

Dolphin Homes Limited

# The Oaks

## Inspection report

91 Hulbert Road  
Bedhampton  
Havant  
Hampshire  
PO9 3TB

Tel: 02392474476

Website: [www.dolphinhomes.co.uk](http://www.dolphinhomes.co.uk)

Date of inspection visit:

01 May 2019

02 May 2019

Date of publication:

27 June 2019

## Ratings

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

# Summary of findings

## Overall summary

About the service: The Oaks is a residential care home and provides personal care and support for up to eight people who have a learning disability, physical disability and or autism. At the time of the inspection there were eight people living at The Oaks.

People's experience of using this service:

A registered manager was not in post. However, the manager had submitted an application to the Care Quality Commission and this was in progress.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. The outcomes for people using the service reflected the principles and values and people were encouraged to be independent within their home. Staff understood people's individual communication needs and worked in proactive ways to provide person-centred support.

People were supported to have choice and control over their lives and staff demonstrated an understanding and awareness of mental capacity and best interests' decisions. However, the records did not fully support this and the manager had plans in place to address this.

The environment although accessible did not always meet the needs of people living at The Oaks. There were delays to the completion of required maintenance and there were outstanding actions that when completed would enhance the environment.

Staff were caring. Everyone we spoke with was very complimentary about the service and said they would recommend the home. There was a strongly embedded culture within the service of treating people with dignity, respect, compassion, warmth and kindness.

Accidents and incidents analysis was not always shared. We have made a recommendation that the provider improve the recording of shared learning of accidents and incidents.

Most of the care plans were up-to-date, person centred and goal orientated with a focus on achieving outcomes. However, care plans and risk assessments relating specifically to manual handling on the electronic system did not contain sufficient detail to enable staff to carry out the support safely.

Activities were available to keep people occupied both on a group and individual basis. Activities were organised in line with people's preferences.

A system was in place to ensure medicines were managed in a safe way for people. Staff were trained and supported to ensure they were competent to administer medicines.

People received support with meals and drinks.

Staff knew how to access relevant healthcare professionals if their input was required. The service worked in partnership with other organisations and healthcare professionals to improve people's outcomes.

Staff were recruited safely and there were sufficient numbers of staff deployed to keep people safe and to meet their care needs. Staff were received appropriate training which was relevant to their role. Staff were supported by the manager and were receiving formal supervision where they could discuss their on-going development needs.

Individual needs were assessed and met through the development of detailed personalised care plans, which considered people's equality and diversity needs and preferences. Care plans were up to date and most detailed the care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. Appropriate referrals were being made to healthcare professionals when necessary.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received. Systems were in place to ensure complaints were encouraged, explored and responded to.

Staff meetings were held regularly and covered relevant topics. However, there was no evidence that actions from meetings were reviewed and actioned.

The manager provided staff with leadership and was very approachable. Audits and checks were carried out and used to drive continuous improvements to the service people received.

Rating at last inspection: Good (report published 9 December 2016).

Why we inspected: This was a scheduled inspection and was planned based on the previous rating.

Follow up: We will continue to monitor the service and plan to inspect it in line with our re-inspection schedule. If we receive any information of concern we may bring out inspection forward.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# The Oaks

## Detailed findings

### Background to this inspection

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

**Inspection team:** The inspection was carried out by two adult social care inspectors.

**Service and service type:** The Oaks is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service is required to have 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 how the service is run and for the quality and safety of the care provided. At the time of our inspection the service did not have a manager registered with the Care Quality Commission, however an application for registration from the manager had been received

**Notice of inspection:** The inspection was unannounced. Inspection site visit activity started on 01 May 2019 and ended on 02 May 2019.

**What we did:** Prior to our inspection we reviewed information we held about the service. This included notifications received from the registered provider and feedback from the local authority safeguarding team and commissioners. We used this information to help us decide what areas to focus on during our inspection.

Some people at The Oaks were not able to fully share with us their experiences of using the service. Therefore, we spent time observing interactions between people and the staff supporting them in communal areas. We spoke with two people, two care workers, the deputy manager, the manager, the maintenance person and a representative of the provider.

We looked at the care records for four people and looked at the medicines records for four people. We looked at six staff recruitment, supervision and training records and sampled four more. We looked at

records relating to the quality and management of the service including; Records of accidents, incident and complaints, audits and quality assurance reports.

During the inspection we requested information including policies and procedures and quality assurance information which was received after the inspection.

