

Oakley House Ltd

Oakley House Ltd

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Oakley House Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Oakley House is registered to provide personal care for up to 11 people with a physical or learning disability. There were seven people living at the service at the time of our inspection.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's experience of using this service and what we found

People told us they felt safe living at Oakley House and that they trusted staff to keep them safe. People said they were happy in their home.

Potential risks to people had been assessed and measures put in place to mitigate these. If accidents or incidents occurred, staff acted to reduce the risk of similar incidents happening again. Medicines were managed safely, and staff maintained appropriate standards of hygiene and infection control.

People were supported by consistent staff who knew them and their needs well. Staff communicated effectively with one another about people's needs daily. A person told us, "They always seem to know what is going on and I think they make sure all staff are aware if anyone is in a particularly bad mood."

People told us they enjoyed the food and that they had a choice and input into planning meals in addition to being supported to go out and buy ingredients.

Staff treated people with respect and maintained their dignity when supporting them. Staff encouraged people to make choices about their care and respected their decisions.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to take part in activities personal to them. People were able to access the community as and when they wanted to.

People and relatives told us they were aware of the complaints procedure and how to make a complaint. Complaints had been responded to in a timely manner. There was an easy read complaints document displayed within the home which people had access to and the support of their key worker.

The provider had developed audit processes following the last inspection. The audits had been used to identify additional areas for improvement which had been actioned the provider and management team. Staff and people gave positive feedback about the provider and the manager. Staff felt supported and had supervisions with the manager which had been another improvement since the last inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update (and update)

The last rating for this service was requires improvement (published 14 February 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Oakley House Ltd

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 three inspectors.

Service and service type

Oakley House is a 'care home'. People in care homes receive accommodation and nursing care as a single package under one contractual agreement CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection the home did not have a registered manager. A manager was in post who was in the process of registering with the CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the registered manager sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We also reviewed the action plan the provider had completed following the previous inspection.

During the inspection-

We spoke with six people who used the service and two relatives. We spoke with four members of staff including the provider, the manager and care staff. We checked care records for three people, including their assessments, care plans and risk assessments. We looked at four staff files and records of team meetings. We also looked at medicine's management, accident and incident records, quality monitoring checks and audits. We also checked the building and people's rooms.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The manager sent us additional information we had requested which we reviewed as part of the inspection process.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management:

At our last inspection we found the provider had failed to safely manage risks to people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's safety and well-being were assessed and guidance for staff on how to keep people safe had been included within people's support plans. We saw in people's records that improvements had been made since the last inspection. For example, one person had an individual risk assessment for accessing the community. It gave guidance to staff on how to keep this person safe and respond to any potential triggers around anxiety, frustration or emotional changes.
- Another person had a risk assessment in place around smoking. This was tailored specifically to this person and their individual support needs. We observed staff following the guidance contained within the risk assessment when supporting this person to have a cigarette. This included assistance with moving and handling and the use of a fire safe protective apron to avoid any harm.
- There was a business continuity plan in place. This confirmed what action should be taken in the event of an emergency, such as alternative emergency accommodation, the loss of utilities such as water or gas, and failure of IT equipment.
- Service checks of equipment, water hygiene, gas, electrical and fire safety systems were carried out as required by law. Regular checks of, for example, fire alarms, fridge/freezer and hot water temperatures had taken place. Staff had received training in fire safety and checks on fire equipment were carried out. Personal emergency evacuation plans were kept for each person for use in an emergency to support safe evacuation.

Preventing and controlling infection:

At our last inspection we found the premises and equipment at the service was not always stored or maintained appropriately. This was a breach of regulation 15 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- People were involved in the management of controlling infection within the service. They enjoyed helping with household jobs to keep the home clean and tidy. One person told us, "I have a cleaning day where I can do things myself like clean my room."
- We observed the home to be fresh and clean. The stairs had been changed to have clean and fresh flooring with the old carpet having been removed. People's rooms contained furniture that was appropriate to them and had been ordered new or repaired.
- Staff had access to personal protective equipment and wore it when appropriate. We observed staff using gloves and aprons as and when required.
- Staff had received training in infection control and food safety and understood how important it was to reduce the risk of cross contamination. A staff member told us, "Whenever we work, always think about it [infection control]. Food, personal care, wash hands, hair net, gloves all PPE requirement, to make sure we don't spread any infection."

