

BeSmart South West Limited

Oakleigh

Inspection report

Oakleigh
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Devon
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Tel: 01626866740

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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

Oakleigh is a residential care home which is registered to provide accommodation for nine people with a learning disability who require personal care. On the day of our visit there were seven people living at the home. The main house can accommodate six people. There are three self-contained apartments (Oakleigh Mews) adjacent to the main building where people live on their own, whilst receiving staff support. The complexity of people's care needs meant we were only able to engage in short conversations with people. We therefore used our observations of care and our conversations with staff and people's relatives to help us understand their experiences. Oakleigh and Oakleigh Mews have extensive grounds. Facilities available to people include a games room, gymnasium and spacious garden for people to enjoy, grow vegetables and tend to animals.

There was a registered manager in post. 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.

Prior to the inspection we were aware concerns had been raised by a family member with the local safeguarding team and the provider, which were being investigated. We took this information into account during our inspection.

People experienced care and support that suited their individual needs and which helped them to live safe, fulfilled and meaningful lives, in the way they wanted to. There was a relaxed, calm and happy atmosphere at the home with lots of smiles, good humour, fun and affection. People were relaxed and comfortable with staff that were attuned to their needs. Staff spoke with pride about the people they cared for and celebrated their achievements. Relatives told us that people's confidence and ability to be as independent as possible had grown since being at Oakleigh. One family member told us that before their relative came to live at Oakleigh they were not able to look after themselves and did not have the confidence to go out. They described how the staff had used small steps and encouragement which resulted in their relative cooking, cleaning and shopping for themselves. They told us how delighted they were with their progress.

Staff had a 'can do' approach and they really made the most of opportunities to support people in taking risks so that they could participate in things which were important to them. There was a wide variety of activities available for both individuals and groups. These were designed to provide a variety of familiar and new experiences for people to lead fulfilled lives in accordance with their individual interests and abilities. People enjoyed spending time in their local community where they frequently visited cafes, shops and pubs. Relatives said they appreciated that people were stimulated, enjoyed a range of activities, went out regularly and had holidays. Relatives and friends were able to visit the home at any time and people were supported to visit and stay with relatives whenever possible.

People told us they felt safe with staff. Relatives had no concerns about the safety of people. There were

policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm. There were systems and processes in place to protect people from the risk of harm. These included thorough staff recruitment, staff training and systems for protecting people against risks.

Risks to individuals were well managed and people were able to stay safe without having their freedoms restricted. Managers and staff promoted people's independence and encouraged positive risk taking. If an incident or accident did occur, they were well reported and investigated. Staff understood the importance of learning from incidents, so they could make sure they did not re-occur.

There were enough suitably trained staff to meet people's individual care needs. We saw staff spent time with people and provided assistance to people who needed it. Staff were available to support people to go on trips or visits within the local community and pursue their own interests and activities.

People received their medicines safely and received on going health care support. The service utilised specialists such as learning disability nurses, behaviour analysts, practitioner psychologists and psychiatrist in learning disabilities within the organisation to ensure that people who needed extra support were provided it quickly. Staff members were assigned as key workers to people working closely with them to achieve goals in relation to their daily living skills.

Staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), and they demonstrated a good understanding of the act and its application. Where people did not have the capacity to make decisions about their care, meetings were held with people, their relatives, and health and social care professionals to help ensure that any decisions were made in the best interests of people using the service.

People were supported to maintain a healthy diet. People were able to choose what they wanted to eat and were involved in the shopping and preparation of their meals where possible. In the main house, people took it in turn to plan and prepare the evening meal for all residents. Menus were discussed at residents meetings where people were able to say what foods they liked or did not like. People could access the kitchen at any time and were able to help themselves to meals, drinks and snacks.

People we spoke with knew how to make a complaint and we noted the home openly discussed issues so that any lessons could be learned. People felt they were able to express their views at any time and that they were listened to and acted on.

