People were treated with respect and dignity and staff were very kind, caring and compassionate towards them.

Independence was widely encouraged and innovative methods were used to communicate with people as well as to support people with remaining independent. People felt able to contribute to decisions about their support needs and always felt staff acted on their wishes. All people were treated equally with staff having an excellent awareness of how to respect people's rights.

Staff rotas were flexible and regularly amended to ensure people were able to be supported by the staff they wanted. People were supported to develop and maintain relationships with family and friends.

Outstanding 

### Is the service responsive?

The service was responsive.

People received person centred support focused on what mattered most to them. People were fully involved with the on-going development of their support needs.

People were encouraged to achieve their goals and to partake in activities that were important to them.

People were provided with the information they needed, in a format they could understand, if they wished to make a complaint.

People were treated equally, without discrimination and systems were in place to support people who had communication needs.

People felt able to make a complaint and were confident it would be dealt with appropriately.

Effective end of life support was available should people require it.

Good 

### Is the service well-led?

The service was very well-led.

Outstanding 

The registered manager was regarded as approachable, enthusiastic, experienced and caring.

The provider supported the registered manager by ensuring they had the resources they needed to carry out their role effectively.

People were encouraged to aim high and to succeed in life. All people were given opportunities to do so.

The Oaklands' approach to community involvement ensured people from within the service, other adult social care services and the wider community were able to meet together and build positive relationships

The continued development of the skills and performance of the staff was integral to the success of the home.

People attended committee meetings with the aim of improving staff performance and the service they received.

Quality assurance processes were in place and staff were empowered to carry out many of these on behalf of the registered manager.

# The Oaklands

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection that took place on 7 December 2017 and was announced. We gave the provider 24 hours' notice because the needs of people at the service meant that arriving unannounced may have caused them distress and anxiety. The inspection team consisted of 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.

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. We also reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. We also contacted commissioners of adult social care services (who fund the care package provided for people) of the service and external health and social care professionals for their views about the service. We also contacted Healthwatch and asked them for their views of the service provided.

During the inspection we spoke with 10 people who used the service, two members of the support staff, two activities coordinators, the training and development officer, the deputy manager, the registered manager and two representatives of the provider. We also received feedback from one healthcare professional. We have referred to testimonials received by the provider throughout this report. These included comments made by a psychiatric nurse, social worker, registered manager of another adult social care service, local authority commissioners, training providers and relatives.

We looked at all or parts of the records relating to 12 people who used the service as well as three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes

and arrangements for managing complaints.



## Is the service safe?

### Our findings

During our previous inspection on 10 December 2015 we identified some areas for improvement in relation to the way people's medicines were managed at the home. We recommended that the provider considered current guidance from the National Institute for Health and Care Excellence (NICE) on 'Managing medicines in care homes', and to take action to update their practice accordingly. During this inspection we checked to see whether action had been taken and improvements made. We found they had.

People's support records now contained details of their allergies and their preferred method for taking their medicines. We also found improvements in the way 'as needed' medicines were managed, with protocols for their safe and consistent administration now in place. 'As needed' medicines are not taken as part of a daily dose and are only given when required.

The majority of the people we spoke with did not offer any comment on the way their medicines were managed by staff, however one person said, "They [staff] said that I could do my own medication but I know I would forget, so I am happy for them [staff] to do my medication for me."

Records showed people received their medicines when they needed them and their records had been completed appropriately to show when they had taken or refused to take their medicines. We observed a member of staff administer medicines to people and they did so safely and in line with people's personal preferences. People's records contained a photograph to aid identification and to reduce the risk of misadministration.

Medicines were stored safely within locked cabinets and fridges inside a locked room. Temperatures of the room, fridges and cupboards used to store people's medicines were recorded and were within the recommended safe limit. Staff received regular competency assessments which reviewed their ability to administer medicines safely.

People were supported by staff who understood how to protect people from avoidable harm and to keep them safe. People felt safe when in the company of staff and also felt safe in their home. One person said, "I used to be frightened here but not now because they [staff] talk to me and it makes me feel alright and reassured." Another person said, "I am safe and not scared. The people who live here are safe. I have lived here for some years."

People were provided with the information they needed to keep themselves safe. An easy read safeguarding policy was available throughout the home. This policy was designed to support people with communication needs to understand the process of reporting any concerns they had about their or other's safety.