Staffing and recruitment:

At our last inspection we recommended the provider ensure sufficient levels of staff deployed at the service to ensure that people's needs were met. The provider had made improvements.

- People and relatives told us there were enough staff to meet their needs. One person said, "They respect that I like a lot of quiet time, they always check I'm ok but I'm always happier on my own and they always leave me to it."
- There were enough suitably skilled and knowledgeable staff to meet people's needs. We observed safe staffing levels within the home. We observed staff responding to people in a timely manner, staff being able to spend quality time with people to talk about how they were feeling or discuss anything the person wished to talk about. A person told us, "I always get help when I need it yes, the staff don't rush you, they're very patient."
- Staff worked as a team to ensure people could have the support to do what they wanted. We observed people being supported to go for a walk, to the shops or to attend an activity as and when they wanted to. Staff communicated to each other about people who wanted to go out and with the assistance of the manager and provider who were trained appropriately to support people, this was achieved consistently for everyone.
- Staff were recruited safely. This meant people were supported by staff who were of good character and suitable to work with vulnerable people. Checks were done on applicants before they were offered employment. These checks included checks with the Disclosure and Barring Service (DBS). The DBS inform potential employers of any previous convictions or cautions a person has.

Using medicines safely:

- Medicine administration records (MAR) were fully completed and provided staff with descriptions of the medicines people were taking. There were protocols in place for as and when medicines (PRN).
- The manager ensured staff had the required training and were competent. All staff involved in administering medicines had attended and completed the medicines training. Observation had been carried out by trained staff and the manager to ensure anyone new to administering medicines had been observed to do so safely before being signed off.
- The management team conducted annual medicines competency checks and checked medicine records to ensure staff were able to give people their medicines safely.

Systems and processes to safeguard people from the risk of abuse:

- People said they felt safe living at Oakley House. One person told us, "The staff will always keep us safe."

They're great." A second person told us, "The staff keep the building secure, I've never felt unsafe." A third person told us, "It's a safe place, I've never worried about safety."

- The provider had safeguarding adult's policy and procedures and staff were aware of this. The staff had a clear understanding of the different types of abuse, how to recognise these and what to do should they witness any poor practice.
- Staff had received the training they needed to understand safeguarding processes and to keep people safe. A staff member told us, "I keep people safe by knowing people's individual needs and risks and monitoring them." A second staff member told us, "I have had safeguarding training, I also read their care plans to understand their needs and what they need. We follow guidance from the care plan."

Learning lessons when things go wrong:

- Accidents and incidents were used as an opportunity for staff to learn develop and improve. There was a procedure in place for reporting and recording accidents and incidents. All incidents were reviewed, analysed and monitored for any trends or patterns of behaviour, this ensured incidents were responded to appropriately.
- Staff ensured that people's care plans were kept updated with any outcomes. Once any form of trend had been identified staff had been spoken with to communicate the potential reasons and then care plans had been updated to contain the most recent guidance.
- One person who could experience challenging behaviours and had recorded incidents of showing aggression had clear guidance for staff as to the potential triggers for the behaviour. As a result, this person's behaviour improved as staff could recognise the signs earlier and prevent and escalation.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we found the requirement of the Mental Capacity Act and consent to care and treatment was not followed. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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. 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.

- People's capacity was assessed around specific decisions and people's best interests had been considered. For example, one person had a capacity assessment around the management of their finances: a best interest decision was made for them to be placed on an appointeeship with the local council who then managed this person's finances. Family and professionals' input had been sought when making best interest decisions for people.
- People had a DoLS application submitted where required and the manager had a process for following up referrals with the local authority. At the time of inspection four people had a DoLS application submitted and approved.
- Staff completed training in the MCA. Staff we spoke with understood the principles of the Act and how they used these to support people with making their own choices and decisions. We observed throughout the inspection that staff constantly sought consent from people.