There were systems in place to effectively monitor the quality of the service and drive a culture of continuous improvement. The provider gathered information about the quality of their service from a variety of sources including people who used the service, their family and friends and external agencies. This was used to enable the provider to identify where improvement were needed and to implement and sustain continuous improvement in the service.

Summary of findings

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 said that they felt safe and staff were knowledgeable in recognising the signs of potential abuse and the action they needed to take.

There were sufficient numbers of skilled staff on duty to meet people's needs.

Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work.

There were safe systems in place for the management and administration of people's medicines.

Is the service effective?

Good ●

The service was effective.

Staff were knowledgeable about people's care and support needs. They received regular training to carry out their roles and received regular support and supervision.

People were supported to maintain good health and had access to health care professionals.

People were able to choose their food and drink and were supported to maintain a healthy diet.

People were supported to make decisions about the care and support by staff that had a good understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring.

People received person-centred care from staff who treated people with dignity, respect and kindness.

People were supported by staff who were knowledgeable about their needs, likes, interests and preferences.

People were supported and encouraged to be as independent as possible.

People were supported to make choices and decisions about the care and support they received.

Is the service responsive?

Good ●

The service was responsive.

Assessments were undertaken to identify people's needs and these were used to develop individualised care and support plans for people.

People were encouraged to take part in activities that interested them, and supported by staff to achieve individual goals.

People were supported to raise concerns or complaints and people were confident that the registered manager would act upon them.

Is the service well-led?

Good ●

The service was well-led.

The culture of the service was open and positive, people and staff felt able to share ideas or concerns with the registered manager.

Staffs understood the management structures in the home and were aware of their roles and responsibilities.

There were effective systems in place to monitor the quality of the service provided.

Oakleigh

Detailed findings

Background to this inspection

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

This inspection took place on the 22nd July 2016 and was unannounced. The inspection was conducted by one adult social care inspector. The service was previously inspected on the 23rd January 2014, when it was found to be compliant with the regulations. Prior to the inspection, we reviewed the information held by us about the service. This included previous inspection reports and notifications we had received. A notification is information about important events, which the service is required to tell us about by law.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We took this into account when we made the judgements in this report. We also contacted health care professionals that were involved with the home and asked them for their views.

During our inspection we spoke with four people who lived at the home, four relatives, four members of the staff team, the deputy manager, the registered manager and the regional manager. The complexity of people's care needs meant we were only able to engage in short conversations with people. We therefore used our observations of care and our conversations with staff and people's relatives to help us understand their experiences. We also observed the way staff cared for people in the communal areas of the building and gardens. We looked at the care records of three people who lived at the home, as well as a range of records relating to the running of the home including three staff files, medication records and quality audits carried out at the home.

Is the service safe?

Our findings

People were protected from abuse and avoidable harm and people told us they felt safe living at Oakleigh. One person said, "Oh yes I'm safe, I trust the staff and they help me." Relatives also said they felt their family members were safe in the home. One relative told us, "[name] is happy and safe there." Another relative said, "[name] is looked after well, I've no worries about their safety". We saw that people were relaxed in the presence of each other and staff supported them. As visitors to the service, the registered manager ensured that people knew who we were and our purpose for being there.

Staff were confident that people were protected from harm and abuse at Oakleigh. They knew how to recognise abuse, and told us what they would do if they thought someone was being abused within the service. One staff member said, "I would tell the manager if I was concerned that someone might be being abused. They would make sure everything was investigated properly". Staff were aware of the whistle blowing policy and knew who to go to in order to raise a concern. Staff were encouraged to raise concerns so that issues could be addressed accordingly. Staff told us they felt senior management were approachable and they felt confident to raise concerns or issues.

Safeguarding referrals had been made by staff to the local authority when required. The issues relating to those referrals were explored to look for any lessons that could be learned and to drive improvement and prevent reoccurrence. The provider had taken steps to identify the possibility of abuse and prevent it from happening. Feedback received from a healthcare professional was positive about how recent safeguarding concerns were responded to. They said, "The registered manager always acted professionally, appropriately and in a timely manner". They told us how confident they felt that the registered manager and staff would always act to ensure the safety of people.