Following the inspection, we contacted eight health and social care professionals who worked with the service for feedback on the delivery of care and support at The Oaks.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

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

Systems and processes to safeguard people from the risk of abuse

- There were appropriate policies and systems in place to protect people from abuse. The manager and staff understood their responsibilities to safeguard people from abuse. Staff we spoke with understood their role in protecting people and knew how to raise concerns both within their organisation and beyond, should the need arise, to ensure people's rights were protected.
- Staff were confident any concerns they raised to the manager would be dealt with appropriately.
- The registered provider had a Disability Discrimination Policy which outlined staff and management duties in ensuring people were treated equally, with respect, as individuals and protected from discrimination based on the protected characteristics. This helped to keep people safe and challenge any discriminatory practice.
- Safeguarding information and signposting were displayed within the service.

Assessing risk, safety monitoring and management

- Risks to people were recorded in their care plans and staff demonstrated they had good knowledge of how to mitigate these risks to keep people safe.
- The culture in the home was not risk adverse. People were supported to take positive risks. Staff told us, "It's like [person] went to Butlins the year before and the hall was jam packed and I think [person] got a bit intimidated but there was a little outside bar and I think they enjoyed that, people were coming up in costume to them and [person] loved it", and, "[Person] wants the experience I guess. I wouldn't stop them from experiencing anything they wanted to do but would need to assess and would never put them in danger".
- Equipment was maintained to help ensure people were kept safe. Regular checks were undertaken in relation to the maintenance and safety of equipment.
- Staff held practice fire drills to check any risks to people from an emergency evacuation. People's comprehensive personalised plans (PEEP's) were in place to guide staff and emergency services about the support people required in these circumstances.
- Environmental risks were assessed, monitored and reviewed regularly.

Staffing and recruitment

- Staff told us that they did not always feel they had sufficient staffing levels available during the day due to a reduction in staffing levels following a funding review. Staff told us, "I think it is unfair that you let the guys down but you can't help it", and, "I think it is very hard sometimes, I think it is hard to give people the support they deserve sometimes".
- However, staff acknowledged that the manager had implemented strategies to manage the changes in funded staffing levels; reviewing the rotas and minimising the impact on people where hours had been

reduced by introducing in-house activities on two days of the week with external activity co-ordinators coming in. As well as utilising staff on night shifts to support some task and reviewing 1:1 funding for a person with the local authority.

- The manager told us, and records confirmed, that there was sufficient staff to provide safe care.
- Safe recruitment processes were in place. Staff files contained all the information required to aid safe recruitment decisions. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions.

#### Using medicines safely

- People received their medicines safely and the staff carried out regular audits to ensure all medicines had been administered correctly.
- There were suitable systems in place to ensure the safe storage of medicines, the ordering of repeat prescriptions and disposal of unwanted medicines.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely.

#### Preventing and controlling infection

- Staff completed training in infection control. Staff told us they have access to personal protective equipment (PPE) and waste was disposed of correctly.
- The home was clean and odour free.

#### Learning lessons when things go wrong

- Where an incident or accident had occurred, the provider had procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence.
- The provider had some processes in place to learn from incidents to reduce the risks of reoccurrence. However, the sharing of this learning was not clear. A staff member told us, "We do incident forms all the time but never get anything back. They get sent off and I don't know if [manager] gets anything but we don't. We'd like to know, if we don't get anything back what is the point of filling in these forms? where does it go? what happens? what improves from it? what actions are going to be taken? It'd be nice to have a bit of feedback and know what actions are going to be taken".

We recommended that the provider improve the recording of shared learning of accidents and incidents. The manager told us that going forwards they would be taking the learning from incidents to team meetings to share it with the staff team.

# Is the service effective?

## Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We observed that mental capacity assessments had taken place. However, only one best interests meeting had taken place despite the assessments identifying people lacked capacity. The manager confirmed this to be true and had plans in place for best interest's meetings to take place.
- The manager demonstrated their knowledge and understanding regarding mental capacity and best interest's meetings. The manager had been key in picking up that a mental capacity assessment by a healthcare professional was required for a person concerning their dietary needs and had arranged this assessment promptly.
- Staff could describe principles underpinning the legislation. They spoke with us about people's rights to make choices and decisions for themselves. A staff member told us, "Mental capacity is if you have the capacity to make decisions for yourself and if unable to then in best interests with an advocate to make the decision".
- The provider had made appropriate DoLS applications and had systems in place to renew and meet any recommendations of authorised applications.