Staff support: induction, training, skills and experience:

At our last inspection we found there was lack of staff training, knowledge and competency. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- During our last inspection we found that the provider had been supporting people without the required training. We saw from records that the provider had attended all the mandatory training including safeguarding, mental health awareness, medication, infection prevention and control, food hygiene and conflict management.
- Staff completed an induction when they started their employment at the service. The induction included a mix of face to face training, electronic on-line learning and shadowing another staff member which staff found effective. A staff member told us, "Training is every day, let's put it this way. Any change we go to the manager, if there is a need it's booked."
- Training was relevant and specific to the needs of people living in the home. If specialised training was required, for example around schizophrenia, learning disabilities and autism, this was built into the training packages for staff. Staff we spoke with had a good level of knowledge around people's diagnosis and needs.
- Staff told us they were very well supported by their manager and colleagues with effective use of supervision meeting. One member of staff told us, "I've had regular supervisions, I'm so comfortable to put ideas forward." The manager told us since they started working at the home in December 2019, they had seen all staff members for a supervision and future supervisions had been booked. Prior to this the previous manager had completed regular supervisions with staff.

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

At our last inspection we recommended that people were provided with choices with food and were involved in decisions about what they ate and drank. The provider had made improvements.

- People gave positive feedback about the quality of the food and stated they were included in decisions when developing meal choices. A person told us, "The food is very good, they always cook what we like. We also can go to the shop and pick up snacks and drinks we like that we keep in our own personal cupboards in the kitchen." Another person told us, "The food is really quite lovely, we always get a choice if we don't like the main dinner they're making."
- People had personal meal plans developed to adapt to their changing needs. People had a 'Healthy eating support plan' which had the aim of supporting the person to follow a healthy food plan and to reduce weight if required. One person's plan contained guidance to staff around snacks to offer the person and guidance about meal options to offer when meal planning.
- People were encouraged to assist with food planning and preparation and making healthy choices with their nutritional needs. People were supported to make independent decisions and choices about what to eat and when. Staff made use of pictorial images and feedback from people in order to understand people's individual choices.

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

- People's rooms had been personalised and filled with items important to them. For example, one person had pictures of their family on the wall. Another person who had a strong interest in science and war had

filled their bookcase with books covering these interests. A person told us, "My room is beautiful, I have all my personal likes in my room, one window looks over the garden, one looks over the church and sometimes the white walls glow a golden light in the summer, it's beautiful."

- Since the last inspection the home had been redecorated. People had chosen the colour of paint and blinds to go in their rooms. One person had asked for their room to be painted pink as this was their favourite colour.
- The home had a well-kept garden which people used. On the day of inspection, we observed people sitting outside in the garden as and when they wanted to. A person told us, "I like it out here [in the garden], I can get some time to myself and the view is lovely."

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

- Assessments were completed on people before they moved into the home to ensure the service could provide the individualised care and support people needed.
- Each person was assigned a key worker who spent time with them, getting to know them well and liaising with the family, to build relationships and develop trust and understanding with the person. A person told us, "All the staff know all of us very well, we're like a family, we all know each person's differences."
- Care and support was planned and delivered in line with current legislation and good practice guidance. Assessments and care plans were comprehensive, detailed and reflected people's personal preferences and wishes.

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

- Staff supported people with their health needs and were alert to changes in people's health. They supported people to access health services when they needed to. We saw in people's care plans that people were referred to opticians, dentists and the community mental health team.
- An annual health assessment had been completed for each person. The home was acting in line with best practice guidance and had linked in and registered everyone with a GP. People attended the GP as and when required and the manager organised for the GP to visit the home to see people if required.
- People had a care passport which was frequently updated. This contained information about the person's diagnosis, medication, allergies, behaviours that may challenge, mobility, sight and hearing. This information can be passed to another healthcare professional should the person be required to attend hospital or any other care setting.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At our last inspection we found a lack of person-centred care planning. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People were involved in day to day decisions around their care. People had choice in when they got up and what they wanted to do during the day. A staff member told us, "It's important for me that people are being treated as equals and that it is their home and they have full control."
- People and relatives were involved in reviewing ongoing care. We saw in people's care plans they had been included in the planning of their care where this was possible. People's care plans had guidance for staff as to how they preferred to be supported and cared for. We observed staff asking people about how they would like to be supported throughout the day.
- We observed that people felt comfortable approaching staff and the manager. Staff behaved in a relaxed and friendly manner around people and welcomed their input into discussions and conversations, such as sharing ideas about trips, or what they needed for food shopping.