The risk of people experiencing avoidable harm, neglect, abuse or discrimination was reduced because processes were in place to protect them. A safeguarding policy for staff was in place. Staff had received safeguarding adults training. They spoke knowledgeably about how they ensured people were protected. This included detailed investigations and timely reporting of incidents to relevant authorities such as the

Local Authority safeguarding adults team and CQC, when risks to people's safety and wellbeing had been identified. All people were empowered to lead their lives in the way they wanted to. The registered manager spoke knowledgeably about how they ensured people's rights were protected in line with the characteristics of the Equality Act. This included raising staff awareness where people had expressed specific requirements for support in relation to their sexuality.

Where risks to people's health and safety had been identified through assessment, regular reviews were carried out to ensure people received the care and support needed to reduce this risk. These assessments were completed in a wide variety of areas including, medicines, personal care, people's ability to access the community independently and behaviours that may challenge others. Records showed when developing risks were identified; timely action was taken to reduce the possible effect on the person. For example, records showed a person had started to develop a condition that was affecting their mobility. Relevant referrals to falls specialists were made and preventative measures were put in place to support the person.

Regular assessments of the environment people lived in were conducted to ensure that people were safe. Regular servicing of equipment such as hoists, walking aids, gas installations, fire safety and prevention equipment was carried out. Personal emergency evacuation plans (PEEPs) were in place to evacuate people safely in an emergency.

People told us they did not feel unnecessary restrictions were placed on them. The registered manager told us they regularly reviewed people's ability to do more for themselves without staff support. For example, they told us staff had worked with one person who they believed would be able to maintain their own safety, without staff support, outside of the home. The registered manager told us the person now regularly went out on their own and they were satisfied all had been done to ensure that person understood how to keep themselves safe. This empowering approach and additional staff support, ensured this person had the confidence to do much more for themselves than when they first came to the home. We spoke with this person and they said, "I can go out on my own if I want to, to the bank and shopping. I see my [family member] in town."

Effective and safe techniques were used to support people and others if a person presented behaviours that may challenge others. Staff implemented a proactive approach to supporting people and to improving the lives of all people. Positive behavioural support was used to provide people with the right support to help them to lead a rewarding and meaningful life. Staff worked with people to find the cause of the behaviours that people may present and to find solutions that benefitted them as well as others. The positive and effective approach of staff meant that the use of physical intervention and restraint was not needed at the home.

Detailed support plans were in place that assessed and recorded the potential triggers for a person's behaviour. Distraction techniques, for staff to use to help reduce the person's anxiety were recorded within each support plan. We observed staff carrying out these techniques with understanding, empathy and effectiveness during the inspection. For example, one person displayed behaviours that others may find inappropriate. The staff member intervened quickly and calmly, asking for this behaviour to stop. The person responded positively to the staff member's intervention and apologised. The incident was then forgotten about within seconds and the person returned to what they had previously been doing.

There were sufficient numbers of staff in place to support people effectively. Where people required continuous supervision, also known as one to one support, records showed this had been provided. The registered manager carried out regular reviews of the numbers of staff working at the home to ensure a sufficient number of suitably skilled and qualified staff were available to support people. The registered

manager told us due to the very low turnover of staff and limited number of people moving to or from the home, they were confident they had the right number of staff in place to meet all people's needs. Our observations confirmed this. People were supported by staff when they needed it, but also left people alone when they wanted to be.

The registered manager told us a decision had recently been made to reduce the number of people attending the home on respite. Whilst no more than two people out of the 20 living/staying at the home were on respite at any one time, it was decided that more continuity was needed to ensure that unfamiliar people did not have an adverse effect on the people living permanently at the home. Therefore a short list of 10 people was agreed with no others permitted to come to the home on respite. The registered manager told us this had already had a positive effect on the people at the home as they only saw people that were familiar to them.

Safe recruitment processes were in place to reduce the risk of unsuitable staff members working at the home. These processes included criminal record checks. Other checks were conducted such as ensuring people had a sufficient number of references and proof of identity.

We found the home to be clean and tidy throughout. The home had an infection control policy and an infection control lead who was responsible for ensuring the home met its obligation to provide people with a clean and hygienic environment. Cleaning schedules were in place that ensured all parts of the home were regularly cleaned. Staff had completed infection control training and where required, training to ensure food was prepared hygienically and safely.

