Voyage 1 Limited

Oak House

Inspection report

193 Weald Drive
Furness Green
Crawley
West Sussex
RH10 6NZ

Tel: 01293539821
Website: www.voyagecare.com

Date of inspection visit:
07 November 2017

Date of publication:
15 December 2017

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

Voyage 1 Ltd is a large registered provider, having 291 registered locations across the country. Oak House is registered to accommodate up to four people in what is currently an all female service. The service provides support to people living with learning disabilities or other complex needs who need support with personal care. At the time of our inspection there were four people living at the service, which is set in a modern detached house in a residential area of Crawley.

This inspection took place on 7 November 2017. The service was given short notice of our visit. This was to ensure people would be available to support us with the inspection.

We had previously inspected the service on 18 June 2015, when the service was rated as good in all areas. We found this good practice had been sustained. The registered manager was aware of changes to the key lines of enquiry the Care Quality Commission (CQC) uses to assess services, and was prepared for the inspection.

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

Oak House had a well understood, positive and open culture, with a clear set of values and ethos. The service had a happy, positive and welcoming atmosphere.
There were clear lines of management within the organisation with procedures for escalating any issues. The service received clear feedback from the provider organisation on their performance, including areas for improvement and the service also operated their own series of audits. Actions and their completion were recorded on consolidated plans to ensure prompt action was taken. The service learned from incidents and accidents following a thorough review. We saw evidence of the service and staff reflecting as a team on incidents to develop their practice and support people more consistently.

Risks to people from their care were identified and plans were put in place to minimise these risks. The service took great pains to ensure their response to risks was individual and based on supporting the person. For example one person had been supported to receive treatment in the service rather than having to attend a hospital following an accident, because this would have been very distressing for them. Risks within the environment were addressed, including the security of the service.

People had access to good healthcare services, including 'well woman' clinics and regular health action plans. For some people this had involved considerable work to help them understand and be responsive to the services available, such as attending dentists. Staff had for example had to support one person over several visits to become more comfortable attending a dentist for treatment. People received their medicines safely and as prescribed. Medicines were stored safely, and staff had received training in safe

administration.

People were able to make their own meal choices and were involved in making decisions over shopping and meal preparation. People could be involved in cooking if they wished, and we saw people being supported to do their own laundry and prepare a lunchtime snack.

People were protected from the risk of abuse. Staff understood signs of potential abuse and how to report any issues, both within or external to the organisation. Staff understood people's communication needs, and were aware of how each person would communicate if they were unhappy or distressed about something. Information was available for people in assisted or easy read formats to help them understand the principles of safeguarding and 'keeping safe'. We saw people and staff being involved in positive and caring relationships. We saw people seeking staff out to share their experiences of the day or to chat with. We saw appropriate physical contact being initiated by people living at the service, and staff valuing and celebrating people's achievements and daily successes.

Staff had a clear focus on the people they were supporting, their rights and the opportunities available to them. This included the operation of the Mental Capacity Act 2005 (MCA), and appropriate applications had been made for authorisations of Deprivation of Liberty Safeguards (DoLS). Staff recognised the importance of working consistently to help people develop new skills and have new opportunities. We saw for example how one person had been supported to exercise their rights and vote.

There were enough staff available to ensure people's needs regarding activities could be met. Some people had a one to one staffing allocation at times, and we heard staff worked their shifts flexibly to meet people's needs, for example for going out in the evening. Staff had been recruited safely, following a full process, including disclosure and barring service (police) checks. Staff spoke proudly of the work they carried out supporting people and were positive about the service. Staff were able to tell us about new skills they had themselves developed, and how the service had helped them to 'grow' and take on new responsibilities. People who could do so, or a relative told us they had no concerns over the service.

Oak House provided a comfortable home environment in a residential area of Crawley. All areas of the service we saw were clean, well maintained and had been adapted to meet people's individual needs in a homely way. The service was near local shops, transport links and services. The town centre is within a short distance and the service had an accessible vehicle to support people to be involved with the local community. People had involved in maintaining contact with families and friends where they wished to do so. For example two people living at the service wished to remain in contact with a friend who now lived some distance away. They had been supported to visit, write letters and send postcards to their friend, and photographs were available to show when they had been able to meet and maintain their friendship.

