

# Oakleaf Care (Hartwell) Limited

## The Oakleaf Care Group (Hartwell) Limited

### Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

This inspection took place on the 3 and 4 May 2018. The first day of the inspection was unannounced and we carried out an announced visit on the second day.

Oakleaf Care Group (Hartwell) Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service provides a range of specialist assessment and rehabilitation programmes for people with acquired brain injuries, other neurological conditions or early onset dementia. They may also have other associated complex cognitive impairments or physical disabilities. Oakleaf Care Group (Hartwell) is registered to provide accommodation, nursing and personal care for up to 16 people in two adapted buildings. The accommodation consists of Mosley House, which focusses on providing active rehabilitation and Mosley Lodge, which is designed to accommodate people requiring a higher level of support. At the time of the inspection there were 11 people living at the service.

At the last inspection, on 2 and 3 March 2016, the service was rated 'Good'. At this inspection we found that the service was now rated 'Outstanding'.

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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 service demonstrated an excellent commitment to providing outstanding support, which put people at the heart of everything. The provider and registered manager led the staff to deliver person centred care, which had achieved consistently outstanding outcomes for people.

Staff continuously went beyond expectations to ensure that people received truly individualised care that was flexible and responsive to their needs. Staff respected people's individuality and empowered people to express their wishes and make their own choices.

Staff demonstrated the provider's values of offering person centred care that respected people as individuals in all of their interactions with people. Staff at all levels had a strong belief that they were providing the best possible support for people, and were confident and empowered in their roles because of the strong leadership and management across the service.

Staff were innovative in their approach to support, and were enthusiastic about supporting people to overcome life's challenges. People and their relatives consistently told us that the service provided

exceptional care and support to people.

There was a very effective system of quality assurance that ensured people consistently received exceptional care and support. The people receiving support from the service had an enhanced quality of life because the service worked innovatively to respond to people's feedback and enable people to have meaningful experiences.

Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse. Detailed risk assessments and behaviour management plans were in place to manage all risks within a person's life. Staff were confident in supporting people with complex needs and behaviours and enabled and empowered people to live as independent a life as possible safely. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. People could be assured that they would be supported by sufficient numbers of staff with whom they had developed positive relationships.

Staff were provided with an extensive induction and on-going training was available to ensure they had the skills, knowledge and support they needed to perform their roles. Staff were very well supported by the registered manager and senior management team, and had regular one to one supervisions.

People received their medicines as prescribed and their health and well-being was monitored by a multidisciplinary team of staff. People were supported to access health professionals in a timely manner when they needed to. People were supported to have sufficient amounts to eat and drink to maintain a balanced diet.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff consistently gained people's consent before providing support.

People were involved in planning how their support would be provided and staff took time to understand people's needs and preferences. Care documentation provided staff with appropriate guidance regarding the care and support people needed to maintain and develop their independence.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Support was completely personalised to each individual's needs and choices. Staff understood the best way to support each person to empower and enable them to live life as they chose.

People's care was based around their individual goals and their specific personal needs and aspirations.

Innovative approaches were used to maximise each person's potential, and ability to take part in meaningful activity.

Feedback from people and relatives was extremely positive about the quality of life people were experiencing as a result of receiving support from the service.

People using the service and their relatives knew how to raise a concern or make a complaint. There was an accessible complaints system in place, which ensured that any concerns were dealt with promptly.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

The registered manager and provider put people at the heart of everything and were proactive in seeking people's views and experience of their care and support.

There was a culture of openness and transparency; the senior

management team continually encouraged and supported the staff to provide the best possible person centred care for people and their families.

The provider went to great efforts to involve the service in the local and wider community. People were empowered by the way they were enabled to help others.

Quality assurance systems in place were effective and any shortfalls found were promptly addressed. There was a consistent drive to ensure that standards were maintained and improved.□

# The Oakleaf Care Group (Hartwell) Limited

## **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 second comprehensive inspection took place on the 3 and 4 May 2018 and was unannounced.

The inspection was undertaken by one inspector, an assistant inspector, a specialist nursing advisor 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. The expert by experience for this inspection had experience of mental health services.

Prior to the inspection, the registered manager had 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. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us; a statutory notification is information about important events which the provider is required to send us by law. We also contacted Healthwatch; an independent consumer champion for people who use health and social care services. We also contacted local commissioners for any information they held on the service.