The registered manager carried out regular reviews of the accidents and incidents that occurred at the home. These reviews enabled the registered manager to identify any themes or trends which would enable them to put preventative measures in place to reduce the risk of reoccurrence. Where accidents or incidents had occurred as a result of people's behaviours, regular monitoring was carried out to help identify the cause and action was then taken.

Serious incidents were reported to the provider and where needed actions were put in place to address any immediate concerns for people's safety. Where amendments to staff practice were needed these were discussed during supervisions or team meetings.

## Is the service effective?

### Our findings

People's physical, mental health and social needs were assessed and provided in line with current legislation and best practice guidelines. The registered manager was aware of the National Institute for Health and Care Excellence guidelines and could explain how they were used to support people effectively. Where people had specific health needs, up to date professional guidance was provided for staff to enable them to support people effectively.

People told us they were supported by staff that knew how to care for and support them. People told us they felt the staff knew them well and understood how to ensure they received effective support that met their needs.

Staff were well trained, received on-going professional development and had their performance and competency to carry out their role regularly assessed. All staff had completed the Care Certificate as part of their induction programme. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. Training had been completed in areas relevant to their role including; autism awareness, managing behaviours that may challenge and dementia. Staff received regular supervision of their role and twice a year completed an assessment that measured their competency in all areas relevant to their role. The registered manager told us they were proud of their staff and felt they had the right skills and experience to provide people with high quality care and support. They also told us a decision had been made, with the agreement of the provider, that all staff must have a minimum Level 2 diploma (previously referred to as NVQs) in adult social care, with all senior staff completing Level 3. They told us this would assure staff that their professional development was important to the provider, but also contribute to the continued high quality care people living at the home received. The staff we spoke with told us they felt well trained and valued by the registered manager and the provider.

People told us they enjoyed the food provided at the home. One person said, "The food is good and there is a menu but they [staff] would change it if you wanted something else." Another person said, "The food is beautiful and on my birthday I can go out to anywhere I want to go (for a meal)."

People were fully involved with menu planning and buying and cooking food for them and for others. People met with staff regularly to decide what meals they wanted that week. Pictures of food and drink items were used during these meetings to help people with communication needs to express their views. The kitchens were well stocked with a wide variety of healthy and snack foods. Food was stored safely. Staff, had undertaken food hygiene training and held information about people's allergies and food preferences that helped to reduce the risk of people receiving food that could cause them harm.

We viewed lunch being served in one of the bungalows. People were offered choices and people were seen to eat a variety of options with the most popular being soup or sandwiches. People were able to eat independently and although some people appeared to struggle slightly, staff did not intervene unnecessarily, ensuring people's right to eat independently was not affected. The atmosphere was relaxed

and calm and people and staff were chatting together. During the afternoon we saw people working with staff to prepare the evening's meal. The staff were supportive and encouraging and ensured people were involved as fully as they wanted to be. This approach was reflected in other meal times viewed in the other bungalows.

Where risks to people's nutrition were identified, food and fluid monitoring charts were in place to record the amount of food and drink they consumed. Where people had been identified as a risk of choking or other risks associated with food and drink consumption, preventative measures were in place to reduce the risk to people. This included extra staff support when people were eating and encouraging people to eat slowly and with smaller mouthfuls of food.

People's support records were detailed and relevant to each person's current health needs. This ensured that when people required a visit to their hospital or other health or social care service, they had clear and up to date information that would enable those services to provide people with the care and support they needed quickly. We noted for people who had communication needs there was also information included about how to effectively communicate with each person.

To enable a smooth transition between health and social care services and to reduce the impact on people, care records contained detailed information which explained how people communicated, their personal preferences with regards to how they liked their healthcare to be provided and any known risks that other agencies should be aware of.

People told us staff supported them to lead healthy lives and they were able to access their GP, dentist or other healthcare professionals when needed. People told us they liked having the support of staff when they went to appointments. One person also said, "I have a green book that I take to the doctors with me. It helps a lot of people. The doctor writes in the book. They write what we have talked about and then everybody knows. I don't always understand what the doctors at the hospital say to me so the staff help me to understand."

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

Where people lacked the ability to consent to decisions about their care, their support records contained assessments to ensure decisions that were made adhered to the principles of the MCA. When a person was unable to consent to a decision, mental capacity assessments were completed. These included decisions such as supporting people with their personal care, keeping safe when in the community and medicines. Best interest documentation was always recorded when a particular decision had been made for people. This documentation is important as the views of the people who have contributed to the decision, normally the person's relative or appointee, are recorded, to ensure that as wide a range of views are considered before a final decision is made. To ensure people living at the home were aware of the process of how a decision had been made for them; an easy read version of the provider's mental capacity policy was in place.

