

Alliance Home Care Limited

The Oaks

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service: The Oaks is a residential care home for people living with a learning disability and/or autism. People living at the service did not communicate verbally and had other complex needs including sensory impairment. It is registered to provide personal care for up to six people; at the time of inspection the home was full. There were five people living there permanently and one person who regularly stayed on respite.

Accommodation was provided over two floors and communal areas included a lounge and dining room, an additional dining room and kitchen and a sensory room. People had their own rooms with access to gardens at the rear of the home.

People's experience of using this service: We observed people and we saw they were comfortable in the presence of staff and in their home. Throughout the inspection, we observed positive interactions between people and staff. Staff spent time with people as and when they wanted. Staff respected people and enabled people to be independent. People were treated with dignity, patience and kindness.

People were safe and were supported by staff who were trained to recognise the signs of any potential abuse. Staff had been trained in safeguarding and knew what action to take if they had any concerns about people's safety or welfare. People's risks were identified and assessed appropriately. Staff knew how to keep people safe in an emergency such as a fire.

The provider's internal quality assurance team carried out audits which the registered manager used to improve the service. A range of quality assurance systems measured and monitored the quality of care and the service overall. The registered manager worked with a maintenance plan to identify issues and to ensure planned improvement works were carried out.

There were sufficient staff to meet people's needs, to enable them to engage with activities, access the community and to live their lives as independently as possible. People were supported by staff whose suitability was checked through a robust recruitment process. People's medicines were managed safely.

Before they came to live at the home, people's needs were fully assessed to ensure that staff could meet their needs appropriately. Staff completed training that was driven by the needs of the people and were experienced in their roles to provide effective care to people. Staff received regular supervisions and an annual appraisal.

Staff used people's feedback, likes and dislikes to plan menus and staff knew people's dietary and eating requirements. People had access to a range of healthcare professionals and services. 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 supported this practice.

People were comfortable and relaxed in the company of the managers and support staff. Staff were asked for their feedback about the home and staff meetings were held regularly. Relatives were asked for their feedback about the home through surveys and by talking to the registered manager.

People received personalised care that was tailored to meet their individual needs, preferences and choices. Care plans were detailed and guided staff about people's needs and how to meet them. Staff supported people to make choices and to live as independently as possible. Complaints were recorded and resolved. No-one living at the home required end of life care at the time of the inspection.

This service met the characteristics of Good. More information is in the 'Detailed Findings' below.

Rating at the last inspection: Good. The last inspection report was published on 29 June 2016.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission (CQC) scheduling guidelines for adult social care services.

Follow up: We will review the service in line with our methodology for 'Good' services.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

The Oaks

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.

Inspection team: There was one inspector and an assistant inspector.

Service and service type: The Oaks provides accommodation with personal care and support for up to six adults with learning disabilities and/or autism and other complex needs. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The Oaks had been built and registered before Registering the Right Support (RRS) had been published, nevertheless we found the care service reflected the values that underpin 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' – Registering the Right Support Policy.

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 the service 48 hours' notice of the inspection visit.

What we did:

Before the inspection: We reviewed information available to us about this service. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

The registered provider had completed a Provider Information Return (PIR). 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.

During the inspection we looked at:

- ☐ Two staff files
- ☐ Two people's care records and medicine records. This included 'pathway tracking' people living at the home. This is when we check that the care detailed in individual plans matches the experience of the person receiving care. We carried this out for one person. It is an important part of our inspection, as it allows us to capture information about a sample of people receiving care.
- ☐ Audits and quality assurance reports
- ☐ Minutes of meetings with staff and survey outcomes
- ☐ Activity records
- ☐ Records of accidents, incidents and complaints
- ☐ Audits and quality assurance reports
- ☐ Other documents relating to the management of the service.