During our inspection, we spoke with five people who used the service and two people's relatives. We also observed the interaction between people and the staff in the communal areas. We spoke with ten members of staff including community support workers, nursing staff, medical staff, therapy staff, housekeeping and

catering staff and members of the management team. We also spoke with two health and social care professionals that were visiting the service. We looked at three records relating to people's care needs and ten staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, quality surveys that had been carried out by the provider, training information for staff and arrangements in place for managing complaints.

## Is the service safe?

### Our findings

People using the service continued to feel safe with the support they were receiving. One person said, "I feel safe, there's more than enough staff." Another person's relative said, "I feel [person's name] is safe with the staff, when they go out they make sure it is always male staff and staff that know [person's name] well, that works best." Staff had built strong relationships with people, which enabled them to understand areas of potential risk and work proactively to ensure people were protected from harm and unsafe support. All the staff we spoke with were aware of safeguarding procedures and understood their responsibility to protect people from harm. One member of support staff told us that they had received training in safeguarding as part of their induction, they said, "I would report concerns to the nurse in charge or manager, never keep it to myself." The registered manager had ensured that safeguarding alerts had been made when necessary and had co-operated fully with the local authority in safeguarding investigations.

People had comprehensive risk management plans in place to mitigate the risks in different areas of their lives. These included risk assessment screening forms that considered all potential areas of risk to a person. Personalised risk management plans were then developed to meet people's individual needs and mitigate any areas of risk. Some people supported by the service had complex physical and behavioural support needs. Behaviour assessments were personalised to the person and the behaviours they might display. Staff explained in detail what circumstances may trigger behaviours of concern, and the best and least restrictive way to make sure people were safe. All the staff we spoke with felt that they were able to keep people as safe as possible, whilst supporting people's rehabilitation and promoting their independence.

There were enough staff to provide people with the support they required. One person said, "There's always a lot of staff on duty." Staffing levels were set appropriately to meet the support needs of the people living at the service and staff were deployed effectively. People and staff told us that they felt there were sufficient staff to meet people's needs and contingency plans were in place to manage unplanned absences. The registered manager informed us that although the service used agency staff to cover community support worker shifts when necessary, they had implemented a policy whereby no qualified nursing shifts were covered by agency staff. There was a robust internal system of on call cover for these shifts and clinically qualified members of the management team were available to provide cover if necessary. This meant people were supported by staff that knew them well and had experience of keeping them safe.

The level of staff support people required for different activities was documented in people's assessments and care plans. During our inspection, we saw that the service was well staffed by a comprehensive staff team; made up of staff from different health and social care disciplines. People were receiving the support they were assessed as needing. We saw that the service carried out safe and robust recruitment procedures to ensure that all staff were suitable to be working at the service.

People received their medicines, as prescribed, in line with the home's policy and procedure. We observed that staff spent time with people explaining their medicines and ensuring they had taken them. Clear guidelines were in place for medicines that were only given at times when they were needed for example, rescue medicines prescribed for people diagnosed with epilepsy, to be administered in response to a



seizure. The medicines policy covered receipt, storage, administration and disposal of medicines and people's medicines were stored securely. Regular checks and audits of the medicines were undertaken; any issues identified were rectified in a timely fashion to ensure medicine errors did not happen.

The home was clean and fresh throughout. Staff told us that they had the training they required to ensure they worked in a hygienic way. One member of housekeeping staff said, "I am aware of the risks of cross contamination and we have PPE [personal protective equipment] to wear." We saw that staff wore protective clothing when required and there was information around the home for people, staff and visitors in relation to infection control. The provider had systems in place to monitor the cleanliness of the home and regular audits of infection prevention and control took place.

All staff understood their responsibilities to record report and investigate any accidents and incidents that may occur. An analysis of falls that had occurred in the service was completed monthly and senior staff held quarterly clinical governance and health and safety meetings where all incidents were reviewed and analysed for future learning. We saw that updates on people's support needs were regularly shared within the staff team to enable learning and improvement around people's safety.

## Is the service effective?

### Our findings

People's care needs were assessed to identify the support they required. Each person received an assessment of their needs before the service agreed to provide their support. The initial assessment included the person's social and medical history as well as their current physical and mental health needs.