People living at the service had contributed to the development of a care plan based on their needs and wishes. Plans were reviewed each month with each person's 'key worker', and covered such areas as people's goals and aspirations as well as basic day to day support. People also completed daily activity planners which helped some people visually understand their programme of activities for the week. Information was available for people in formats they could understand, for example the review documents or healthcare assessments people completed.

Records were well maintained and kept securely. The service had notified the CQC of incidents at the home as required by law.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Oak House

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 7 November 2017 and was announced. The service was given short notice of the inspection (24 Hours) This was to ensure someone was available to support us with the inspection.

The inspection was carried out by one adult social care inspector. People at the service were living with complex needs, and some people needed support and reassurance from staff before they would feel comfortable speaking with us. Other people were happy to meet us and proudly showed us their accommodation and craft work. For this reason we were not always directly speak with everyone about their experiences in private, but spent time with people living at the service during the day observing relationships and contact they had, as well as having some basic discussions. We used elements of the short observational framework for inspection tool (SOFI) to help us make judgements about people's experiences and how well they were being supported. SOFI is a specific way of observing care to help us understand the experiences people had of the care at the service.

Prior to the inspection the provider completed a PIR or provider information return. This form asked the registered provider and registered manager to give some key information about the service, what the service did well and improvements they planned to make.

During the inspection we looked at the support plans for all four people living at the service. We spoke with or spent time with all the people living at the service, two members of care support staff and the registered manager and senior support worker. We looked at records in relation to the operation of the service, such as risk assessments, medicine records, policies and procedures and two staffing files, and looked around the building and grounds.

Following the inspection we also spoke with a family member of a person living at the home with their permission.

Good

Is the service safe?

Our findings

People were kept safe because the provider had ensured systems were in place to help protect people from abuse. The organisation had policies and procedures in place to ensure any concerns were identified and swift action was taken to protect people. Staff had received training in how to identify and address concerns about people's welfare or abuse, and told us if they had any concerns they would not hesitate to raise issues with the registered manager. They were also aware of whistleblowing procedures and support available to them to make any referrals. Senior staff attended the West Sussex Safeguarding forum to update themselves on current best practice.

We saw the service was very 'tuned in' to people's needs and communication, which helped ensure any areas where people were not happy were identified early, even if they were not able to communicate this verbally. Senior staff told us the staff team "pull each other up", and managed frustrations or stresses when working with people by supporting each other, taking five minutes out as a break, and having other staff step in to avoid escalating a situation. Overtime and staff working hours were monitored to ensure staff did not get over tired and 'lose resilience'. Information about external agencies to contact in case of a safeguarding concern was available in the service for staff reference, and information about safeguarding was available in an easy read format to assist people's understanding. Easy read information was also available on local advocacy groups and Healthwatch services in Crawley. Staff told us they regularly went through this information with people, including "what would you do if…" scenarios, to help people had an understanding of their rights to protection from abuse, harassment or discrimination. A person living at the service told us they felt safe at Oak House.

We saw a recorded incident where a person had communicated through their behaviour they were unhappy being supported by a staff member for their personal care. The service took action to resolve this for the person, although the person had said the staff member hadn't done anything wrong, and ensured they felt more comfortable with another member of staff. Any safeguarding concerns had been robustly investigated.

Risks to people were reduced because staff understood people's health and welfare needs and what actions they needed to take to keep people safe. Risk assessment policies were aimed at reducing risks to people and minimising any restrictions. We saw how the service had managed to support one person take control of a potential risk to their health. One person had regularly refused to visit a dentist or clean their teeth prior to moving to Oak House. They were suffering poor oral health as a result. The person was supported over a number of months and regular visits to manage their dental anxiety and consent to treatment, and now did so without fear. The service had managed to support the person to take control of risks to their own health and increase their confidence. Where people had specific risks related to long term health conditions, clear plans and protocols were in place to address these or ensure action was escalated if needed.

