

# Community Links (Northern) Ltd

## Oakwood Hall

### Inspection report

Oakwood Grange lane  
Leeds  
West Yorkshire  
LS8 2PF

Tel: 01132359079  
Website: [www.commlink.co.uk](http://www.commlink.co.uk)

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This was an unannounced inspection carried out on 6 December 2016. Our last inspection took place on 19 May 2015 when we found the registered provider was in breach of regulations relating to not having person-centred care records and the need to report notifiable incidents to the Care Quality Commission.

Oakwood Hall provides support for people with mental health conditions. The service has accommodation for up to 12 people. The service provides residential and respite support.

At the time of our inspection 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.

The premises were reasonably well maintained, however window restrictors were not always in place in accessible areas. Where they were fitted, they opened wider than the legal requirement. Following our inspection the registered provider took appropriate action. Infection control was mostly well managed.

People felt safe receiving this service and staff were aware of different types of abuse as they had received safeguarding training.

Medicines were managed safely as they were stored appropriately and people who were responsible for administering medicines had received training and were assessed as competent. Records showed people received their medicines as prescribed.

Risks to people were appropriately assessed, managed and reviewed. Recruitment processes were safe as relevant background checks had been carried out. Staffing levels were sufficient to meet people's needs.

People were supported by staff to access healthcare services when they needed this. People were able to choose what they wanted on the menu at weekly meetings and they told us they enjoyed the food on offer.

Staff were supported through a programme of induction, supervisions and appraisals. Training records we looked at showed staff had received up-to-date training in mandatory and non-mandatory subjects.

Positive interactions between staff and people were evident throughout our inspection. Staff always took time to talk with people and were friendly and respectful. People's privacy and their equality, diversity and human rights were respected. People's choices were respected.

Care plans contained clear, detailed information about support needs which people helped to create and review. The service was able to demonstrate its success in supporting people to moving into more independent living settings.

People knew how to complain if they were dissatisfied. Complaints were appropriately managed. Regular community and staff team meetings were taking place.

The registered provider had oversight of the service through a series of visits including peer support systems from other service managers. Action plans were in place and there was evidence of improvements in the service. We recommended the registered provider added targeted completion dates to their service action plan. Feedback about this service was positive.

Safeguarding notifications were routinely sent to the Commission, although two instances were found where this had not happened. However, appropriate action had been taken. We recommended the registered provider further strengthen these systems to ensure all notifiable incidents were reported.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see the action we have told the provider to take at the end of this report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Some areas of the premises did not comply with current Health and Safety guidance. Infection control was mostly well managed.

There was enough staff to meet people's needs. People felt safe receiving this service. Staff received safeguarding training and the majority of safeguarding notifications had been submitted as required.

Medicines were managed safely. Risks to people had been assessed, monitored and reviewed. Recruitment practices were safe.

### Is the service effective?

**Good** ●

The service was effective.

Staff received support through their induction, supervision and appraisal. Training records showed staff had received up-to-date training.

People's choices were respected. Community Treatment Orders were recorded appropriately.

People enjoyed the meals on offer which they were able to choose during weekly meetings. People received support to access healthcare services.

### Is the service caring?

**Good** ●

The service was caring.

Staff knew people's needs well and always took the time to talk with them in a calm and respectful manner.

People's privacy and dignity was respected. People were encouraged and supported to have visitors.

People's equality, diversity and human rights were supported.

### Is the service responsive?

Good 

The service was responsive.

People's recovery was supported through detailed care plans which were personalised and demonstrated people were involved in this process.

Care plans were regularly reviewed.

People were supported to access a range of activities within the service and in the local community.

Information on how to complain was available to people and people knew how to complain if they were dissatisfied.

### Is the service well-led?

Requires Improvement 

The service was not always well-led.

The registered provider had not identified the need to ensure windows were appropriately restricted and reinforced.

Policies kept at the service were not up-to-date.

Quality monitoring systems were in place. Regular meetings for people and staff took place. Feedback from surveys was positive.

# Oakwood Hall

## **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 6 December 2016 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 12 people living in the home. During our visit we spoke with the deputy manager, registered manager, area manager, director of operations and a further five members of staff. We also spoke with five people who used the service and one visitor. We spent time looking at the documents and records that related to people's care and the management of the service. We looked at three people's care plans.