People can only be deprived of their liberty to receive care when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Records showed that DoLS applications had been made for people whose safety

would be at risk if they were out in the community on their own. We looked at the paperwork for three of these people and saw the staff adhered to the terms specified.

The people we spoke with did not raise any concerns about the way decisions were made with or for them and did not feel their liberty had been unnecessarily restricted.

## Is the service caring?

### Our findings

People had formed excellent relationships with staff which they felt had made a positive impact on their lives. One person said, "I have a key worker and I would recommend living here to anyone. They can't do enough for me; they bend over backwards and always have time to talk to me. I trust them; I have no fears at all." Another person said, "They help me and they listen to me. Nothing is too much trouble." A third person said, "There are lots of nice people here and I feel loved. They [staff] love me."

Seeking and acting on people's views, preferences and aspirations was at the heart of the service provided. Staff were highly motivated and committed to improving the lives of all of the people who lived or came to stay at the home. Staff were provided with a 'Code of conduct' when they first started to work at the service with the key question asked of them throughout their induction, training and supervision; 'Would you like what you are doing to be done to a member of your own family?' The registered manager told us it was this key question that was the cornerstone of everything the staff did for people. This, they told us, ensured staff were always motivated to provide kind, caring and compassionate support for all.

People told us their views were always welcomed and acted on. They told us they were fully involved with decisions about their care and support needs as well as the activities they liked to do. 'Sunday meetings' were in place where people were able to meet with their key worker or other members of staff to discuss what was important to them and how staff could support them to achieve what they wanted. One person described these meetings, "Every Sunday we have a meeting. I have a care plan and the staff look after it. I can ask for things to go in my care plan. I have chosen my clothes for going shopping tomorrow."

To ensure others with communication needs were not discriminated against and given the same opportunity to express themselves during these meetings and at other times, a wide range of alternative communication methods were in place. These included easy read documentation both within their support records and throughout the home but also personalised physical items such as story or communication boards. One person took great pride in showing us their personalised communication and activities board which they had devised with staff and this was used to ensure the person was able to describe what they would like to do and what was important to them. The person indicated to us that they had their board and other pictures displayed on their bedroom wall. The person appeared to be very happy and we observed staff using the communication board with them throughout the day. The person excitedly indicated to us they would be going to watch a football match later that evening with the registered manager, on the home's minibus.

Time had been taken to ensure staff were able to get to know the people living at the home and in building and maintaining open and positive relationships. People were in the process of completing their 'Memory Books' which were personalised and completed to each person's own individual preferences. Some people had included photos, drawings, signs and symbols that helped them to record their memories. Staff used this information to help them build on the positive relationships they had already formed with people. A healthcare professional spoken with after the inspection visit said, 'All the staff I spoke with (when they last visited the home) were kind, skilled and knew the residents and their needs very well.'

The registered manager and their staff were sensitive to people's needs and were able to provide caring and compassionate care and support when needed. Recently people living at the home had suffered bereavement and this for many was the first time they experienced loss of this kind. The registered manager told us they were concerned that people may struggle to express their feelings, especially those with communication needs and spoke with the provider about how they could support people to do this. The result of this was a 'Memory Garden'. Although not yet completed at the time of the inspection, the registered manager told us this would be a part of the home where people could sit and remember their lost loved one, lay some flowers and discuss their feelings with staff. We saw a bench was already in place with a plaque attached with the name of a person who had passed away. Two people spoken with spoke fondly of their friends who had recently passed away.

The registered manager also told us staff will be given the skills needed to support people through bereavement. They had arranged for staff to attend a training course designed to help people with a learning disability deal with bereavement. The registered manager said, "Although this is a sad occasion, we hope the 'Memory Garden' will be a happy place for people to go to remember friends they have lost within the home but also the loss of family and friends from outside of the home."

Staff were particularly skilled in encouraging and supporting people to help them get the support they needed even if they were initially resistant to it. The registered manager told us staff would always sensitively raise any concerns they had about people's health and support needs and tried to work with them to resolve it. For example, they have supported people to take pride in their appearance and do as much of their own personal care as possible. Staff have worked with people on an individual basis, setting them achievable goals which people responded positively to. This simple, yet encouraging approach ensured the people's dignity and self-worth were maintained and had a lasting positive impact on their life.