People were kept safe because the service identified potential risks and put in place support to reduce or mitigate risks to the person, supporting them in ways that met their psychological as well as physical needs. For example one person had recently fallen and suffered a small cut to their head. The person was likely to have become very distressed in having to attend a hospital environment for emergency care, and present

risks to themselves or others. The service contacted emergency medical services for advice, and were talked through how to observe and support the person to ensure they were not deteriorating or suffering from complications. Staff were given advice on how to attend to the wound. The community nursing service visited the following day and ensured the person was well and had recovered from the incident. This had ensured the person had been kept calm and comfortable in their own environment, rather than being further distressed.

Risks to people from within the environment were assessed. These included for the exterior of the service, gas, hot water control, hot surfaces and management of infections. Checks were also made for the safety of equipment used in the service. For example we saw recent audits had identified a new lock was needed to ensure a bathroom could be locked from the inside but opened from the outside in an emergency. A new lock was on order. Measures were taken to control risks and when any maintenance issues were highlighted, they were addressed quickly such as with the purchase of a new bath thermometer or placed on prioritised action plan with dates for completion. We saw evidence of the manager requesting updates on when works were due to be completed. This had included some electric and fire work needed, such as the adjustment of a fire door and fire protection in a loft hatch. Each person living at Oak House had their own bedroom and bathroom, which had been subject to risk assessment, and had a personal evacuation plan in case of fire.

Any incidents or accidents were assessed and analysed to ensure any learning was taken to prevent a re-occurrence, and any needed actions taken as a result. Significant or serious incidents or issues were escalated throughout the organisation for senior management review. We saw evidence of staff reviewing incidents as a group to identify and potential triggers to prevent a re-occurrence. Assessments were made of any risks to others from the person for example as a result of them becoming anxious or distressed. We saw evidence of actions the service had taken when a staff member had been singled out to receive negative attention from one person. This included re-enforcing behavioural guidelines agreed with specialist community team advisors, such as for the staff member to be reducing eye contact and providing the staff member with support. The situation had been resolved through staff working as a team to support the person consistently.

There were enough staff on duty with the appropriate skills to support people. People living at Oak House had an individual staffing needs assessment, which for some people included the need for one to one staffing during the day to help them be more involved in their local community. Two staff worked at the service from 8am to 8pm, with an additional person to support people with activities of their choice. If people needed additional support in the evening, for example if they wanted to go out, additional staff were provided. Staff were flexible in meeting people's wishes, for example with regard to changing start times of shifts to enable them to fit in with people's activities. There was one waking night staff member which had been agreed through risk assessment and discussions with commissioners.

Systems were in place to ensure staff were recruited safely, and were suitable to be supporting people who might potentially be vulnerable. We looked at two staff files which showed us a full recruitment process had been followed, including disclosure and barring service (police) checks having been undertaken. The service had not had to make reasonable adjustments for any staff under The Equality Act 2010, but the registered manager told us they would be happy to do so if needed. The service along with other local care services was keen to develop positive recruitment strategies. Staff from the service had spoken at a recruitment drive organised by West Sussex local authority, and people living at Oak House were involved in the recruitment of potential new staff to the service. One person confirmed they had their own set of questions for potential staff.

People received their medicines safely and as prescribed. Medicines were stored safely, and the service had

clear policies for the administration of medicines in place. Information was available on each medicine and how the person liked to take it. No-one was given their medicine covertly. Staff had received training to administer medicines safely and competencies were reviewed regularly. The service did not have any homely remedies in stock, and there were clear protocols for the administration of 'as required' medicines. For example one person was prescribed a medicine to help them manage anxiety. The protocol stated clearly when the medicine was to be used, the maximum dosage over 24 hours and minimum interval between doses. Guidelines also included information on how people may express pain if they were not always able to do so verbally.