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 service, what the service does well and improvements they plan to make. We also reviewed all the information we held about the home. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

# Is the service safe?

## Our findings

At our previous inspection in May 2015 we found the registered provider had not always notified us concerning allegations of abuse. At this inspection we saw some improvements had been made.

We looked at safeguarding records and found the registered provider had routinely notified the Commission of notifiable incidents. People's care records contained information about any ongoing safeguarding concerns. There was clear information about what the safeguarding concern was and what had been done about it. We saw information on display which covered safeguarding people from abuse which was in an 'easy read' format.

People we spoke with told us they felt safe living in this service. Comments included; "I feel safe here because the staff office is nearby and the other people are friendly and everyone is down to earth" and "I feel safe here because of the staff. There is a lock on the front door with a code and I can lock my bedroom and I have a call bell if I need help." One staff member told us, "We encourage residents to challenge strangers and to ask who they are."

Staff were able to describe the signs which could identify a person was being harmed. One staff member said safeguarding was discussed at weekly team meetings. Staff also knew about the registered provider's whistleblowing policy. 'Whistleblowing' is when a worker reports suspected wrongdoing at work. Staff told us they had received safeguarding training and the records we looked at confirmed this happened.

Oakwood Hall is a listed building and the original sash windows were in situ throughout the building. Windows on the first floor had blocks of wood which restricted the opening of the windows. The health and safety executive states that 'where assessment identifies that people using care services are at risk from falling from windows or balconies at a height likely to cause harm (e.g. above ground floor level), suitable precautions must be taken. Windows that are large enough to allow people to fall out should be restrained sufficiently to prevent such falls. The opening should be restricted to 100 mm or less'. The windows we checked on the first floor opened to a minimum of 130 mm. Windows on the second floor which people were able to access were UPVC with no restrictors. These windows could open fully which meant people were at risk of falling from them either accidentally or intentionally.

The health and safety executive also states that 'where assessment identifies the risk of falling against or through glazing, adequate precautions must be taken. These may include provision of suitable safety film, replacement with safety glass or provision of barriers. Glass doors and patio windows should also be fitted (in accordance with building regulations and British Standards) with toughened or safety glass or covered with a protective safety film'. We spoke with the registered manager about this on the day of our inspection who told us that it was their understanding that the glazing in the windows was the original glazing which would not be toughened glass. The registered manager told us they had arranged for a windows specialist to visit the service the day after our inspection to enable all the windows to be made safe.

We concluded the registered provider had not ensured the premises were safe for use for their intended

purpose.

This was a breach of regulation 12 (Safe Care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection the director of operations confirmed all windows had restrictors in place which opened to no more than 100mm. They also told us protective film had been applied to the glass to make it compliant with regulations.

The registered manager told us they contracted 20 hours per week for cleaning services. We looked in the bathrooms and found one shower room which had what looked like dried blood on the sink. The bottom seals on the shower unit were dirty and the grouting on some tiles showed signs of mould. Several tiles were also cracked. One person commented, "The bathroom and showers could be a lot cleaner, some are not hygienic." Following our inspection the registered provider acknowledged the sink was not clean when inspected, although they showed us records which confirmed this had been cleaned earlier the same day.

In other areas the premises were reasonably well maintained, however due to the age of the building there were some areas which required redecoration. The registered manager told us there was an ongoing decoration programme.

We saw a building fire risk assessment dated December 2015 had been completed. Further fire risk assessments had been completed throughout 2016. Fire risk assessments had been completed for people living in the home. Fire extinguishers, fire panels and emergency lighting were checked on a weekly basis and a fire evacuation had taken place in July 2016. Legionella testing had been completed in November 2016 and the 'manager's annual safety checklist' was up to date. Hot water temperatures were checked on a monthly basis. Building certificates for electrical wiring and care safety were also found to be up to date.

Staff told us they recorded maintenance tasks in a diary and jobs were completed shortly afterwards. One staff member told us, "I think it probably does get done quite quickly."

The registered provider's PIR stated; 'All clients have a Lone Worker risk assessment. Risk management has a focus on therapeutic risk and least restrictive approach. Clients who have posed a risk to themselves or others are not excluded from the service and are supported non-judgmentally, with a positive focus on learning alternative coping strategies. Risk management plans are written with clients and outline the actions required if risk increases. Plans are amended where risk increases acutely.