Specific risks to people's health and welfare had been identified through the assessment and care planning process to help keep people safe. Risk assessments were proportionate and included information for staff on how to reduce identified risks, whilst avoiding undue restriction. Staff were aware of the identified risks and understood how these should be managed to ensure people's safety, whilst prompting independence. Where people carried out manual work on land to grow their own vegetables and work with animals. Risk assessments had been carried out and the management plans struck the balance between safety and allowing people to take risks and be independent. Risks related to managing people's finances, spending time in the local community or the support people required so that they could safely increase their independence and been also assessed. We saw that risk assessments had been developed with input from the individual, family and professionals.

Accidents and incidents were recorded in detail and the home analysed this information to identify any trends. We found that care plans were updated when there was an accident or an incident. All accidents and incidents were discussed at team meetings for staff to discuss, reflect, learn from and share good practice. Action plans were monitored to ensure they were delivered and remained appropriate.

The provider had a recruitment policy in place and staff told us that they had completed a range of checks

before they started work. We saw this included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care. We reviewed the home's recruitment processes and these confirmed the actions taken by the provider were designed to ensure staff recruited were of suitable character to safely support people living at the home.

We saw that there were sufficient numbers of staff on duty because people's needs were met in a timely and appropriate way. The registered manager ensured that there were enough staff on duty on a daily basis so that people were not only supported at the home but also to take part in activities outside of the home. This was confirmed by staff members we spoke with. They told us there were sufficient staff on duty each day to meet the needs of the people. There were people who required one to one staff support. The registered manager told us that recently, staffing had been increased to meet their needs. This ensured that there were adequate numbers of staff to cover all aspects of people's care.

Medicines were being administered safely and recorded on the medication administration record (MAR). We saw that staff were patient with people and did not rush them. Staff confirmed they had received training to administer medicines in a safe way and records we looked at supported this. Protocols were in place for medicines which had been prescribed to be given only as required (PRN). These provided information for staff on the reasons the medicines should be administered. We saw that medicines were being stored appropriately, and records had been completed properly, indicating that people had received the right medicines at the right time. We found no anomalies within the stock control systems. The temperature of the medicines storage area and the medicines fridge were within the accepted ranges and recorded appropriately. Medicines audits had been completed by the registered manager monthly. Audits were also completed yearly by the local pharmacy.

The maintenance certificates relating to the safety of the home were all in date and these included the gas safety check, emergency lighting, electrical appliance and wiring testing to ensure that all equipment was suitable for its purpose. We saw that fire alarm tests and drills were completed and each person had a Personal Emergency Evacuation Plan (PEEP) in their individual file and in the main office. The service kept the premises, services and the equipment well maintained.

Is the service effective?

Our findings

People we spoke with felt staff were competent and provided effective care. One person told us that they thought staff looked after them well. Relatives told us staff had the knowledge and skills they needed to carry out their roles and responsibilities effectively and meet people's needs. One relative we spoke with told us about the specific needs that their family member had and how training for staff had been arranged to ensure that they understood how best to provide support.

Staff told us that they thought the induction was supportive and helped them to understand their role and responsibilities. The registered manager told us that all staff undertook a three month induction at the start of their employment. The registered manager confirmed that the registered provider had introduced the new nationally recognised Care Certificate. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care. All staff completed a period of time shadowing experienced members of the staff team until they were competent and confident working with residents.

Staff told us they received the training they needed for their role. One member of staff told us, "The training is good, it helps me understand the resident's conditions and needs." Another member of staff told us that they saw it as an opportunity to share knowledge "we all learn from each other. I've taken away skills for myself here". Staff we spoke with were positive about the training they received and confirmed the training was a combination of online and classroom based training.