Temperatures of the medicines cupboard were monitored regularly to ensure the medicines stored there were still safe to use. No-one at the service was able to manage their own medicines safely. When medicines were removed from the service, for example if the person went away for the weekend, medicines were signed in and out to ensure there was a full audit trail. The systems for the administration of medicines were audited regularly to ensure they were safe, and any errors escalated where needed. The pharmacist had last visited the service on 5 June 2017 to carry out a full audit, but a regular audit had been carried out by the service on 3 November 2017.

The service was clean and hygienic while remaining homely and comfortable. People had access to using washing machines and the kitchen following risk assessments. We saw people being supported to do their own washing, and people could be involved in cooking meals or preparing snacks if they wished. Staff had completed food hygiene training and the service had been given a five out of five rating for food hygiene at the last food safety inspection. Daily cleaning records covered areas such as cleaning of bins, the fridge, and wash hand basins to ensure good standards of hygiene were maintained. Changes to people's bedding, hot water checks and the cleaning of wheelchairs were detailed on the daily shift planner. The night shift planner covered the cleaning of doors, radiators, the oven and checking the first aid boxes/ This helped ensure these tasks were carried out regularly.

Good

Is the service effective?

Our findings

People were supported by skilled and knowledgeable staff who knew them well and could meet their needs. People living at Oak House had complex needs, including both learning and physical difficulties and mental health concerns. Staff training included core areas of health and safety and infection control as well as bespoke training recently delivered in supporting people living with Autism, mental health, and Cerebral Palsy to meet the needs of people living at the service. Staff told us they felt they had the skills needed to support people and we observed staff working well with people throughout the inspection visit.

Information on best practice in supporting people had been gathered from sources such as the British Institute for Learning Disabilities, SCOPE, West Sussex County Council resources, Skills for Care and the West Sussex Gateway for Learning and Development. Specialist training for supporting people with epilepsy had been undertaken by the registered manager. These resources had been used to help develop support plans along with specialist advice where needed. Staff followed clear guidance in people's plans to support people, for example to manage their anxiety and ensure staff worked consistently. IT systems alerted staff to when training was due or needed refreshing. Training and learning was consolidated at supervisions and in staff meetings. For example in their PIR the registered manager told us about how staff modelled challenging situations at team meetings to facilitate learning and discussion to ensure consistency.

Systems were in place to ensure staff had the support they needed to fulfil their role. Programmes for staff supervision and appraisal were in place. Staff told us they worked well as a team and felt supported, including to develop new skills and take on new responsibilities. We spoke with a member of staff who had been appointed to the service without having had previous experience of working in care. They told us they felt they had received sufficient training to equip them to support people working at the home through their induction process. They said they could ask anyone in the team for additional support if they had needed this.

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.

Staff had a good understanding of the MCA in practice and most had received training in the principles and application of the Act. We saw staff consulting with people about choices they wished to make and supporting decision making within the person's capacity. Where people lacked capacity to make a specific decision the service had followed the requirements of the Mental Capacity Act 2005 in assessing the person's capacity, ensuring every effort was made to support the person to make the decision and then making a decision in the person's best interests along with other people involved with their care.

For example we saw that one person needed a healthcare intervention. An MCA assessment was completed by the registered manager and appropriate clinical director, which confirmed that the person had

fluctuating capacity to make the decision themselves. A best interests meeting was held where the person was supported to contribute to the meeting. The plan was agreed to support the person to become more familiar and confident with the intervention, at which point they could then have more understanding about making the decision themselves.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw that appropriate applications had been made to local authorities to deprive people of their liberty. These authorisations were awaiting approval. One person did not need to have their liberty restricted, however on the inspection we identified a keypad to open front door that would have been above the height this person would be able to reach to open the door independently. We discussed this with the registered manager, who told us this person did not wish to leave the premises on their own as they were frightened of being hurt when out in the community. The height of the keypad had been discussed with them and they were happy with it remaining as it was. We spoke with the person who told us they did not want to go out alone.