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

At our last inspection we recommended you ensure that people are always treated in a respectful and dignified way. The provider had made improvements.

- Staff always treated people with dignity and respect. We observed staff knocking on people's doors before entering and speaking to people in a kind manner. Staff respected people and their choices.
- Staff encouraged people to do as much as possible for themselves to support people to maintain independence. We observed staff encouraging and supporting people to leave the home to go shopping, access the community or to have a walk outside.
- People were supported to develop independent living skills and were supported and encouraged to engage with a variety of tasks, chores and daily living skills. Achievable goals were set for people to promote their independence. For example, one person who had not previously enjoyed leaving the home had developed their social skills and had felt more confident in accessing the community and other services. A

relative told us, "They have been really good in encouraging him to do things and get out and about. The improvements I have seen, especially with his speech have been amazing."

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

- People told us they thought the staff were kind and caring. A person told us, "They're so kind and caring, they really are the best." A second person told us, Staff are very respectful and kind, they're very good friends of mine." A third person told us, "I love it here, the staff look after me very well."
- Staff knew people and their needs well. All staff had been given the time needed to build positive relationships with people. A staff member told us, "Treating everyone as an individual and respecting they want to do different things and have different routines."
- We observed staff being kind and caring when interacting with people. A member of staff was engaging people in conversation talking about what they would like to do. A person wanted to sit and chat, so the staff member spent some quality time talking with the person about a variety of topics. The conversation flowed and created a calming and happy atmosphere.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

At our last inspection we found care and treatment was not always provided that met people's individual and most current needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People received personalised care which met their needs. The manager had developed new slim line care plans for people. The manager told us, "I have devised a new smaller file for each person which is easier to read for people, staff and relatives without having to go through pages of information. These have been completed in conjunction with people." We saw from people's records that this had been completed and the new care plans contained easy read format which had included views from people about their care and support.
- Care plans were person-centred and had been developed with people. Care plans included life history information and details of people's likes, hobbies and interests. This information guided staff to get to know people well and identify activities they would enjoy doing. We saw evidence that people had been supported by their key works to review and update the information kept in the care plans.
- Staff demonstrated a good understanding of people's individual needs and provided personalised care. People's care and support was planned proactively and in partnership with them. For example, one person who had not been feeling themselves and had spoken to staff about it had a changing need with regards to their medication. We saw from their care plan that this had been reviewed and discussed with the person and the GP to try and improve how this person had been feeling. A person told us, "I'm not myself at the moment as the doctor is changing my medicines, the staff have been so good, as it's tough and my behaviour can be all over the place. It's just the old medicines made me such a zombie, so I feel safe here whilst I'm going through the change in medicines."

Improving care quality in response to complaints or concerns:

At our last inspection we recommend that you ensure people were made aware of the services complaints procedures. The provider had made improvements.

- People and relatives were provided with information about how they could raise concerns or make a complaint. The home had received four complaints in the past 12 months. Complaints received had been dealt with in a timely manner and reached a satisfactory conclusion. There was an easy read version of the complains procedure which was on display within the home and people knew how to find it.

Meeting people's communication needs:

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained guidance for staff about how to meet people's communication needs. Each person had a communication passport which contained comprehensive information about the person and how the person liked to communicate and be supported.
- The provider had in place appropriate alternative forms of communication. For example, some signs and information were available in easy read for people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them;

- People had access to a variety of activities of their choice. Activities had been planned with people considering what they liked and enjoyed. A personal planner had been developed which was on display for people to see and contained details of everyone's choices for the week.
- Activities included cinema, pub, games, arts and crafts and films. A person told us, "I can do whatever I choose. Some days I like to knit all day as it helps me with my anxiety. Other days I may want to go out for a drive, or to go shopping and I always manage to do this if this what I want."
- People were supported to follow interests they enjoyed. One person who had shown an interest in music and playing music had been supported to purchase a keyboard. Another person who has shown an interest in writing poetry had been provided with access to a laptop so they could start to put together a portfolio of poetry work.
- People were supported with their religious beliefs. A person told us, "I like to go to the Church next door and go about twice a week." Another person told us, "I do enjoy going to the church. I've never missed a mass that I wanted to go to."