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

- People had personalised bedrooms which reflected their personal interests and preferences. One person confirmed to us that they had chosen the décor in their bedroom and chosen the paint colour and theme. Another person communicated to us their preference and choice to not have their name on their door which had been respected by the staff.

- The environment appeared to be meeting the needs of people and was accessible. For example, it had a lift that was maintained. There was an accessible garden with a paved ramp to raised planters and the provider had employed an architect to design a conservatory to provide more communal space for people's benefit.
- We found that there was a delay to the completion of required maintenance and there were outstanding actions that when completed would enhance the environment. The provider took action to address some of these outstanding actions during the inspection and had plans to address the remaining actions.
- The external environment was used for storage. Although people did not have access to this it was unsightly and did not give a good impression. We spoke with the provider about this who assured us they would take action to resolve it and started that action during the second day of the inspection.

#### Staff support: induction, training, skills and experience

- New staff undertook a period of induction, which included the provider's mandatory training, before they were assessed as competent to work on their own. A staff member told us, "You don't do 1:1 straight away, I shadowed until my care certificate was completed. You are not allowed to lone work until you have completed the care certificate. It helps you learn how each person you support needs to be supported, what they like and need". The Care Certificate is an identified set of standards that health and social care workers adhere to.
- Staff received training that enabled them to meet the needs of people living at the service. For example, PROACT-SCIPr-UK and Autism. PROACT-SCIPrUK was an approach to working with adults with learning disabilities involving strategies for crisis intervention and prevention. A staff member told us, "It's really trying to diffuse the situation before it arises".
- Whilst evidence of supervision and appraisals taking place was seen, the supervisions had not been consistent, however since the new manager had been in post they had implemented a supervision system to address this and some staff had received recent face to face supervision. A staff member told us, "Just had a supervision. Before [manager] did not have any supervisions before – that was my first one".

#### Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, regularly reviewed and included their physical, mental health and social needs.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their needs assessment. Staff were able to tell us about people's individual characteristics.
- The provider supported staff to deliver care and support in line with best practice guidance and to support good outcomes for people. The Oaks had signed up to the national initiative aimed at Stopping the Over Medicating of People with Learning Disabilities and/or Autism (STOMP). Stomp is a national project involving many different organisations which are helping to stop the over use of these medicines. STOMP is about helping people to stay well and have a good quality of life. People had STOMP action plans in place to support them to actively explore alternatives to medication and to ensure if medication is needed that it is started, reviewed and monitored in line with the relevant National Institute for Health and Care Excellence (NICE) guidance.

#### Supporting people to eat and drink enough to maintain a balanced diet

- We saw people being offered drinks and food and were supported by staff who had received food hygiene training.
- People planned the menu weekly at their resident's meeting and we observed how flexible the menu was. A staff member told us, "The menu is not set in stone and if they don't fancy something, or don't like something, that is fine and we will offer them what they want".

- Information on people's weight was kept up to date in their care records and was monitored. The manager told us how they ensured people who were losing weight were referred to the most appropriate healthcare professionals. This was supported by the information in people's care plans and staff awareness of the information.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- We saw from the care plans and daily records that a range of professionals were involved in providing additional care and support to people. One health and social care professional told us, "They are very good at keeping me informed of any changes with my clients and always invite me to support them at any health care meetings that they may have at the home".
- The service worked with other organisations to ensure they delivered joined-up care and support and people had access to healthcare services when they needed it. For example, staff contacted GPs and accompanied people to medical appointments. The manager told us, "We make sure the GP or dentist writes in the 'Health Action Plan' folders and then this gets communicated to the team through the communication book".
- People had health care plans which contained essential information, including information about people's general health, current concerns, social information, abilities and level of assistance required. This could be shared should a person be admitted to hospital or another service and allowed person centred care to be provided consistently.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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

Ensuring people are well treated and supported; respecting equality and diversity

- We saw a warm and caring approach by staff with positive and kind interactions between staff and people. Staff spoke about people with genuine interest and affection.
- In their conversations with us, and through observations, staff demonstrated an empathetic, non-judgemental and accepting attitude towards the people they supported. A staff member told us, "The people here are so unique and special and I love working with them and love being here".
- We observed staff were friendly and caring when supporting people. They allowed people time to express themselves and offered reassurance and actively promoted their independence. The promotion of independence in care plans was clear and detailed.
- A health and social care professional told us, "I find the residents to be happy and well looked after and respected. The residents have the carers full support with all aspects of their daily living skills and try to help them to keep as independent as possible", and, "The carers go beyond to ensure that the residents receive a high quality of care and nothing is ever too much trouble".
- Staff offered people choices of what to eat, drink or do. We saw staff spending time with people and patiently encouraging them. A staff member told us, "Staff eat meals with people, we will sit with people at the table. One because it is no fun eating on your own, and two because of the choking risk and people need support and so yes we are all there".
- The manager told us that the staff support people to have fulfilled lives including relationships with others. One person was supported to maintain a relationship with a person who lived at another service owned by the provider. The manager said, "There are quite a lot of parties that take place within the homes, [person] has a friend and they went to their birthday party at the weekend. We had a sports day the other week and it was lovely to see people interact with people they hadn't met before".