During the inspection we spoke to:

- ☐ Due to the nature of people's complex needs, we were not able to ask people direct questions. We spent time observing the care and support people received and interactions between people and staff. We observed a lunchtime meal and people receiving their medicine.
- ☐ Five members of staff: (Three support workers, the Registered Manager and the Area Manager)

After the inspection;

- ☐ We spoke with a relative by telephone.
- ☐ We received comments by email from a local authority community team for people living with learning disability and the live-in carer for a person who lives in the community but spends a few days per week on respite at the Oaks, throughout the report we refer to this professional as the 'person's representative'.
- ☐ The relative and health and social care professionals gave us permission to quote them in this report.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- A safe environment was provided for people. A relative told us "I know <Person> is safe there. They really look after <Person>."
- Staff knew how to keep people safe in the event of an emergency such as a fire. Staff were trained in fire safety and in using equipment to keep people safe. A fire drill was carried out weekly and at night every three months, staff told us that people participated in the day time drill if they wished.

People were supported to understand how to keep safe and to raise concerns if abuse occurred.

- Staff had completed training in safeguarding and knew how to recognise the signs of potential abuse. Staff knew what actions to take and said they would report any concerns. The registered manager had completed additional local authority training about safeguarding.
- People were supported to access advocacy services.
- The registered manager understood how to notify the local authority and the CQC about any safeguarding concerns. Notifications were completed as required.

Assessing risk, safety monitoring and management

- We looked at a range of risk assessments including eating, accessing the community, travelling, behaviours that challenged, shaving, medicines, money management, personal care and communication that showed people's risks had been identified and assessed comprehensively.
- Premises were managed safely. Internal environmental checks were completed. Cleaning materials were kept securely. External contractors serviced and reported on fire, electric, gas and health and safety as needed.

Staffing levels

- Staffing levels were sufficient, rotas showed this and staff confirmed that there were sufficient staff to meet people's needs.
- The number of staff required was assessed based on people's support needs. Some of the people required one to one support and staffing levels included providing staff to accompany people on activities outside of the service.
- During the day there were three-four support workers on duty as well as the deputy manager and registered manager. At night, one waking member of staff was on duty and an on-call manager was available.
- Robust recruitment systems ensured that new staff were safe to work in a social care setting. Staff files showed that checks had been made with the Disclosure and Barring Service which considered the person's character to provide care.

- The registered manager told us that they used agency staff to cover vacancies and unplanned absences but all agency staff were regularly used and consistently well known to the people.
- Relatives and professionals involved in people's care consistently told us that having a consistent staff group helped the people to achieve good outcomes, a person's representative told us "One of the main reasons why I believe The Oaks works well for <person> is that the staff are consistent and many have been there since they started back in 2017. It makes all the difference to a service when the staff can get to know the people they care for well, and the fact that staff turnover seems to be very low is one of the best things about this service."

Using medicines safely

- Medicines were managed safely. Medicines were ordered, stored, administered and disposed of as required.
- Medication Administration Records (MAR) showed that people received their medicines as prescribed. The MARs were accurate and completed correctly by staff.
- Where people had as and when needed (PRN) medicines staff were supported by comprehensive PRN protocols that guided staff about the prescribed medicine and how to know the person needed the medicine. Person centred guidance referred to people's body language, gestures or facial expressions.
- Internal medicine stock checks and audits were completed regularly.
- Staff were aware of the Stopping over-medication of people with learning disabilities (STOMP-LD) guidance and had worked with health professionals to reduce the dosage of people's medicines, for example three people had their anti-psychosis medicine reduced and another person's night time sleeping had improved after staff worked with the GP to change the timing for one of their medicines.
- Where people had prescribed topical creams, people had body maps in their care plans so staff knew where and when creams needed to be applied and this was recorded in the person's MAR.
- Staff showed us processes for medicine administration that reduced the potential for medicine errors for example, a colour coding system for morning, lunchtime and night-time medicines. Two staff worked together when giving medicines, one staff would give medicines and the other staff member would double check the records and signatures.
- Staff were considerate and discreet in their approach to giving medicines and supported people in accordance with their needs, for example one person used a dysphasia mug to assist them in swallowing medicines with a thickened fluid. Staff were patient and did things at each person's individual pace.