Information was provided for people, in an easy read format, about how they could access advice from an independent advocate if they wanted it. Advocates support and represent people who do not have family or friends to support them at times when important decisions are being made about their health or social care. At times, people have requested the registered manager to act as their advocate in meetings with social workers and other healthcare professionals. A healthcare professional who attended one of these meetings described the registered manager's approach in a letter, 'May I take this opportunity to say what a fantastic support and advocate you are for [name]. Your compassion really does shine through'.

People were supported by staff who understood the importance of providing dignified care for all. Staff spoken with told us the care and support provided ensured people could always live their lives to the full but always with dignity. The registered manager told us dignity in care was a fundamental aim of the provider and everything they did for people focused on achieving this aim. Staff performance in providing dignified care was regularly monitored through assessment, and if staff had fallen short of required standards, this was addressed with them.

The home ran many initiatives throughout the year to raise awareness of the importance of providing dignified care; however the cornerstone of the home's approach was the annual 'Dignity Day'. The annual event involved all people from the home plus people from other adult social care services and the local community to come together to take part in activities designed to improve further the standard of dignified care, not only at The Oaklands but in other services and the community. Initiatives such as the 'Dignity Daisy' were used following the National Dignity Council's guidance. The 'Dignity Daisy' was a ten petal flower which people, staff and the community used to record on each petal what dignified care meant to them. The registered manager told us each daisy was personal to each person, but served as a reminder of what was expected both of them and others to ensure they were providing and receiving care that was dignified and



respectful with prejudice or discrimination. This annual event then culminated with a pantomime, bringing all people, staff and the community together as one from the planning right through to the performance. During this inspection people explained enthusiastically what their roles were in the play and that it was clearly going to be a joyous and exciting occasion for all. One healthcare professional who attended the last pantomime said, 'On my last visit I attended the Christmas pantomime which a few of the residential service users had a part in, from acting to back stage helping. I shed a tear I will admit; everyone had such a good time.'

Promoting dignity through increased independence was another fundamental aim of the provider. The registered manager continually looked for innovative ways to increase people's ability to do more themselves. Technology was sometimes used to support this aim. For example, one person had been having difficulty with accessing their toilet and had become an increased risk of falls as they were unable to locate it. The registered manager sourced illuminous footprints and lights which lit the way from the person's bedroom to the toilet which was then lit up to further aid identification. The registered manager told us this had reduced the risk of the person falling but also reduced the risk of the person's dignity being compromised. We saw other examples of this type of technology being used. For example, lights were attached to a person's walking aid to help them to find it in the night and also around light switches, again to help people to live more independently. We also noted the three bungalows in which people lived were all on one level with easy access to each one. People were encouraged to move between each bungalow to take part in activities and to meet and to eat with friends. This enabled people to be more socially inclusive without the fear of discrimination due to their physical disability.

Empowering people to take some responsibility for the own safety through independent thought and actions was another aim of the provider. People were encouraged to attend training courses with staff if they had expressed a wish to but also key areas such as fire safety and awareness were promoted throughout the home. The local fire service had been invited to attend the home to talk with people about raising their awareness of fire safety and how they could protect themselves and others. The registered manager told us they had spoken with the representative of the fire service before they attended to ensure the approach was tailored for people with learning disabilities. We were told the addition of a fire engine helped to attract many people to the session. The registered manager told us improving people's ability to make independent decisions had enabled them to assist some people in moving to supported living settings. They told us the work they did with these people gave them the skills to lead more independent lives with less support from staff.

People were able to choose the staff that provided care and support for them. If people were unable to express their preferences then the registered manager had ensured that the staff who had built positive and effective relationships with people over time were appointed to work with them wherever possible. People were able to choose whether they had a male or female member of staff to support them with personal care. One person said, "I can trust these people [staff] and I know that they are my friends." The registered manager told us that ensuring people were supported by staff that they felt most comfortable with was key to the calm and positive atmosphere within the home. However, they also told us that this approach extended to outside of the home. They gave an example where a person needed to be admitted to hospital and there was a serious risk of them absconding if they did not have their preferred staff members with them at all times. The registered manager discussed this with the staff and rotas were changed to ensure the person had the support they needed, 24 hours per day. This flexible and caring approach ensured the person's stay in hospital was as calming as possible whilst also maintaining their safety.