Staff received training supporting them to meet people's needs in a way that related to best practice. Staff were offered training on a range of subjects including safeguarding, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), fire safety, moving and handling and medicine awareness. Additional training was provided relating to the specific needs of the people living at the home. This included training in autism, person centred planning and Management of Actual Potential Aggression (MAPA). The provider had also arranged mentoring training sessions from health professionals. For example, prior to the admission of a new resident. The registered manager had recognised staff would need additional training and had arranged this to ensure this person's needs could be met. This ensured staff would have the skills and the knowledge to provide care and keep them safe. Feedback from one healthcare professional described how staff managed and supported people with complex health conditions to reduce risk. They said that staff had sought out additional information about health conditions and sought training to learn how to keep people safe.

The staff we spoke with felt well supported. They told us they received regular supervision and an annual appraisal of their work. The records we looked at confirmed this. The registered manager and staff told us they valued supervision and used it to discuss their performance, develop their skills and understand their role and responsibilities.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager was knowledgeable and experienced in the requirements of the MCA and DoLS. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS applications had been submitted to the local authority. For example, an application had been granted for a person who could not have free access to food cupboards and fridges. This was because of a medical condition and potential risk to their health. This was put into practice with coded locks on all food cupboards and fridges and codes were given to the other residents as necessary. All staff had training in the MCA and DoLS and had a good understanding of service users' rights regarding choice; they carefully considered whether people had the capacity to make specific decisions in their daily lives and where they were unable, decisions were made in their best interests.

People were supported to make decisions on a day to day basis. We saw that people decided how and where they spent their time and made decisions about their care and support. The people we spoke with confirmed they had agreed to the content of their care plans and we saw that staff always asked for people's consent before providing care and support for them. Care plans we saw contained consent to care forms confirming that people gave consent to their care and support.

People were supported to take part in employment opportunities and staff promoted a good quality of life. These gave people the opportunity to develop skills including social skills as well as building their confidence. One person talked enthusiastically about their job working as a gardener and how much they liked to speak to the holiday makers at their place of work. Other people spent time working at a stately home where they looked after the pheasants and some spent time working at a local animal sanctuary. Staff also encouraged people to meet their full potential. For example, staff were supporting and encouraging one person who had expressed interest in further education courses.

People were supported to develop life skills at Oakleigh. These skills included shopping and preparing their own meals. People told us that they took it in turn to plan and cook the evening meal, some with support from staff. On the day of the inspection one person was preparing a large salad for the evening meal. No formal menus were planned but each person would decide what they wanted to cook and discuss with people what they were planning to make. If someone did not like what was being cooked they could have something else. People told us they liked the food and were able to make choices about what they had to eat.

We saw people having drinks and snacks when they wanted to and fresh fruit was available for people to eat if they wished. One person told us how staff always gave them a choice of what they'd like to eat. Staff we spoke with confirmed that they encouraged people to try healthy alternatives and reported that they had supported some people to lose weight recently. Although no-one had any specific dietary requirements, staff told us if this changed, adjustments would be made and the individual would be fully supported. Additionally, staff recorded people's food intake and regularly weighed people. This told us that people could be assured that staff had the required information they needed, and monitoring systems were in place to check on people's health.

Staff were knowledgeable about supporting people whose behaviour might become challenging to manage in order to keep people safe. One member of staff gave us an example of how they would support someone

whose behaviour might become challenging. They told us, "I'd wait until they [name] calmed down, I'd keep an eye on them and let them come out of it on their own". We saw that people's care plans had information of the types of triggers that might result in a person becoming unsettled and presenting with behaviours that are described as challenging.

The manager told us in the PIR that everyone living at Oakleigh attended regular health reviews and their health was regularly monitored to identify any changes that may require additional support or intervention. The home made referrals to specialists such as learning disability nurses, behaviour analysts, practitioner psychologists and psychiatrist in learning disabilities within the organisation to ensure that people who needed extra support were provided it quickly. Referrals were made quickly to health services when individual's needs changed. We saw that this was reflected in people's care plans. In addition people had 'Hospital Passports'. This document provides hospital staff with important information such as the person's communication needs and physical and mental health needs and routines. This demonstrated people had been supported appropriately with their healthcare needs and the provider used best practice guidance.