Preventing and controlling infection

- Staff used protective personal equipment, aprons, gloves and antibacterial gel was available throughout the home. People were encouraged to clean their rooms and staff helped to clean where the person gave them consent.
- Staff completed training in infection control and food hygiene.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. The registered manager carried out analysis of incidents, near misses and accidents to identify themes, trends and to take actions to prevent any incidents from happening again. For example, one person had an increase in incidents related to their behaviour, the registered manager investigated with staff, and with staff from a day centre the person attended, to find out the root cause of the increase in the person's behaviour that challenged and to identify any unmet needs that might be triggering the behaviour. The registered manager had also consulted with the local authority social work duty team to seek their advice.
- The registered manager used outcomes of audits from the provider's quality assurance team to improve the quality of the service, we saw recommendations from a recent audit in the providers maintenance plan.

- The provider had a debriefing system for staff where staff had been injured or distressed due incidents. Records showed when learning was identified from this process.

Is the service effective?

Our findings

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

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.

- People's needs were assessed before they came to live at The Oaks. Staff ensured that people's needs could be supported by staff. They also looked at the compatibility of people at the home before accepting any new admissions.
- Where people were unable to advocate for themselves or had no representative that could advocate on their behalf. Staff support people to access an advocate or advocacy service.
- Staff arranged best interest decision meetings involving health and social care professionals such as a social worker, relatives or advocates and involved the person as much as possible. A relative told us "I am always involved and this makes me very happy, every year we meet to review their care plan, I am always involved in day to day care and bigger decisions."

Staff skills, knowledge and experience

- Staff had the knowledge, skills and experience to support people effectively and meet their current needs.
- Training had been identified that was considered essential for staff to complete. This included positive behaviour support, mental capacity, breakaway techniques and physical intervention, epilepsy, medication, learning disability, Makaton, diabetes, first aid, vision impairment awareness, moving and handling, medication, safeguarding, infection control and food hygiene. Training was arranged according to the needs of the people living at the Oaks.
- Staff were encouraged to study for vocational qualifications in health and social care where they wished to pursue further professional development, at the time of the inspection three staff were completing additional studies. New staff completed a two-week induction then followed the Care Certificate, a work-based, vocational qualification for staff who had no previous experience in the care sector. New staff spent time getting to know people and shadowing more experienced staff before working with people unsupervised. Staff were encouraged to do additional levels of national vocational qualifications in care.
- Staff had access to additional training if they were a named champion, the Oaks has a champion for dignity, infection control and communication. The communication champion, a support worker, had completed additional training accredited by the Royal College of Speech and Language Therapists, this learning was shared with other staff and the communications champion had increased the use of pictorial representations in assessment and best interest decision meeting templates to make them more accessible to people.
- Staff received regular supervision and an annual appraisal, records confirmed this.
- The registered manager showed pride in their staff, they told us "I feel lucky because of the staff, they have great knowledge and experience. All staff are team players, they work in partnership together to create a seamless experience for the people that live here."

Supporting people to eat and drink enough with choice in a balanced diet.