Ensuring people were treated equally with no discrimination was a fundamental aim of the provider. People were provided with the information they needed to inform them of their human rights and how they should

expect them to be respected by staff. Staff had all completed equality and diversity training, providing them with the skills needed to ensure people's rights were protected. The registered manager spoke knowledgably about people's diverse needs and could explain how staff supported people with them. They gave us an example where a person had started to express their sexuality and this had resulted in staff requiring a different, but supportive approach for them. Throughout the inspection we noted staff treated people with respect, valued their opinions and always ensured people's human rights were respected.

People's care records were handled respectfully ensuring the information within them was treated confidentially. Records were stored in locked cabinets away from communal areas to prohibit unauthorised personnel from accessing them. The registered manager was aware of the requirements to manage people's records in accordance with the Data Protection Act.

## Is the service responsive?

### Our findings

Before people started to use the service an assessment was carried out to ensure people could receive the support they needed. They, or where relevant an appropriate relative, were consulted and then agreed support plans were put in place detailing how they would like staff to support them or their family members. These support plans included information about people's specific health needs such as the assistance needed with medicines, eating and drinking and accessing the community. Easy read reference sheets were included within these support plans that enabled people with communication needs to be able to understand and were able comment on their content. These records were reviewed on an on-going basis with people and where relevant with their relatives.

People felt involved with the on-going planning of their care and support. Some of the people we spoke with were able to tell us about their support plans and how they had been involved with putting them together and their continued development. One person took great pride in showing us their support plan and telling us what it meant to them. Another person said, "I can tell the staff how I want them to look after me." People's personal preferences such as their preferred time to get up and to go to bed, or food and drinks likes and dislikes were included along with information about their life history and background. We observed staff use this information throughout the inspection to engage in meaningful conversations with people.

People supported by the service had a learning or physical disability with a small number of people also living with dementia. The registered manager ensured all people were treated equally and had the same access to relevant information as more able people. The registered manager was not currently fully aware of the Accessible Information Standard (AIS); however they were already implementing its principles throughout the service. The AIS ensures that provisions are made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. In addition to easy read documentation within people support records, other easy read documentation was used throughout the service to explain to people what safeguarding, mental capacity and deprivation of liberty meant for them. Other effective systems were used such as Picture Exchange Communication (PEC) to explain to people what to do in an emergency such as a fire. This system allows people with little or no communication abilities to communicate using pictures.

People's support records showed their religious and cultural needs had been discussed with them and support was in place from staff if they wished to incorporate these into their life. Where people had expressed a wish to go to church they were assigned a 'church buddy' who would take them but also sat and talked with them about God, read spiritual books and sang hymns. One person said, "I go to church and the church buddies came and take me there every two weeks."

People felt able to lead their lives in the way they wanted and were supported by staff to access activities both within their home and within their local community. People told us they regularly discussed with their key worker and other staff what activities they would like to take part in and the staff supported them with doing so. One person said, "I wished I could go to Butlin's, Scotland and (local shopping mall). I have done

these things." Another person said, "I go out to the Carvery and am busy with the pantomime and Christmas." A third person told us they liked to volunteer at the home's community centre when events were held there, they also said, "I volunteer (at the charity stall held in the community centre) and have happy times."

There was a clear emphasis on ensuring all people led active and meaningful lives, people's goals, aims and ambitions were discussed with them and staff did all they could to help people achieve these. These ranged from the more complex aims of holidays away from the home to obtaining large piece jigsaws for people who had difficulty completing ones with small pieces. The home had two dedicated activities coordinator who spoke passionately about how they supported people with achieving their daily activities as well focusing on developing their life skills. For example, one person liked to help around the home carrying out domestic tasks and had given themselves the title of 'Matron of the home'. The staff members told us this made the person feel appreciated, fulfilled and respected.

People were supported to maintain relationships with friends and family and to help them to avoid becoming socially isolated. People told us they regularly saw people outside of the home and the registered manager told us family and friends were welcome to take part in any of the events that were run within the home and also in the community. One person said, "[My family member] lives in a care home and they [staff] take me to visit them every month."

People told us they felt confident to raise a complaint if they needed to and that it would be acted on. An easy read complaints procedure was made available to assist people with communication needs. The registered manager told us they promoted an open and honest service and welcomed people's feedback or concerns. We noted pre-stamped envelopes addressed to the CQC were openly available for people, relatives or other visitors if they were not satisfied with quality of the service provided.