We reviewed four people's care records and found they contained a comprehensive and regularly updated risk assessment. Staff had completed risk management plans which were reviewed and updated. Assessments included risk factors and warning signs, which covered, clinical symptoms, behaviour, forensic history and personal circumstances.

We looked at the management of medicines and found this was safe. The majority of medicines were administered from people's own prescribed blister packs which were supplied by a local pharmacy. Only staff trained in medicines administration could give medicines to people using the service. Some people were able to self-administer their own medicines. The medicines administration record (MAR) charts included a photograph of the person, details of their GP, and information about any allergies they may have. The MAR charts were up to date, accurate and no gaps in the administration of medicines were evident. We saw checks of incoming medication from the pharmacy to ensure there were no errors.



People had a full support plan in place which stated where their medication was to be stored and how it should be dispensed. Records included where people needed to be prompted to take their medicines and what the side effect of each medicine was.

Medicines were stored securely in a locked cabinet in a locked room. None of the medicines we saw needed to be refrigerated; however, daily records were kept of the temperature of the fridge and room where the medicines were kept. These were within the prescribed range.

The home had a medicine policy that was available for all staff to read. Records showed staff received regular training and competency assessments for medicines administration. One staff member commented, "If you miss a signature, it'll be spotted straightaway." The checks we made confirmed people were receiving their medicines as prescribed by staff qualified to administer medicines.

People told us they were given their medicines on time and staff fully explained what they were for and the possible side effects. One person told us they had previously taken an overdose. They added that since then staff were administering their medicines and watched them take it.

People we spoke with told us there were sufficient numbers of staff on shift to meet their needs. One person told us they got between 30 and 60 minutes a day to have a one to one chat with staff. Only one person told us they felt more staff were required on the night shift.

The registered manager told us on occasions they needed to use agency staff to provide cover. One person said, "I feel that agency staff are inexperienced as they don't know us and don't know what is bothering you. If they are regular staff they understand you better. They tend to use them if they are desperate because regular staff will come in if they can." Records we looked at showed a minimal number of shifts had been covered by agency staff over the six weeks before our inspection. Where agency staff were used, they completed an induction checklist which meant they had a basic understanding of the role they were expected to carry out.

One staff member who we asked about staffing levels told us, "Usually, it's fine." Based on our observations and from feedback from people and staff in the service, we concluded there were enough staff to meet people's support needs.

We looked at three staff files and found the recruitment procedures were safe. We saw relevant employment checks had been completed, which included identity checks, a disclosure and barring service check (DBS) and two references, including one from the most recent employer were obtained before staff began work. The DBS is a national agency that holds information about criminal records. Relevant professional qualifications had also been checked by the registered provider.

## Is the service effective?

### Our findings

People were encouraged to make their own decisions and were supported to move toward independence and independent living. The provider had taken appropriate action to ensure the requirements were followed for the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 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. DoLS protects people when they are being cared for or treated in ways that deprive them of their liberty. People can only be deprived of their liberty to receive care and treatment when it 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. Staff had received training on MCA and DoLS.

We saw one person's care plan recorded an assessment of their capacity to make decisions about managing their finances. The person had been deemed able to make decisions about their finances. It had been agreed that this person's capacity was to be assessed on an ongoing basis and if there were any concerns that their capacity to make financial decisions was diminishing.

Where people had a Community Treatment Order (CTO) this information was recorded in the persons care record. Copies of the CTO were scanned onto the electronic record. A CTO is a legal order made by the Mental Health Review Tribunal or by a Magistrate. It sets out the terms under which a person must accept medication and therapy, counselling, management, rehabilitation and other services while living in the community.

People told us how staff enabled them to make choices in their lives within a safe, supportive environment. One person said, "You are basically free to do what you want. That is the beauty of this place. It has given me confidence and self-esteem so I can make my own choices." Another person told us, "I have bought myself some new furniture and staff will help me to put it up. I chose it myself with staff support. I have also chosen what colour I want my walls to be painted."

People told us staff were well trained and fully aware of what was happening in the service.