- Healthy, balanced, eating was promoted. People were supported to have sufficient to eat and drink throughout the day.
- Menus were planned and pictures of the meals were used to help people to make choices. Staff told us they got to know people's likes and dislikes to plan meals. Staff knew people's dietary requirements, for example, one person needed food pureed and another needed a diabetic diet. Staff knew of people's dietary requirements according to their religious or cultural beliefs and planned meals around these needs for example one person did not eat beef as part of a religious need.
- Staff knew which people were at risk of choking. People were referred to the speech and language therapist (SALT) and staff followed their guidance. One person had recently had coughing incidents and staff were following interim measures to reduce the risk of choking until the person could be assessed by SALT.
- Staff understood people's preferences, for example two people preferred to eat their meal in a quiet room with the blinds closed, this reduced distractions and disturbance and supported them to eat their meal.
- When people went out to a day centre staff made them a packed lunch to take with them such as a sandwich and snack of their choice.
- People could choose when they ate their meal, for example one person regularly had short naps on the sofa, staff waited for the person to wake up from their nap before having lunch on a bean bag which was their preference.
- People had access to a large kitchen in their home and staff support was provided as needed. Staff told us one person usually made a drink and a snack during the night independently and night staff were available to support if they needed. Snacks such as fruit were available throughout the day. Staff and people held cooking sessions making cold food items such as fruits and salad together.
- We observed four people sitting together to eat their lunch. Staff discreetly sat with people at the table so that staff could prompt people or support them as required. A staff member gave one to one support to a person who was awaiting assessment by SALT. Staff encouraged independence at mealtimes, we observed that one person took their cup back to the kitchen after their meal.
- People were encouraged to be as independent as possible eating their meals. One person who had swallowing difficulties used their dysphasia cup and four people used plate guards.

Staff providing consistent, effective, timely care within and across organisations.

- Links had been established with health and social care professionals.
- Staff had a communications book, staff would write daily updates to each other about changing needs for any of the people living there. A support worker told us "We have good teamwork and we're flexible with what we do, we're aware of where each staff member is so that where people need one to one support this is consistently provided."
- The registered manager and provider worked closely with the local authority and community health learning disability teams. A manager in a local authority community team for people living with learning disability (CPLDT) told us "The Oaks provide a good level of service to residents and continue to provide support even when there are changes or difficulties with a customer – many providers would give notice in such circumstances. <Provider> liaises with CLDT over any issues or concerns."
- A person's representative told us "<Person's> stays are coordinated with the registered manager. I am pleased to say that there is also flexibility within this, and the service is always very accommodating if dates need to be changed for any particular reason. <Person> also attends a day service, and at a recent annual review, The Oaks' registered manager and area manager made the effort to attend the meeting in order to see how the day service support <person>, and to talk about any improvements that we could all make in the way that he is supported."

Supporting people to live healthier lives, access healthcare services and support.

- People were supported to live healthier lives and had access to a range of health and social care professionals and services. The registered manager and staff had a good relationship with the local GP practice, the registered manager told us that the GP telephoned every Monday morning to check on the people.
- Staff supported people to attend health appointments and health professionals visited people at home. For example, a person needed a medicine injection every three months. Staff worked with the health professional to arrange for them to visit the person at home every three months. This reduced any fear the person had about the injection by not having to visit a hospital, by being at home where they were comfortable and where staff could support them.
- People had access to a chiropodist and aromatherapist who visited the home regularly.
- Records confirmed that people attended appointments with professionals such as their GP. As needed, referrals were made to specialists, such as speech and language therapists, occupational therapists and psychiatrists.
- One person had diabetes, staff told us how they helped them to control it through their diet and through medicines. We saw guidance about how to support this person with food and drink in the kitchen.
- People received annual health checks with the GP that staff arranged.

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

- People's needs were met by the design and decoration of the home.
- A relative told us the home was "always neat, tidy and clean".
- People chose how they wanted their bedrooms to be arranged, including furnishings, decoration and wall colour. People's rooms were personalised with bed linen of their choosing, music systems and photographs. One person had a whiteboard in their room where they, staff and visitors wrote notes to each other.
- The lounge and dining area had a smart TV, DVD's and games. Throughout the home there were photos celebrating events that people participated in such as Halloween celebrations where people dressed up and holiday trips. The home was homely and fresh smelling throughout.
- Walls were painted cheerful colours. The door to each person's room was decorated with their name and/or a favourite picture of them.
- People were supported with signage in each room. Staff told us people had chosen images to go on to their drawers for example a chosen picture for 'socks' or 'jumpers', this enabled people to be independent to sort out their own clothes and choose what they wanted to wear that day.
- People were observed to have complete freedom to move around the home.
- Two people enjoyed spending time in the garden during the spring and summer months, the garden had chairs and a swinging bench. The home had a barbecue that staff told us they used for people's birthdays and celebrations during the summer.
- People were supported by having access to a vehicle and one person had a vehicle specific to their needs.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA; we found the service was compliant. At the time of our inspection five people were subject to DoLS and one person, who visited