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

- We saw people being supported using their preferred communication methods and staff demonstrated an awareness and understanding of people's needs. We saw positive communication interactions between people and staff. Staff demonstrated their knowledge and skill to effectively communicate with people using both verbal and non-verbal communication.
- Staff told us they enjoyed working at the service and wanted to help the people to be involved in their lives. A staff member said, "All the guys we have we do ask them what they like and what they want. They have to be given a choice." Another staff member told us, "We take them out, we do everything that everybody does. They can go anywhere they like. With us they are not restricted on anything; they go shopping, choose their own clothes. If they want to go to the cinema they go, if the theatre they go".
- We saw evidence that people were supported with weekly meetings to enable them an opportunity to express their views. A staff member told us, "We have a meeting every week, they can come to us at any time,

but every week we have a 'person we support' meeting where they can air their views about anything: something they want fixing, menu for the week, anything they don't like or want done, activities they want to do."

- The manager and deputy manager had been in the process of uploading all the care plans and risk assessments onto a new system and the manager told us that they were in the process of meeting with people to review them. Whilst we saw no evidence of these reviews the manager told us about a recent change for one person concerning promoting their independence and skill with dressing themselves. The manager told us, "I had a conversation with [person] present and [person] got very excited about this and so now staff dress their bottom half and they put their top on in their wheelchair. Not updated yet in care plan as under review but confident staff are doing it as I can hear and see".

Respecting and promoting people's privacy, dignity and independence

- We saw people's privacy and dignity being respected and supported by staff. A staff member told us, "You knock on people's doors, shut the door when doing anything personal, towel over them when showering, pad changes, tell them what you are doing, ask if it is all right and get their permission, listen to them. We know people's needs".
- People's independence was valued and promoted by staff. For example, we saw a staff member providing verbal encouragement to support a person navigate themselves around the service in their electric wheelchair when they communicated they were having difficulty negotiating a corner. We then observed them celebrating with the person when they successfully managed it on their own.
- People's confidentiality was respected and only designated staff had access to people's records. Electronic records were stored safely and staff used a personal login and password to access these.
- We saw staff treated people with the utmost respect. Staff knew people extremely well, their individual likes, dislikes, their unique life history and interests.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Most of the care plans were up-to-date, person centred and goal orientated with a focus on achieving outcomes. However, care plans and risk assessments relating specifically to manual handling on the electronic system did not contain sufficient detail to enable staff to carry out the support safely. This was mitigated however, as the manager could show paper copies that detailed this information, and provided assurances that any new staff, or staff unfamiliar with people, would be instructed to read this documentation until the system was updated.
- People's likes, dislikes and what was important to the person were recorded in person centred care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- There was information about people's unique backgrounds. This helped staff engage meaningfully with people and build an understanding of their unique needs.
- The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. People's communication needs were recorded in their care plans providing information and guidance on how best to communicate with people who had limitations to their communication. Easy read complaints literature was available for people.
- People were supported to do activities of their choice and had access to a range of activities including arts and crafts, puzzles, gardening, trampolining, drumming, music, massage, shopping, swimming, cinema, theatre and bowling. The provider was very much part of the community and regularly held events designed to introduce people to their community.
- In line with the principles of Registering the Right Support, there was a strong focus on building and maintaining people's independence. The manager told us, "From coming in, being completely honest, I think there have been a lot of historic practices that have gone on and so my background it is supported living and about people being as independent as possible and to live their life as they want to and I have brought this with me. What I am working on here at the Oaks, and I'm not saying they don't do any of that already, but we can improve this and we have recently discussed the evening meal; having a person we support involved in cooking the meal, being involved and in the kitchen and maybe peeling a carrot for example, and being involved in their home and tasks as much as possible. I am very passionate about people being as involved as much as they can be".