The registered manager told us staff received an organisational induction which included meeting senior staff, such as the chief executive. They also received a service specific induction which included two days at a training centre and then shadowed experienced staff and were given an allocated 'buddy'. For their first two weeks, new staff were not included in the rota. We looked at induction records which showed staff received appropriate support during this period. One staff member told us the management team had impressed the need to complete all induction training. They said, "They were really quite hot on that."

The registered provider's PIR stated; 'Staff have regular supervision with a line manager and an annual PDR incorporating a development and training plan. Training is monitored and reminders are sent renewal

required.

The training records we looked at showed staff were up-to-date with their training needs, although not all staff had received training in the Mental Health Act. The registered manager had already identified this and further Mental Health Act training was scheduled to take place in December 2016. Other training covered, for example, safeguarding, fire safety, managing conflict and food hygiene and the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

We looked at supervision records and found staff received this support on a regular basis. These contained information on how staff were supported through their professional development including looking at training needs. Staff appraisals had been completed by the registered provider.

Oakwood Hall provided placements to student nurses. On the day of our inspection, two student nurses had commenced two week placements with this service.

People told us staff supported them when they need to attend medical appointments. One person said, "I am due to see the doctor and a member of staff will go with me." Staff also made arrangements with other health professionals. For example, they had arranged for the opticians to visit Oakwood Hall. Care plans we looked at contained a record of people's health needs and confirmed the service worked with a range of health professionals.

People we spoke with were complimentary about the food. One person told us, "The food is wonderful here. We have a community meeting and sometimes we talk about what we would like on the menu." They then accompanied staff in going into the community to go shopping for the ingredients. All the people we spoke with told us they enjoyed their meals and felt able to suggest menu ideas and wishes with staff. We saw a suggestion board in the dining room where people could request specific meals.

Fresh fruit was available for people to take at any time. We saw a poster in the dining room which displayed information on healthy eating alongside cookery books. People were given an opportunity to complete a food hygiene course and were able to prepare meals with support in a newly installed kitchen where they could also make drinks and snacks.

At a community meeting in November, we saw people had asked for one vegetarian meal a week which had been followed up. We observed the lunchtime meal which was a buffet that consisted of salads, meats which included a vegetarian option and eggs and cheese served with a selection of breads. We sampled the food at lunchtime and found this was fresh, well presented and enjoyable. Staff ate with people and we found the atmosphere was friendly and relaxed.

# Is the service caring?

## Our findings

During our inspection, we observed staff interacting with people in a friendly, understanding and respectful manner.

All the people we spoke with told us they trusted the staff and they felt the care and support they received could not be improved. Comments included; "Staff have been really kind to me offering support", "I couldn't ask for it any better", "I have been in services for 9 years and this is the best one I have been in", "The members of staff are really friendly and kind and can't do enough for you" and "It is good here because they let you do what you want as long as you don't abuse it."

It was evident people felt Oakwood Hall was an environment where they were able to speak with staff about their worries and problems. Comments included; "I feel comfortable talking to staff here. When I was in hospital I wouldn't talk to anyone and bottled things up, but here I can talk to staff and know they will listen to me", "I feel that I get the right support here. When I am not feeling very well or have a problem, I speak to one of the staff and I feel they listen to me." "Staff are down to earth and if you have any problems you can always have a quiet chat with them, and they listen to you", "Staff treat me very well, they are good listeners. They talk to me and ask me what is important to me" and "Staff are lovely; they give you one to one time if you want it."

During the day, we saw staff were always around the house and they had time to engage with people. People we spoke with told us they appreciated this support. Staff always gave people their full attention.

We spoke with staff who were able to describe individuals in depth and the most effective ways of supporting those people. One staff member was able to explain to us how best to support one person who had issues around anyone they perceived was telling them what to do.

One staff member told us the service took people's differences and worked to provide person-centred care. The registered manager said they supported people around equality, diversity and their human rights (EDHR). They said people were asked if they wanted to share their sexual orientation at the point of initial assessment. They used diversity checklists to ensure they had fully considered people's needs. People who completed respite feedback forms confirmed their EDHR were respected during their stay. We asked a staff member whether information on display in the home was available in other formats and were told on initial assessment any additional needs would be identified and the appropriate resources would be put in place. The registered manager confirmed this happened.