regularly for respite, was subject to a community DoLS. Staff knew if people were subject to DoLS and understood what this meant for each person.

- Records showed that people had access to financial appointees and advocates. Records also showed that best interest decision meetings were held involving the person where possible, appropriate relatives, staff members and relevant health and social care professionals such as a social worker to make decisions in the person's best interest involving all relevant stakeholders.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported.

- We observed staff were kind and caring with people and responsive to their needs. Staff supported people in a friendly, warm and compassionate way that showed genuine affection.
- Staff understood how important structure and reducing disruption was to the people living with Autism at the Oaks. We observed that staff knew people's triggers, signs that indicated people were anxious or upset, and what items or approaches helped people to feel calm and settled. We observed people were relaxed due to staff being responsive to people's needs. For example, one person kept an item with them apart from when they went out of their house or had a meal. They always left the item in specific places and staff knew how important it was to leave the item untouched and unmoved.
- Staff displayed a compassionate approach with people and it was clear that positive, caring relationships had been developed between people and staff.
- The service was supported by a small committed staff group, some of whom had worked for the service for up to 20 years. People had lived at the home for a long time and two people had lived together in a previous care setting. Due to this, staff and people knew each other well and formed genuine respectful friendships, people responded well to having consistent staff.
- Relatives and friends could visit the home at any time. People were supported to maintain friendships that were meaningful to them. People were supported to maintain relationships with each other in the home. We observed two people who were good friends going out with a staff member to have a coffee and snack together. A relative told us "The Oaks is much closer to us so we can see <Person> every Friday or Saturday, we can bring other relatives to visit and staff will bring <Person> to visit us at home so <Person> can visit their family too." Staff told us that one person's relative visited weekly by bus and staff drove the person and their relative back to their home.
- A person's representative told us "All in all, I cannot praise The Oaks enough.... The Oaks has been exemplary. I can relax knowing they are being well cared for and in safe hands<Person> appears to be well cared for while they're there, and always comes home clean, well dressed, and in good health....I could not really ask for much more from a service."

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

- We observed people were encouraged and supported to express their views and to be involved in decisions relating to their care.
- People made day-to-day choices about what they wanted to do and when then wanted to get up or go to bed.
- Staff communicated with people in a way that suited them and their needs. How to support each person with communicating was in line with guidance in their care plans. Staff were trained in Makaton and some people used Makaton. Makaton uses symbols and signs, either as a main method of communication or to

support speech. Staff knew people's gestures and vocalisations well.

Respecting and promoting people's privacy, dignity and independence.

- People had their own rooms and their privacy was respected.
- Staff understood how to treat people with dignity whilst encouraging their independence. Staff supported people only when needed and encouraged them to express their views in the way appropriate to them. One person managed their own clothes and laundry. Staff supported them with using the washing machine and laundry liquid. This person also helped night staff to turn off the lights at night and check the doors were locked.
- We observed staff knocking on people's bedroom doors and seeking their permission before entering.
- The service followed data protection law. The information we saw about people was kept confidentially. This meant that people's private information was kept securely.
- Staff respected people's wishes, for example, one person preferred to stay in their room and listen to their favourite music, we observed staff respecting this and letting him know when lunch was ready.
- Staff spoke discreetly when talking about people and their needs.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Personalised care