People living at Oak House were involved in making decisions about the food and meal options available to them. People were asked in meetings what they would like to eat, and we saw people self-selecting from the fridge during the course of the day, for example choosing sandwich fillings and preparing sandwiches themselves. People were involved in shopping for the service. No one at the service was at risk of poor nutrition. However one person had previously been at risk. The service had liaised with the local speech and language therapy service for advice and the person was now eating well. Another person living at the service had made a number of choices in relation to what they perceived as culturally appropriate foods. The service had worked with this person to increase the variety of foods they would eat, and this had proved a positive experience with the person now having a much wider choice of foods. One person needed support and assistance with their food, requiring this to be cut up into small pieces. This was on the advice of the speech and language service because the person was a potential risk of choking due to the physical way in which they ate .A person living at the service told us "Staff make good food and I eat well."

People received good healthcare support, and the service worked well with other agencies. Each person's file contained a health action plan which was available in an easy read format for each person to understand. These were completed on an annual basis with the GP and the person themselves to ensure any changes in people's health could be identified. In addition people received specialist support and care for long term health conditions, including epilepsy. Advice and information was available within the service in easy read format on supporting people to make healthy eating choices and exercise to support a healthy lifestyle.

Healthcare passports were available to ensure if people needed emergency hospital treatment information about their communication needs or mental health support would be immediately available. For example one person's plan said they would demonstrate increasing distress or anxiety through "if I am worried I may try to hold your hand, cuddle up to you or start walking around with increasing speed". Files contained information about other routine healthcare support services such as dental and optical services. Appointments had been made for medication reviews and for people to attend well women clinics if they wished. People's weights were regularly monitored as a good way of identifying ill-health people may not be able to express verbally.

People's communication was clearly understood and facilitated by staff. People were involved in

conversations and plans clearly detailed how people could be supported. For example one person's plan indicated how they might express they were unhappy about something. Their care plan said "reassure me by using a calm quiet tone of voice. Ask me if I want to hold your hand. Sit next to me and talk to me. Ask me what the problem is, what has upset me. Offer me a decaffeinated coffee or tea."

Oak House was situated in a residential area, but close to facilities services and transport links. The property has an attractive garden to the rear, in which a new chalet had been provided to act as the service's office. Accommodation provided for people includes en-suite facilities, and an attractive lounge and dining area and kitchen. One person had a linked series of rooms including their own lounge, bathroom, bedroom and small conservatory where they exhibited their craft work. Bathrooms have been adapted to meet people's individual needs. Overall the service met the physical environment needs of the people who were living there. People were able to be involved in developing new skills, such as for day-to-day activities working alongside staff. People also had access to the facilities and services in the town of Crawley and the service had a vehicle to support people attending activities, such as swimming shopping or clubs. The registered manager told us people enjoyed using the garden in the summer, where there was outdoor seating and a barbecue.

Good

Is the service caring?

Our findings

Staff working at Oak House demonstrated a good understanding of the needs of people living at the service. The service had a happy, busy atmosphere, where people were friendly and supportive of each other but also engaged in activities of their own choosing. Staff demonstrated a caring and positive approach towards the people they were supporting, including patience and resilience when dealing with regular challenge.

We saw people living at the service engaging with each other in a positive way. We saw one person approach another person for a hug and approach staff for physical contact and assurance in an appropriate way. We saw staff speaking to people respectfully, addressing them by name and engaging with gentle, shared affectionate conversation. People change their mind about activities they wanted to undertake that day, and staff were quite happy to "go with the flow" and do what the person wanted to do.

We saw staff preparing to celebrate with one person a forthcoming birthday, and acknowledging achievements people made throughout their day. Some people living at the service had come from a previously more restrictive environment. Staff could demonstrate to us how the ways in which they were supporting people were leading to people experiencing an increased quality of life and exercising their rights with greater independence. For example, we saw one person had expressed a wish to vote. The person had regularly watched the news on television, and wanted to exercise their right to do take part in a local election. Staff collected information on all the local candidates and the person was supported to read through them. The person indicated they did not wish to go to the polling station, so staff arranged a postal vote for them. The person completed the voting slip themselves and were supported to put it in the envelope the correct way. They then went with staff to the post box and posted their vote. This gave them great satisfaction, and staff photographed the event to record it for the person as a positive achievement they had made. As a result, at the next election the person had increased confidence. Easy read versions of the profiles of different candidates were printed off for the person and they voted with increased independence this time. The person then enjoyed watching the results on television of the election to see how their vote had made a difference.