Records showed the registered manager was aware of their responsibilities to ensure that when a formal complaint was made, a response was sent to the complainant in good time, outlining what they had done to investigate the issue and where appropriate, what action they would be taking. Learning from complaints made formed a regular part of senior management meetings and where needed, discussions were held with staff to ensure they were aware of improvements that were needed.

End of Life care was not currently provided at the home however they had done so in the past. We noted positive comments had been received from relatives and professionals about the way staff had supported the person and their family through this difficult time. The registered manager told us and records confirmed discussions had been held with people and/or their relatives about their wishes should they need end of life care and support. To assist people with communication needs, this was also provided in an easy read format.

## Is the service well-led?

### Our findings

There was a clear emphasis on people being encouraged and supported to lead as fulfilling a life as possible. People were empowered to overcome any obstacles, such as limitations in their mental and physical well-being, to aim high and to succeed in life. A dedicated and enthusiastic staff team was in place, led by an excellent management team including regular support from the provider via the Executive Committee.

The Oaklands had a clear strategy, aim and vision for the continued improvement of people's lives. The registered manager, the staff and the people who lived or came to stay at the home all contributed to its success. The views of people and the staff were welcomed and actively encouraged to help improve the service. The provider holds regular meetings with the registered manager, staff and now most recently the inclusion of a person living at the home to discuss what was working and what may need improving. Agreements were reached whereby finances would not prove a barrier to people's lives and helping them to develop and achieve their goals. All people, no matter what limited finances they may have were not excluded from partaking in the many activities and experiences on offer at The Oaklands. This included, holidays, all activities, new clothes, furniture and much more. No-one was left behind at The Oaklands and that is why the lives of all have continued to flourish with the continued support and leadership of a collaborative management team.

People enjoyed living at the home, relatives and friends enjoyed visiting and staff enjoyed their roles. One person said, "This is the best place in the world." A staff member said, "I have never worked anywhere like this place. It is so welcoming and warm that I feel like I am seeing family and friends."

The registered manager told us the approach of the provider was to provide staff with a focused career path, with opportunities for continued professional development and for promotion. This then ensured that dedicated and experienced staff were in place to work with the registered manager to provide people with continued high quality care. This enabled the home to still operate effectively if and when the registered manager was absent. Staff felt proud to work at The Oaklands and were highly motivated and dedicated to providing the highest possible care they could. Staff attended regular meetings with the registered manager and the representatives of the Executive Committee and felt their opinions were valued and acted on. Staff felt respected and were able to build a career at the service. The development of staff performance and ensuring all staff had achieved a minimum of Level 2 diploma in adult social care, with many obtaining higher levels, showed a continued investment in upskilling the workforce. Many of the staff had been promoted from within to take on senior or management roles and this was reflected by a very low turnover of staff. All of the staff we spoke with felt included and valued and there was a high level of satisfaction gained from their roles.

The home is led by a passionate, caring, enthusiastic and experienced registered manager who was universally praised during our inspection for their approach to improving the lives of all and developing a strong and effective workforce. The registered manager has overseen two years of continued improvement and development of the service which has improved the lives of all people and the working environment for

staff. They have taken on board professional advice and guidance and used that to develop both their and their staff's knowledge and understanding of their role. This has resulted in positive comments from people when asked about the approach of the registered manager. Comments from people spoken with and recorded testimonials from the last two years include; "He is the greatest, he has helped my life so much." A staff member said, "Without doubt the greatest manager I have had, possibly will ever have." A healthcare professional who had recently visited the home said, "He is open, honest and caring." A representative of the provider said, "If you cut him in half it would say 'The Oaklands' running through him."

The provider via the Executive Committee demanded excellence, but offered support and encouragement to the registered manager to help develop their role and the staff to ensure people received high quality, dignified person centred care and support. Representatives of the provider told us they had faith in the registered manager and the staff to provide care and support for all people in line with the providers aims and values. This included empowering staff, giving them areas of responsibility and the assurance of quality within those specific areas to enable them to contribute to the continued success of the service. Staff were given roles in areas such as medicines, respite care, care planning and rotas with the expectation they would develop their knowledge by attending training courses and keeping up to date with current best practice guidelines and policies such as providing people with safe care with epilepsy or eating safely and healthily. Staff were expected to inform their colleagues of any changes and to be a focal point for any queries in their specific areas. All staff were held accountable for their roles and where staff had specific additional responsibilities their performance was regularly reviewed during supervisions. The registered manager said, "It would be impossible for me to do everything. We have talented staff here and we want to keep them. Giving them the chance to develop their skills and work their way up through the company is fundamental to the on-going success of The Oaklands." Our observations throughout the inspection were that this was working extremely effectively. When we had questions relating to any of the assigned staff roles such as medicines, training or care planning, the registered manager deferred to that member of staff to explain how each part worked at the home. Staff were confident and clearly felt empowered by the registered manager and the provider.