Is the service caring?

Our findings

People told us that they were treated with kindness and compassion and their dignity was respected at all times. As visitors to the service, the registered manager ensured that people knew who we were and our purpose for being there. This showed that staff understood and respected that this was people's home and they had every right to know who was visiting.

From our observations we could see that people were happy and enjoyed the company of staff, they were relaxed in their presence. We saw that staff were attentive and had a kind and caring approach towards people. There was light hearted interaction between people and staff throughout our time at the home. Relatives said "It's amazing, it's fantastic. It's all about the care and they really, really care", another relative said "They're [staff] lovely people, really considerate". The home placed a strong emphasis on the on-going relationship between people, families and the home. People's families were welcomed to visit the home whenever they wanted and every effort was made to ensure that people could return home and spend time with their families.

Feedback we received from healthcare professionals connected to the home, was very positive. One healthcare professional told us "The quality of the care and commitment to the care of the individual I am involved with has continued to be excellent". Another said "Throughout the time I have worked with them I have been very impressed by the care and support which they offer".

People's dignity was respected by staff. They understood the importance of treating people with dignity and of respecting their privacy. For example, knocking on people's doors and keeping information private. One person told us that the staff always wait to be invited into their room.

People were involved in personalising and decorating their own bedroom and living areas. Personal items and pictures that people treasured were displayed around the home. One person showed us their bedroom and it was decorated to the person's own choice with pictures on the wall and photographs of family members and other items that had meaning to them.

Staff were allocated as dedicated key workers to people to ensure individuals were helped to express their views. This also ensured staff could offer continuous support in the home and keep up to date with people's changing needs, support or wishes. Each person had sessions with their key worker to discuss any issues or matters. People also attend monthly house meetings. People told us they could and would go to staff if they had any problems.

We saw that the home supported people to express their views so they were involved in making decisions on how their care was delivered. We saw that people and relatives were involved in developing care plans that were personalised and contained detailed information about how staff would support people's health care needs. There was information in people's care plans about what they liked to do for themselves. This included how they wanted to spend their time or if they had preferences about how to receive their care, for example by male or female members of staff. Staff had a good knowledge of people's preferences and these

were respected and put into practice. For example,

We saw that there was information available to people in easy read formats, where applicable, so that they could make some choices and decisions about their care. Examples being, the use of pictures, communication cards and objects of reference.

We saw that people were encouraged to be as independent as possible. On the day of our inspection one person had gone out for a walk independently. Another person told us, "I go out whenever I want to. I like to go out for a run and I just let them know where I'm going". The care plans we reviewed included information about peoples' independence and where they could be encouraged to be as independent as possible, with staff giving support when needed.

Opportunities were available for people to take part in everyday living skills, for example involvement in shopping for food and household items and cooking the evening meals. The registered manager explained that everyone living at the home had their own household task that they had chosen, to complete each day. One person enjoyed cutting the grass and took great pride in this. Another person enjoyed keeping the household clean. Other people were in charge of the laundry and had decided which task they would like to do. For example, one person enjoyed sorting and washing the clothes and another was happy to hang the washing out. We saw that staff prompted people to carry out tasks needed rather than to do things for them. This helped to develop and maintain their independence and improve their life skills. One relative told us that before their relative came to live at Oakleigh they were unable to do anything for themselves but now with staff encouragement and the softly, softly approach, they were not only caring for themselves but preparing food and going shopping. This was a huge achievement and was as a result of the care, patience and encouragement from the staff.

Is the service responsive?

Our findings

We saw that staff were responsive to people's individual needs; they were focussed on what people wanted to do at any given moment. Relatives confirmed that staff supported their family member, in a way that responded to their individual needs. One relative told us, "We are absolutely amazed at how well [name] has settled." Another said "The staff look after [name] really well indeed. They cope with [name] very well by keeping [name] busy". A healthcare professional said "Staff interact very well and are very responsive. They are very open to questioning their practice, their emotions and how they approach [name]. They reflected on how their behaviours were affecting [name]".