- People received personalised care and support specific to their needs and preferences. Each person was respected as an individual. Staff worked together at all levels to provide a person-centred service.
- Each person had a care plan which provided information for staff about their care and support needs in a person-centred way. Care plans described the support each person needed in relation to their day and night-time routines. For example, there was information about behaviours that challenged, social history, accessing the community, physical and mental health. Care plans were reviewed to ensure information about people was current and accurate.
- Where people had behaviours that challenge, there was guidance for staff on the triggers to look for and how to de-escalate difficult situations. Positive behaviour support was used and staff understood why people might become upset or anxious. Staff used techniques they had learned and were positive and proactive in managing any behavioural issues. Positive Behaviour Support (PBS) is a holistic, person-centred approach to supporting people with a learning disability and/or autism and supporting people who may display or be at risk of displaying behaviours that challenge. PBS promotes preventative and positive interventions from staff to help avoid the need for using reactive and restrictive practices. This enables people to enhance their quality of life and learn new skills to replace the challenging behaviour. A person's representative told us "<Person> has many complex and challenging needs, and these appear to be met by all of the staff with competence, kindness, and ultimate professionalism. The service users are taken out for car trips on a regular basis, which <Person> particularly enjoys, and although they have sensory issues when around lots of people, these seem to be handled appropriately, and there have been no incidents reported while <Person> has been out while in the care of The Oaks."
- People's rights were protected and staff treated people equally and with respect. Staff completed equality and diversity training and understood how to treat people as individuals regardless of their disability. For example, one person was supported to go to their place of worship every week, staff also supported their relative to attend the place of worship with them.
- All organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. The Oaks support people with sensory impairment, for example one person was registered blind. People's communication needs were assessed and met in a way that met the criteria of the standard. This included recording people's communication needs in their care plans. Information within care plans was written in an accessible format with pictures and symbols used to good effect to aid people's understanding.
- Each person had a weekly activity planner. People chose what they would like to do on a daily basis and staff respected that due to their needs some people may benefit from the structure of a planner.

- A noticeboard had the photos of staff on duty so that people could see who was available to support them.
- On the day of our visit two people went out for a coffee, a person went to a day centre and one person used the sensory room. People could choose what they wanted to do day to day; it was their choice.
- People also do inhouse activities such as films and music. Staff supported people to participate in activities out of the home such as horse riding.
- Friendships were formed and people went out together on social outings, to structured activities and on holiday. There was positive socialisation between people.
- The registered manager told us they were aiming to increase in-house activities and activities outside of the Oaks. We will review when we do the next inspection.

Improving care quality in response to complaints or concerns

- A relative told us "The staff are very nice and the manager is good. Whenever I visit registered manager always comes to chat with us."
- The provider's complaints policy was available in an accessible pictorial format. No one had formally made any complaints at the time of our inspection.
- At the time of this inspection, no formal complaints had been received since the last inspection.
- The registered manager showed us a newsletter they were developing for staff and families. We will review its effectiveness when we next inspect.

End of life care and support

- No-one living at the home needed end of life care at the time of our visit.
- Records showed that staff supported people to attend a funeral when their friend died. Guidance staff used at the time about how to support people with a learning disability with loss and bereavement was seen in people's care records.
- The provider told us that previously people had been supported to go to the provider's nursing home when their end of life needs could no longer be met by the Oaks. Staff from the Oaks had supported the move over to the nursing home to support the person with consistent and familiar staff.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility.