End of life care and support:

- At the time of this inspection no one living at Oakley House was receiving end of life care. However, all care plans were being updated to support people if this occurred. One person who did have an end of life plan had details around their wishes, what would be important to them and family they would want to be told alongside the funeral arrangements.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found systems and processes were not established and operated effectively to ensure quality of care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection the provider has implemented robust quality audit processes. The manager has taken over ownership of quality checks looking at medicines, housekeeping, infection control and fire safety which had driven improvement. For example, a medication process error was noticed during a recent audit. The manager was then able to raise this with staff to ensure a different process was followed to ensure the error didn't happen again.
- The provider worked alongside members of the board who conducted a regular audit. The purpose of this visit was to ensure actions from the previous inspection had been implemented and drive further improvements. For example, one of the audits recorded issues with leaking gutters, damage to cooker, cleanliness of the practice kitchen. We could see that these actions had been completed and in the most recent audit to follow up it had been recorded as completed.
- At this inspection a manager was in post and present throughout this inspection. The manager had been with the service since December 2019 following the previous registered manager leaving the service. The manager understood the requirements of registration with the Care Quality Commission and was in the process of applying for registration.
- Staff were clear about their roles, having been given information on induction and through training and were introduced to other staff and people who used the home while shadowing other staff members.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people:

- People we spoke with were positive about living at Oakley House. One person told us, "It's my home and the staff are like my family." A second person told us, "For the first time in a long time I feel like I'm finally home." A third person told us, "I can do exactly what I want and live my life how I want to."
- Staff told us they felt very well supported by a management team who were approachable, friendly,

professional and always available to staff for advice and guidance. A staff member told us, "[The manager] is approachable. She's perfect for the role." Another staff member told us, "[The manager] is good and visible and really starting to get in to the swing of things."

- Relatives told us they were happy with the management at the home. This included the current manager, previous manager and provider who had all worked hard to improve people's lives. A relative told us, "[Previous registered manager] got all the files up to date. They were in such a state. You couldn't see or find anything that you needed. When I came in before I was unable to find anything or get any answers. Since [Previous registered manager] and now [manager] have been in place everything has been so much better. They talk to me about [relatives name] which makes me feel much less anxious."
- The manager told us that they were always thinking about what they could do to make things more special and looking at ways the service could improve people's lives. For example, exploring additional activities, communities and personalised events for people to attend. The people we spoke with had been very positive about the new experiences they had taken part in.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong:

- Management and staff understood their individual and collective legal responsibilities to act in an open, honest and transparent way when things went wrong.
- Where a significant event had occurred, appropriate records had been maintained and onward referrals/alerts had been raised with external agencies. Relatives were routinely informed and kept updated, if appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- The provider invited people and relatives to share their views about the service through, questionnaires, telephone discussions and monthly meetings. People had been supported to express their opinion through an easy read questionnaire and where required key workers had supported people to fill them in. The responses received had all been positive.
- The manager had reviewed responses received and analysed for any improvements. A comment recorded in the most recent action plan from the manager stated. "Residents appeared happy with the staff, food and activities that are offered to them. Everyone appeared to feel safe here at Oakley House. No action is needed at the present time, just to ensure the activities of choice are kept up and to ensure the residents can go to places outside the home."
- Regular team meetings were held for staff to share their views about the service. We saw that in these meetings staff were able to discuss people's ongoing care needs, service changes, policy updates and offer up any suggestions on improving people's care. The manager had acted on feedback from team meetings. For example, it was requested by staff to have additional mental health training and we saw from records that this training had been booked and completed by staff.

Continuous learning and improving care; Working in partnership with others:

- The provider and manager had been looking for opportunities for people to develop and enhance their life skills. They spoke to us about people who had been attending a local college to develop skills and one person who attended a local day centre. Both provider and manager explained that going forward this would be something the focus on. Looking to bring further learning opportunities into people's lives and exploring the potential for paid or volunteering work. One person had already started doing some small jobs at the local church as a way of developing their personal skills.
- The manager had explored sharing information with the local borough council. Initial contact had been made and the manager stated they would be exploring the knowledge held of the local area to find out what

else is available to help develop the service further.

- People living at Oakley house had been assisted to develop close links with the Adult Learning Centre. Everyone had been to the centre and met with a learning and guidance counsellor to have an assessment conducted to look at their basic needs and opportunities available to them.