Each person had their needs assessed before moving into the home and the findings of the assessments formed the basis of the care plans that were put in place. Relatives confirmed they had been involved in the pre-admission assessments of their family members care and in putting together the care plans. Following detailed assessments, each person had long term and short term goals agreed and individual programmes drawn up to enable them to achieve their goals. The goals were set around developing educational skills, self-help skills; such as taking care of their personal hygiene, domestic skills, social skills and promotion of leisure interests such as group exercise, yoga and attending running club.

People's care plans were written in a positive way, and guidance given to staff to encourage people to participate in activities and assist them in lifestyle choices. The care plans were person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what is important to the person. Care plans provided comprehensive information about people's individual needs and preferences. They were individualised and described how people were to be supported within the home and within the community setting. The care plans were reviewed and updated on a regular basis to ensure people's changing needs and aspirations could be responded to in a timely manner. People told us they were encouraged to be involved in developing their care plans and said they regularly attended reviews of the plans with their key worker.

People were supported to engage in occupational and recreational activities and supported to maintain links with the community. Activities were based around people's interests and to promote their independence and confidence. One person talked about how they were supported to be as independent as possible staff knew just how much help they needed. We saw that during the inspection staff provided minimum levels of support but continually interacted with people to maintain good contact and communication. One person told us how much they enjoyed going out by themselves for a walk around the local countryside. People went out regularly which included swimming, shopping, walks to the beach and the moors and visits to local attractions. People went out in the evening to cinema, discos and to the local pub for a drink. One person told us about their costume preparations for when they would be taking part in a local carnival. Staff supported people and made relevant arrangements to enable them to pursue their hobbies. If a person's hobby entailed going out, staff were keen to offer their support and assistance outside the home. One member of staff told us "They are doing what they want all of the time. This place is so energised it energises the staff team".

Activities inside the home met people's interests. Games, puzzles, gym, DVDs, karaoke and the pool table were available to everyone; these were arranged in the communal games room. The large attractive grounds of Oakleigh enabled people to take part in a wide range of outdoor activity including football, cricket, basketball, tennis as well as access to bicycles. People at Oakleigh also had the opportunity to work in the on-site fruit and vegetable gardens where they developed, planted and grew their own food. Each person was given a small plot of land of their own, if they wished, to plant anything they chose to grow. People were able to tend to the animals at Oakleigh and told us about how they raised turkeys from eggs to adult birds.

A relative told us their loved one enjoyed the holidays and trips and another told us that the home was helpful and arranged to take the person to spend time with their family regularly which worked well.

People were supported to take part in employment opportunities. These gave people the opportunity to develop skills including social skills as well as building their confidence. One person talked enthusiastically about their job working as a gardener and how much they liked to speak to the holiday makers at their place of work. Other people spent time working at a stately home where they looked after the pheasants and some spent time working at a local animal sanctuary.

People were involved in the running of the home and shared the household chores. These included being involved in cleaning, preparing food, shopping, gardening, cleaning windows and the laundry. Staff gave people encouragement and support when tasks were being undertaken. A member of staff said, "It is very rewarding when you see people becoming more confident and achieve a level of independence".

People knew there was complaints policy and were able to describe how to use it. They told us they had never had to use it because any problems or issues they had were discussed at their home meetings. The registered manager told us that they had very few complaints. They explained that it is their practice to have an open door policy and an on going dialogue with people and their relatives to resolve issues before they become a complaint. Relatives said they would have 'no qualms' about complaining if they needed to. They were totally confident that the registered manager would act to resolve any issues. The service user guide gave people information about how to complain and was written in a way that people could understand. We saw that during resident meetings people were asked if they had any concerns or complaints. Key workers regularly checked and asked people if they were alright and if they were unhappy about anything. Staff knew people well and were able to tell if there was something wrong.

Is the service well-led?

Our findings

Relatives of people who lived in the home were complimentary about the home. One relative said "It's very good" and another relative said "They're brilliant. They do so much for [name]. It is a proper home".