People were supported by staff who treated them with kindness, and respect. The service ensured where people had allocated 121 staffing time they received this. People were encouraged to have a say in the way their care was provided, and also in how the service was run. Regular weekly meetings were held for people to participate in to discuss any changes, plans or activities they wanted for the coming days, and each person had a key worker meeting each month. This was an opportunity to discuss their goals and any achievements they wish to make. Evidence was available within the service people having fun together. For example people showed us photographs of an outing they had undertaken to a local pizza restaurant where they had been encouraged to make pizza. People still found this funny talking about it sometime later, and laughed about their shared experience. A staff member told us "It really makes your day when you get a thanks."

People had been supported in writing their own social history documents, and where they wished to, to be involved in maintaining contact with families and friends. For example two people living at the service

wished to remain in contact with a friend who now lived some distance away. They had been supported to visit, write letters and send postcards to their friend, and photographs were available to show when they had been able to meet and maintain their friendship. A relative told us their relation went to stay with them regularly and also kept in contact via the telephone.

Good

Is the service responsive?

Our findings

People living at Oak House had all received an individual assessment of their needs prior to moving to the service. These had been used to prepare a care and support plan for each person.
Plans were being reviewed regularly by each person's key worker and people were supported to take a very active part in this process. One person told us they liked their key worker and were happy to talk with them about what they wanted to do. This person told us "Staff let me do what I want to do. Staff help me choose."

The service ensured that the original assessment was kept up-to-date to review changes and improvements. The registered manager told us although they used this as a starting point they always kept an eye on where people could progress to, maximising people's potential. Plans covered areas such as communication, healthy lifestyles, and emotional and any behavioural support people needed. Support guidelines in people's plans were clear both with regard to risks, and opportunities for personal development people could experience through positive risk-taking. Staff understood the support people may need in an emergency, for example to meet a healthcare need.

We saw people being supported by staff in accordance with their plans. Each person had a basic activity planner, including activities they enjoyed. People could choose to change this every day if they wanted to do something different, and we saw this happening in practice when one person chose to spend the morning at home rather than go out. Other people had been out shopping, to a craft class, and another person attended a social group within the community. Plans covered people's aspirations and goals as well as day to day skills they wished to experience. For example one person had said they wished to go on an aeroplane, but did not want to go on holiday. The service were researching local flight experiences to help them have their wish.

We saw staff skilfully supporting people with their communication and helping people beginning to experience anxiety to reduce this and remain calm in a positive manner. A relative we spoke to told us they felt the service had got it "just about right" with regard to their relations activities. They told us the person got tired easily, and the service managed to ensure they lived a full and active life, within the boundaries of their physical ability. For some people being involved in the community could at times be anxiety provoking; staff were aware of the impact of this and for some people one to one staffing was provided when they were outside of the service. This helped ensure people had the support they needed to feel secure.

All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss. CQC have committed to look at the Accessible Information Standard at inspections of all services from 01 November 2017.
Communication plans indicated people's strengths as well as areas where they needed support. For example one person had a good use and knowledge about a supported communication system known as Makaton. Staff told us "she teaches us" about signs that the person knew and used to underpin their understanding. People's communication plans clearly identified what individual behaviours might mean, and how to support the person in making decisions and choices. Pictorial and easy read versions of care

plan reviews were available, with action plans clearly identified. One plan completed in June 2017 had indicated that the person had expressed a wish to go to the seaside on the train. We saw this had happened in September 2017. One person living at the service used a computer, but had requested that they did not have the Internet.

Systems were available within the home to support people raise any concerns or complaints that they had. We saw where concerns had been raised they had been robust investigated. We spoke with one person living at the service and asked them how they would make a complaint if they were unhappy about something. The person told us they did not know of any reason why they would want to make a complaint. A relative told us "no complaints at all – it is a lovely atmosphere."