The service has been commended by external training providers for the continued development of their staff and the drive for providing sustained high quality, outstanding care and support. One training provider said, '[The registered manager] has a clear vision and ensures his staff and team are all working to the same objectives. He is always looking to improve all areas of delivery and he is an avid networker, ensuring he is kept up to date with new ways of working and legislation.' The registered manager along with other senior staff have attended high level local forums and groups run by the local authority and other relevant organisations to help develop their knowledge and to ensure continued best practice. A representative of the local authority told us the registered manager was, "Part of the provider engagement team who helped us with our provider forum in September 2017. We found him to be enthusiastic and proactive and he seems to be doing well at the home."

Members of the Executive Committee told us they welcomed being held to account and they held meetings that were open to all, including the local community to question their actions and to help the continued improvement of the service. Examples showing the Committee and registered manager had listened included the setting up of an activities committee. This was set up with for people from within the home attending to decide how best to spend money raised through local fundraising events. Additionally people living at the home were involved fully with the recruitment of new staff both in the interviewing stage but also during a short shadowing period where prospective staff met people living at the home and they were observed engaging with them. The registered manager said, "If the people here don't like them, they don't work here. It is that simple. We are picky about who we employ, it is not just about qualifications, it is about do they 'get' The Oaklands, can they contribute? If they can, then welcome!"

The provider took its role within the community very seriously and saw The Oaklands as a hub for bringing the whole community together through localised events, activities and fundraising. The Oaklands has its own community centre. This centre was used for a wide range of activities for the people living there, people from other local learning disability adult social care services but also people from the wider community. A weekly disco was held for people with a learning disability and this was well attended by people from other adult social care services. The registered manager said, "This is a very popular event and helps people to form meaningful relationships with others outside of the home." Other events have included the 'Dignity Day'. This event was open to all people from across the community, including other adult social care services and we were told it was well attended. The day offered information to people about respite care and dementia with an overarching theme of 'Smile, No Bullying'. In addition to this, craft stalls, games and activities were available for people to take part in. The work The Oaklands had done for the local community was rewarded with a grant from a local building society. The reputation of the home locally led to one visiting professionally stating, 'The Oaklands is a popular and much sought after home.'

A Christmas meal was also held at The Oaklands, attended by people from another local adult social care services. The deputy manager of that service stated, 'Our service users had a fabulous time. The atmosphere was amazing and the staff catered for people's individual needs. What we love about visiting our friends at The Oaklands is how welcoming it is. Long may we continue to support each other and encourage friendships'.

Innovative and inclusive methods of gaining and acting on people's, staff's and the feedback of others were in place. There was an honest and transparent approach that informed people of the progress of any concerns or changes to care and support. Records showed a wide variety of people provided very positive feedback in relation to the quality of the service provided. These included relatives, health and social care professionals and members of the local community. Comments included; 'They [staff] more than provide the care we want for [name]. [Name] is well looked after and cared for and staff have a genuine interest in them.' Another comment included, 'It is a great place and [name] tells me all the time they would not want to live anywhere else'.

The registered manager had a variety of auditing processes in place that were used to assess the quality of the service that people received. Some of these were delegated to other staff to aid staff development. These audits were carried out effectively to ensure that if any areas of improvement were identified they could be addressed quickly. Regular reports were forwarded to the provider to ensure they were made aware of any actions taken. Where areas for improvement had been identified, action plans were put in place to address them. These were then continually reviewed to ensure sufficient progress was made. An 'audit the auditor' process was also in place, where a representative of the provider carried out a review of the performance of the registered manager to ensure they were carrying out their role in line with the provider's aims values. Where any improvements or areas for development were identified these were discussed and agreed actions put in place.

People were supported by staff who felt valued, their opinions were respected and they understood how to identify and act on poor practice. A whistleblowing policy was in place. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.