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. This was displayed in an easy read and picture format so that it was accessible to people.
- The service had not received any formal complaints but the manager was able to detail how they would respond to, and manage, a complaint in line with the providers policy procedure. A healthcare professional

told us, "I have never had any concerns with the home and find it to be very well led".

- People were asked about their views in group and individual meetings and care plan reviews. Staff were aware of the signs they would look out for to alert them to any dissatisfaction people may have. For example, one staff member said, "We ask them. We document it. We've got [name of electronic system] and everything is done on there now. If they didn't like something we would put it on vice versa if they like it".

#### End of life care and support

- At the time of the inspection no one living at The Oaks was receiving end of life care.
- Records demonstrated that discussions had taken place and people's end of life care wishes had been captured within their person-centred care plans. For example, one person had specified how they wanted to be cared for during end of life.

## Is the service well-led?

### Our findings

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

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

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

- Staff spoke positively about the new manager. Comments included, "I can speak to [name of manager] about anything", "I think I'm listened to and if [name of manager] feels it is valid she will say or if she doesn't agree she will tell me why", and, "I feel very supported by [manager]".
- Staff had access to policies and procedures which encouraged an open and transparent approach. Information on safeguarding and equality and diversity was easily available in the office and displayed on notice boards.
- The provider's vision and values focused on person-centeredness, being passionate about making a difference to people's lives and ensuring positive outcomes for people. We observed that staff understood and cared for people in a manner that was in keeping with these principles and during the inspection staff were relaxed, happy and confident and engaged with people consistently and demonstrated continuously how well they knew, and cared about, people.
- The manager and provider were aware of duty of candour and had clear processes in place to ensure this was met when required.

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

- A manager was in post but they were not registered with the Care Quality Commission. However, the manager was in the process of applying.
- The manager was clear about their roles and responsibilities. There was a deputy manager in place who had some management responsibilities and supported the effective management of the service. Staff were positive about the management team and felt supported.
- Extensive policies and procedures were in place to aid the smooth running of the service. For example, there were policies on safeguarding, equality and diversity, complaints and whistleblowing.
- The provider had robust quality assurance procedures to help drive ongoing improvements within the service. A range of audits were completed to check the safety and effectiveness of infection control measures, medicines management and care plans. The organisation also carried out random spot checks. Furthermore, the provider carried out monthly and six-monthly audits and had weekly meetings to identify any concerns and trends. This helped to maintain their oversight of quality and safety within the service. When issues were identified, action plans were made with timescales for work to be completed.
- The CQC were notified of incidents and events in line with legislation. The rating from the previous inspection was visibly displayed in the service.
- The manager told us, "The staff really do care about the people they support, they are all very much

focussed on the people we support".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were systems in place for gathering the views of all stakeholders. Annual questionnaires were sent to people using the service, staff and professionals. Results were analysed to identify themes and areas for improvement.
- Staff told us that they felt involved in the service and that the management were supportive. Staff told us, "[name of manager] is approachable", "If we need help [name of deputy manager] will go out and help", and, "I feel supported by [name of manager]". The deputy manager told us, "we are a strong team and I feel strongly and positively that we can make this a really good home".
- The provider and manager understood and implemented Registering the Right Support guidance. The service at The Oaks was registered to support up to eight people living with a learning disability. The principles of Registering the Right Support recommend small services (usually supporting six people or less). The service model and ethos of The Oaks however reflected the underpinning principles of Registering the right support. This was evidenced by; the design of the building at The Oaks was such that it fitted into the environment as a large residential home in line with the other domestic homes in the area. The provider's ethos and strategy was about promoting independence.
- The service was very much part of the local community and people were encouraged to take part in community events and use community resources. The provider promoted the principles of independence and choice and enabled people to achieve their aspirations.
- We saw documentation that staff meetings were held regularly and covered relevant topics. However, there was no evidence that actions from meetings were reviewed and actioned. The manager and deputy manager told us that they would implement a process where actions would be documented and reviewed at the following meeting.

Continuous learning and improving care

- The manager told us they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. They participated in the local registered managers forum, to learn from others and share good practice. The manager told us, "We have manager's meetings and people are at the end of the phone. Everyone is very supportive, no question is a stupid question, if my area manager is not available I have other managers I can speak to".
- Quality assurance questionnaires were sent to people, their families and staff. Feedback gathered was analysed electronically and the registered manager would receive a report detailing the feedback received.
- Staff felt supported since the new manager had been in post. One staff member told us about additional training they felt they needed. They told us "Absolutely would get it, I have already spoken about it in my 1:1 with [manager] and we have discussed it and put it in place".