- The care and support people received was designed in a person-centred way and delivered to a high standard. The registered manager told us "They (staff) make me extremely proud, they have a passion for the people...they empower the people and support the guys to manage their own day." The registered manager also told us that "This is their home, we're a big family, I'm very proud of where the Oaks is as a home."
- The registered manager and provider also told us that one of their key aims was to achieve good outcomes for people. They told us this had been done by "supporting people to integrate into the community, reduce behaviours by personalising support and meeting people's needs and reduce medicines where that's possible". A relative told us that since moving to the Oaks staff have achieved good outcomes for their relative. They told us "Since moving in they're doing quite well, they look after <Person> so well, we're so happy about how they take care of <Person> . They've improved so much, they've helped to change their medication and their behaviours like agitation have stopped. In the previous place there was lots of staff changes, <Person> didn't know the staff and that caused <Person> to be agitated, it's the same staff and <Person> knows them, this helps a lot." A person's representative told us "Since <Person> has been at The Oaks, <Person> has been happy, settled, and generally very relaxed within the service. We think that the mix of slightly older other residents suits them better, and they are reportedly usually very calm and content during their stays. <Person> seems perfectly happy to go there to stay, and there are certainly no anxiety issues like there sometimes were when they went to a previous respite service." Staff were proud of where they achieved good outcomes for people, for example one support worker that frequently did night shifts reported that since staff organised a medication review for a person their sleep pattern had significantly improved, the person was more well-rested during the day and slept better through the night.
- The registered manager had a good understanding of duty of candour. A relative told us staff were communicative, they told us "Yes, they call me immediately if <Person> is hurt or sick." A person's representative told us "The staff are very friendly, and are always open to talk about any issues I may have, which have been very few and far between".

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

- The registered manager and deputy manager spent time with people and staff to ensure a high standard of care was delivered. The registered manager had confidence and trust in the support workers.
- The registered manager understood the regulatory requirements that needed to be met to achieve compliance. The rating achieved at the last inspection was on display at the home. Notifications that the

registered manager was required to send to CQC by law had been completed.

- Staff were supported with their continual, professional development by the provider.
- The registered manager told us they were committed to ensuring equality of opportunity and fairness to its staff and valued the diversity of staff. They told us staff were protected from discrimination through an unbiased and impartial recruitment process and staff were supported by the provider's equality and diversity policy. Staff told us they went through a thorough recruitment process.

Engaging and involving people using the service, the public and staff.

- Staff centred the service around the people and where people showed they did not like something staff made changes.
- Staff felt that any suggestions or concerns would be listened to and acted on. The provider encouraged staff to do additional training and to become champions, staff were empowered to make suggestions following their training. For example, the deputy manager was the medicine's champion, they showed us a new best practice folder they set up for staff to learn from and implemented new recording processes, they also took responsibility for checking staff's competency to give medicines every year. The deputy manager told us that collecting best practice guidance for staff to learn from was thought of positively by staff and improving recording supported continual improvement and reduced the risk of medicine errors.
- Staff meetings took place where staff could feedback and discuss any issues and records confirmed this. Staff satisfaction surveys were completed and analysed and relatives were surveyed. The outcomes were analysed and used to check the quality of the service, where staff had left free text comments in the survey these were followed up where issues or concerns were raised and acted upon.
- A relative told us they were able to visit whenever they want but always called beforehand to make sure their relative was home.

Continuous learning and improving care

- A range of audits had been developed to measure and monitor the service overall. The provider's internal quality assurance team carried out audits which the registered manager used to improve the service. Audits were effective in identifying any issues or underlying themes to drive improvement. Audits had recommendations and plans that showed when actions were completed.
- The registered manager told us they sought new guidance and best practice from local authority resources. Staff meeting records showed that the registered manager used the opportunity to share new or updated internal policy and share best practice.
- The provider told us they were implementing an electronic care planning system by the end of this year. The provider described a benefit of an electronic care planning system would be keeping records up to date and allowing staff to update records in real-time with handheld devices. We will review these improvements at our next inspection to ensure the system is embedded over time into the practice of the home to ensure people receive a consistently high standard of care.

Working in partnership with others

- A manager in a local authority community team for people living with learning disability told us "Staff and management at The Oaks are always friendly and responsive to any suggestions made. Staff are professional and it appears well led by <Provider>."
- Records showed that staff liaised with external professionals.