The provider was aware of the protected characteristics under the Equality Act; their policies and guidelines reflected this. The culture of the organisation was open to providing care that met people's needs without the fear of discrimination about their age, sex, culture or religion and this was reflected in the pre assessment process.

People's needs were met by staff that had the required knowledge and skills to support them appropriately. One person said, "I think the staff have the correct training to care for me." One member of support staff who was still in their induction period said, "I was supernumerary and shadowed experienced staff for two weeks, I'm booked on the brain injury awareness course. I've done lots of e learning [training provided electronically], as well as moving and handling, dysphagia [dysphagia is the medical term for swallowing difficulties] and therapeutic management of violence and aggression (TMVA) training." All new staff received a comprehensive induction, which included a week dedicated to brain injury awareness and introduction to Oakleaf training. This covered a wide variety of topics such as the brain and potential challenges for a person following a brain injury, specific health conditions that may affect people, the roles and responsibilities of the different disciplines within the staff team and record keeping.

Staff received all the mandatory training they required to fulfil their job roles, this included first aid, fire safety and manual handling. Additional training relevant to staff members' job roles and the needs of the people they were supporting was also provided. For example, one member of nursing staff, who fulfilled the role of practice nurse, had completed training in foot care and was currently undertaking a reflexology course so both of these could be offered to people on site. There was a plan in place for on-going training so that staff's knowledge could be regularly updated and refreshed and training requirements were regularly discussed as part of supervision.

Staff received supervision and appraisal to enable them to confidently and competently support people with a wide range of needs. One member of staff said, "We are very well supported, everyone is valued and I have learnt a lot from [members of the senior management team]."

People were supported to maintain a healthy and balanced diet and told us that they enjoyed the food provided. One person said, "The food is good with plenty of choice on the menu, there are plenty of hot and cold drinks served twenty four/seven." Another person told us, "I can always get a snack if I want one." We observed lunch being served and saw that food was well presented and that staff ate with people and promoted a calm, relaxed atmosphere.

Staff followed the advice of health care professionals when supporting people with eating and drinking. The provider employed a multidisciplinary team of healthcare professionals, which included dietitians and

speech and language therapists. The dietitian monitored people's weight to ensure that they were receiving nutritionally balanced meals and the speech and language therapist provided support staff with guidance, to ensure that the food provided was the right consistency to meet people's specific requirements.

People were supported to access a wide variety of health and social care services both onsite and in the community. We saw instances recorded in people's care records when staff had contacted health professionals in response to any deterioration or sudden changes in people's health and acted on the instructions of the health professionals.

The provider facilitated a multidisciplinary approach to people's care and support, which included the provision of medical support, neuropsychiatry, occupational therapy and physiotherapy. All staff worked together to provide support that met people's holistic needs. A member of the medical team told us that the service was able to provide a mixture of health screening and medical support that would ordinarily be provided at a GP surgery. For example, routine blood tests, electrocardiograms and diabetes screening, they said, "Having a doctor on site is not a requirement but it is a bonus."

An orthotics clinic was taking place at the service on the day of inspection. [Orthotics is the field of medicine concerned with the creation of custom-made external supports such as braces and splints.] Staff told us that they had negotiated with the provider of the clinic for them to come to the service rather than staff taking people to the clinic, which some people found distressing. The health care professional running the clinic told us, "We can review people that we couldn't normally see as they would have difficulty coming to the clinic due to the long journey time, which they would find traumatic." They also explained that by coming to the service they had a better understanding of the actual needs of people as they were in a familiar environment and not distressed. Staff were also using this access to the health care professional to have discussions about people's orthotics equipment and seek assurances that they were supporting people in the best way with these.

People's diverse needs were met by the adaptation, design and decoration of the service. There were areas set aside for people to take part in activities or relax, a gym and a sensory room. These areas could be accessed by all people, using mobile or ceiling track hoists if necessary. There was accessible outside space for people to use in good weather, areas set aside for horticultural therapy and a café on site that people could visit with their friends and family.

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 were encouraged to make decisions about their care and their day-to-day routines and preferences. We observed staff consistently seeking people's consent before providing their support and encouraging them to make their own decisions.

People who lack mental capacity to consent to arrangements for necessary care and treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of people's rights regarding choice, and appropriate assessments were carried out with people. We saw that DoLS were up to date and people had care plans in place to advise staff how their support should be provided in the least restrictive way.