During our inspection we saw people's privacy and dignity was respected by staff. We observed staff knocking on people's doors. One person told us, "They knock on your door. They don't walk straight in." We heard one person ask if they could speak with a member of staff and we saw the staff member offered them the opportunity to discuss in a quiet area. This member people's privacy was respected. People told us the management team spoke to them respectfully. One person said, "[Name of staff member] doesn't talk to you like a manager. There's no 'them and us'."

At the time of our inspection no one using this service needed an independent mental capacity advocate. However, information on these services was on display.

The resident handbook stated, 'We welcome visitors so please feel free to invite your friends or family to your home at Oakwood Hall'. We did not see any visitors, although staff told us they tried to encourage families to visit and have provided accommodation in the past for family members to stay over if required. Staff told us in these instances, other people were always asked if they were comfortable with this arrangement.

## Is the service responsive?

### Our findings

At our previous inspection in May 2015 we found the registered provider had not carried out an assessment of people's needs and preferences for care and treatment. At this inspection we saw the necessary improvements had been made.

People's needs were assessed before they moved into the home and support was planned in response to their needs. Assessments detailed the support requirements of a person for daily living, including general health, medicines, dietary needs, communication, sleep and mental health needs. People's records included information on the person's background which enabled staff to understand them as an individual and to support them appropriately. General details included; benefits and funding, addresses, contacts and housing status. Other information included information on the persons 'care programme approach', diversity and inclusion, lone working assessment, physical health checklist, and a service user involvement questionnaire. There was also a missing person form which would help staff and police if the person was missing.

People's support plans were organised and securely stored electronically and accessible to staff who were given individual sign in details. Each person's care record contained an 'about me document' which included 'a bit about me, how I like to spend my time, things I appreciate from my workers at Oakwood Hall, things I do not appreciate from my workers at Oakwood Hall, I would like my workers to know this about me'. There was also a 'life history' document. These had been completed by the person and staff with information the person wanted to share.

Staff told us people's support plans were developed using the information gathered at the person's initial assessment. Details in the support plans of peoples' personal and medical history was very comprehensive. It was easy to read and gave staff a good understanding of who a person was and how they wanted to be supported.

The registered provider's PIR stated; 'Our recovery focussed approach acknowledges the circumstances leading to referral and maintains hope that recovery is possible. Each person's care record contained a 'ten point recovery plan' these covered for example, self-care and living skills, managing money and personal administration, social network and relationships, drug and alcohol misuse, physical health and emotional and mental health. These were all measured to enable the person to see where they were on their journey.

We found Oakwood Hall supported people using an effective recovery model. The registered manager told us they exceeded their targets for supporting people to move on to more independent living settings. The systems in place to support people meant they received appropriate care which helped them to recover and develop their skills.

People told us about their involvement in their care plans and reviews and said they were always given the opportunity to have input into them and to agree or disagree with them. One person said, "We talk about how I am getting on, what's different or new. I can tell him what I feel and he then types it up and I sign it."

Another person commented, "I get on well with my key worker and we meet up every couple of weeks to go through my care plan."

Oakwood Hall also provided support to people who do not live at the service. This was provided over the telephone or when people visited the service. We saw each person had their own care plan which was detailed and recorded interactions they had with the service.

We looked at one person's activity planner and saw this focussed on healthy living choices and activities that were important to the person's wellbeing. One person said, "I have an activity planner which is for a four week trial about what activities I would like to do. I chose my activities by looking through leaflets and talking to [name of staff member]. It is to encourage me to do more fitness and social activities outside of Oakwood." Another person said, "There are a lot of opportunities in this place. I want to learn how to cook and shop, budget my own money better, go to the community groups and work in a charity shop and I know I will get the help I need here."

People were offered the chance to enjoy an annual trip over several days. We saw pictures of the most recent trip on display as well as information on activities and events.

On the day of our inspection a local volunteer group who visited twice a week were on site. People were offered gardening and gym opportunities to encourage them to lead active lifestyles. We spoke with a volunteer who told us, "What is nice is that residents feel welcome and comfortable in being involved in the group." We were told that a previous respite user was still involved in the group and had also enrolled in other workshops. This meant people's involvement in community groups provided the opportunity for people to gain confidence and develop their skills.