People were involved in how the home was run and how to improve it. The registered manager told us that the people were included in decisions about the home and were asked to make comments or to feedback on suggestions that could affect them. For example, people were introduced to and could comment on any new members of staff prior to them being employed. People were empowered to have a voice, included and seen as equal partners in choosing staff. The registered manager told us that the people were asked to make comments and to be involved in their care review meetings. People were supported to participate in home meetings and encouraged to "speak up" if they had concerns. For example, one person felt able to speak up about not enjoying organised trips to the cinema. They were listened to and empowered to express their true feelings and opinions. We were told that regular visitors and family members were also asked to provide feedback about the home. Satisfaction surveys were undertaken to obtain people's views on the service and the support they received. We saw the results of the last survey, which were all very positive.

There was a registered manager in place. The registered manager was on duty and supported us during the inspection, along with the deputy manager. We were joined later by the area manager. We were told that within the last year the home had changed from a family run business to being run by a large company. Staff told us that they felt this had gone well with a smooth transition and lots of support. Staff felt that there was minimal disruption to people's everyday life as the front line management structure and registered manager had not changed. This ensured continuity for people. Relatives also said how confident they felt about the new management arrangements. One relative said that they wanted their relative to live at Oakleigh because they had every confidence and trust in the new management team.

There was positive feedback from everyone we spoke with about the leadership and there was a high degree of confidence in how the home was run. Staff told us the home was well led and the management team were visible on a daily basis, supported them well. Regular staff meetings took place and minutes of these meetings were kept. Staff confirmed this and said the staff meetings enabled them to discuss issues openly with the manager and the rest of the staff team. Staff said the manager was a good leader and they knew they could speak with them at any time. Communication was good and they always felt able to make suggestions.

The registered manager and staff were clear about the aims and visions of the service. People were at the centre of the service and everything revolved around their needs and what they wanted. There was a culture of openness and honesty. Staff told us they knew about the vision and values of the organisation which was based on 'person centred support' and supporting people to reach their full potential and achieve the quality of life that most people would want for themselves. Staff said they felt very motivated and they were all committed to ensuring people's needs were fully met. Staff were proud of the care and support they provided, which they saw as improving people's lives.

Quality assurance systems were in place to monitor people's care and treatment. Regular management audits took place that covered for example, care plans, medicines management systems and routine checks to the building and equipment. In addition a senior manager carried out monthly quality reviews to oversee the management of the home. The registered manager observed staff in practice and any observations were discussed with staff, this was to review that the quality of care was delivered to the expected standards.

The home had a system to manage and report incidents, and safeguarding concerns. Members of staff told us they would report concerns to the registered manager. We saw incidents and safeguarding concerns had been raised appropriately and dealt with and notifications had been received by the Care Quality Commission. Incidents were reviewed which enabled staff to take immediate action to minimise or prevent incidents occurring in the future. For example, staff saw that one person was not coping well in crowds. These incidents were discussed and future activities were planned at quieter times of the day so that the person could still enjoy them. We saw accident records were kept. Each accident had an accident form completed, which included immediate action taken.

The people who lived at the home were involved in how the home was run and improving it. The registered manager told us that the people who lived at the home were included in decisions about the home and were asked to make comments or to feedback on suggestions that could affect them. For example, people were introduced to and could comment on any new members of staff prior to them being employed. The registered manager told us that the people who lived at the home were asked to make comments and to be involved in their care review meetings. The people were supported to participate in home meetings and encouraged to "speak up" if they had concerns. We were told that regular visitors and family members were also asked to provide feedback about the home. Satisfaction surveys were undertaken to obtain people's views on the service and the support they received. We saw the results of the last survey, which were all very positive.

We found that people's care records had been well maintained and amended as people's needs changed. Records relating to other aspects of the running of the home such as health and safety maintenance records were accurate and up-to-date. The registered provider had in place a large number of policies to underpin service quality and safety. These include procedures related to environmental safety, staffing and care practices.