Nobody at the service was receiving end-of-life care, however on the training plan it had been organised the staff to have training through West Sussex Council in good practice at the end of life care. Some people had information and plans in the files regarding their wishes for end-of-life care. People living at the service were also being supported to understand loss and bereavement.

Good

Is the service well-led?

Our findings

We found Oak House was well led. The service had well-structured corporate and local management systems and clear processes for assuring the quality of the services provided and to reduce risks to people's health, safety and well-being.

The organisation's website indicated their values had recently been reviewed through a process involving people supported and the staff group. The organisational standards that resulted had been based on the key value statements of Empowering, Together, Honest, Outstanding and Supportive. The service's mission, which was displayed on the wall of the dining room was to "deliver world-class outcomes for people with disabilities in the highest quality residential homes by providing innovative, flexible and individual support". Values were regularly discussed in team meetings. We saw these principles being operated in practice. Staff told us they were proud of the service they worked in and would be happy for a relation of theirs to receive care there.

There were clear management structures in place. The registered manager was praised by staff and a relative. The relative told us the registered manager was very good at supporting their relation, and if there was anything they needed they would contact them. The registered manager told us they felt their role involved "being open and honest, approachable, responding to people's needs, listening to people." A staff member told us "this is a good company to work for – you can go to anyone (for support). The manager is really approachable, in fact you can ask anyone for support at any time." We saw staff working together as a team, and staff working consistently throughout the day. We heard how one member of staff had to take a short break from work at short notice. Staff members had come forward and said "what do you need me to do" rather than the manager having to 'run around' seeking cover at short notice.

Systems to monitor quality and safety were up to date and thorough. The service had regular audits and spot checks carried out by the registered manager, and from other senior managers within the organisation. The service had an audit plan to be carried out throughout the year, which included daily, weekly and monthly assessments. Where improvements were needed clear and timely action plans were put in place to address these. We looked at the consolidated action plan for the service which contained a compilation of all of the audits in place and any actions needed. This was thorough and detailed and showed when actions were required and when they had been completed. An internal Quality and Compliance audit was carried out by the provider organisation based on the Care Quality Commission standards. The service was given feedback from the provider organisation in relation to their performance against the organisational standards. For example the service was kept informed about training needed, and percentages of staff who still had to achieve specific topics.

We saw the service supported staff to develop new skills. The registered manager challenged staff to assist them to take on additional and new responsibilities. They told us "a staff member who started at Oak House with no previous skills or experience was supported to develop and this year was the winner of the West Sussex Accolades Award in 'The Care Home Worker Category'." Another member of staff had come to the service with no experience in supporting people with learning disabilities. They told us they now felt very

confident in their role. Another person was having their role expanded to work with people on developing their support plans. A staff member told us they had become disenchanted in their previous job because there had been no progression, but were happy they had made the change to come and work at Oak house.

Systems were in place to ensure that any significant incidents or accidents were escalated to senior management. This ensured staff at board level had a direct link to any issues with staff working within the service. We saw there were regular staff meetings, and evidence the service also use these to reflect on their practice and on whether any further improvements could be made.

Regular questionnaires were sent out to people living in the service, staff, relatives and other supporters or visiting professionals to assess the quality of services provided to people. Questionnaires to people living at the service wherein easy read formats and staff will assist people if they needed additional advice or support to complete them. Oak House had an annual service review where all developments and potential improvements to the service would be assessed. Registered managers within the organisation met regularly to share good practice and outcomes from any learning in their own services. In addition the registered manager attended local forums, used NHS online resources, for example for end-of-life care and the Internet and CQC website. They told us the company was also good at sending information about changes in legislation. The registered manager was aware of changes to the CQC key lines of enquiry that came into force on 1 November 2017, and had made changes at the service to ensure they met them in advance of our visit.

Records were well maintained, clear and detailed. Records were maintained in hard copy and on computer, which were password protected to maintain confidentiality. Hard copy records were maintained securely in the service's office and could be destroyed when no longer needed.

Notifications had appropriately been sent to the Care Quality Commission as required by law. These are records of incidents at the service, which the service is required to tell us about.