The registered manager told us regular events such as BBQ's, bonfire night, summer tea party, and Christmas activities were held. People were also supported to access venues in the local community such as the cinema and cafes whilst weekly activities included; walking group laughter therapy, wood craft, music therapy. The service had its own pool table for people and quiet areas if people wanted to spend time on their own.

We looked at the record of complaints and found these were appropriately managed. It was evident from the records we looked at that people had their comments listened to and acted upon. People were given information on how to complain in the service user handbook. Each member of staff had their own one page profile for people to look at. The registered manager's profile stated, 'As the manager of Oakwood Hall you can come to me about anything. I want to know what is going well, any concerns or complaints you may have'.

People told us they felt comfortable raising any concerns or complaints about the service if they were dissatisfied. One person said, "If I was unhappy with something, I would talk to the manager and sit down and talk about it and find a solution."

## Is the service well-led?

### Our findings

The registered provider had not ensured windows were appropriately restricted and reinforced. Quality management systems in place had not identified these concerns before our inspection.

We looked at a range of policies within the service which covered for example; smoking, the use of alcohol, use of restraint, wound management and infection control. These policies were dated October 2013 and were due for review in October 2016 which meant they were not up-to-date. The area manager told us the registered provider had overarching policies that covered these areas which were up-to-date.

The registered provider had systems in place to ensure continuous improvement of the service.

The registered manager told us they had weekly meetings with the area manager. Fortnightly 'CQC meetings' took place with registered managers of other services operated by the same registered provider to look at each services risk registers and action plans. We saw other service managers had completed monitoring reports at Oakwood Hall in July and November 2016. The area manager showed us the service action plan created following the Care Quality Commission's last inspection of this service which they used on an ongoing basis. This was comprehensive and contained evidence of improvements already made. We recommended they add targeted completion dates to this which they agreed to look at.

The registered manager and area manager carried out a quality audit in November 2016 which covered areas such as safeguarding, medication, care plans, staff knowledge and also measured progress against breaches of the regulations found at our last inspection of this service. An action plan with dates for completion had been created.

We saw evidence of a review of the respite service which identified ways in which this support could be improved. For example, this looked at changing the model of the service to provide different frequencies of support linked to people's needs. The registered provider had recently set up a 'Respite Users Network' led by people receiving this service which was designed to bring people together to focus on looking at effective coping strategies, family issues and shared experiences as well as encouraging social engagement.

The director of operations carried out a 'Back to Floor' visit in November 2016 when they spoke with people receiving this service and met with the registered manager. They also identified some areas for improvement with regards to the IT system which they responded to.

We looked at the records of weekly community meetings and found these were very well attended. One person who attended these meetings told us, "You can get a lot off your chest. Staff are very understanding." Community meetings covered, for example, information on housekeeping, security, menu planning and social events. A meeting in November 2016 had identified the need to carry out an additional midweek food shop whilst the kitchen was being refurbished. All actions were listed and we saw these were followed up. This meant people were listened to and their views were acted on.



We found regular staff meetings were taking place. In addition, staff planning meetings were carried out every Monday and Friday which looked at actions from the previous week, clinical issues, safeguarding, risk assessments, risk management, respite and any incidents which had taken place in the service and people's support needs.

Feedback from the 'annual client satisfaction questionnaire 2015/16' showed high levels of satisfaction with the service provided. We saw separate feedback from people who used the service for respite was positive. The results of the annual stakeholder questionnaire carried out in September 2016 showed other professionals were complimentary about communication with staff and successful outcomes for people using this service. We saw the report included an action plan based on the feedback provided.

Staff had completed a satisfaction survey in October 2015, although the results we saw were for all services operated by the registered provider which meant we were unable to see individual feedback for Oakwood Hall. However, during our inspection staff told us they felt well supported by their management team. Staff felt able to approach the registered manager with any concerns. One staff member said, "They're very approachable. I've been told it's an open door. It's been quite refreshing. They do listen to staff."

We found the staff team worked well together which helped to provide a positive culture throughout the service. We asked one staff member about working at Oakwood Hall. They told us, "I've really enjoyed it." One person told us the registered manager responded promptly whenever they asked to see them. They told us the registered manager had a calming effect on them.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	We concluded the provider did not ensure the premises were safe for use for their intended purpose.