## Is the service caring?

### Our findings

People were treated with care, compassion and great kindness. People and their relatives told us that they were very happy with the support they received. One person said, "I think the staff genuinely care for my well being." Another person said, "I think I have a fun loving relationship with all the staff."

Staff were passionate about providing friendly and caring support to the people using the service. One member of therapy staff said, "We work with people to gain their trust, we build rapport and therapeutic relationships with people." People were relaxed in the company of staff and clearly enjoyed being with them. We observed interactions between staff and people and saw that people were given the time they needed to express themselves and guide staff in providing their support the way they wanted.

People's choices in relation to their daily routines and activities were listened to and respected by staff and people were involved in deciding how their support would be provided. The staff we spoke with had passion and pride for the successful support that they were providing to people. One member of staff said, "We are responsible for helping people and we do our best for them." Staff understood each person's preferences and encouraged positive activities to keep people fulfilled and active. Staff clearly understood the times and areas in which people found stress and anxiety, and supported them in a way that was individually designed to reduce this.

People had access to advocacy services, to support their right to have choice and control over their lives and be as independent as possible. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive. Information regarding advocacy was displayed within the service.

People were supported to maintain links with family and friends, and visitors were welcomed. A dedicated family liaison team was available to provide support on an individual basis to relatives. Staff belonging to this team often travelled to see people's relatives and spend time answering any questions and providing reassurance. One person's relative said, "They phone me if I've had a difficult visit with [person's name] and I can talk about it." We observed visitors being welcomed into the home by staff during the inspection.

People were supported to be as independent as they were able to be. Staff demonstrated a genuine consideration for people's well-being and were committed to supporting them to achieve their goals. People were supported by staff to improve their life skills. For example, there was a small kitchen on site where people were supported on a one to one basis to make their own food. One person said, "Most of the time I do my own cooking."

Staff respected people's privacy and dignity. One person's relative said, "Staff treat [my family member] with respect and observe his dignity at all times. [For example] If they are giving personal care they ask me to leave the room." All the staff we spoke with understood how to respect a person's privacy and dignity. Care plans described the support that people required in a way that reminded staff to respect people's dignity, remembering the things that they could do for themselves and what their preferences were.

## Is the service responsive?

### Our findings

People received excellent care and support that was completely personalised to their choices and needs. People and their relatives consistently praised the exceptional support they received from staff and emphasised the responsive and person centred way their care was provided. One person said, "This is the best [care home] I've been in." Another person's relative said, "I think the care [my family member] receives is excellent." A member of staff told us, "We treat all people as individuals; we have an open approach, create a relaxed atmosphere and give people real choices."

We spoke with a health care professional about their opinion of the service. They told us, "I think they [provider] are amazing, their expertise, the teamwork and the consistent approach, they do not see people's behaviour as a barrier to rehabilitation; I have nothing but praise for them."

The innovative nature and willingness to provide a service that was centred on meeting people's diverse needs in a truly person centred way had resulted in hugely positive outcomes for people. One person said, "I feel as though things have improved [for me] since being here." A member of staff told us, "I love my job and feel very privileged to witness the progress people make, for example, to see a person walk for the first time since their brain injury."

People were placed at the very centre of their care and were able to develop and grow in confidence. The staff developed strong relationships with people and fully understood what caused each person stress or anxiety, and may therefore be a barrier to them reaching their goals. The entire staff team were committed to using a positive approach that focussed on people's abilities and individuality to improve people's quality of life.

Staff told us that some people had previously received support from other services and had had difficulty engaging with this support. Staff at Oakleaf Care Group (Hartwell) Limited worked with them to understand the patterns of their behaviour and the things that triggered any behaviours of concern.

We observed one person being supported with staff to enjoy a one to one activity; their body language was relaxed and positive. Staff told us that the person had previously found it extremely difficult to accept any support or interaction from staff and had required extremely high levels of staff support with all aspects of their care. Staff worked consistently with the person until they understood the specific triggers that provoked anxiety for the person and affected their behaviour. The unit manager told us, "We got to know [person's name] and built up trust and rapport." This person had previously been unable to leave the service to go out with their family; due to the level of risk to them and other people. However, with staff support they were now able to enjoy time away from the service with friends and relatives. A member of staff said, "We [staff] know people so well and monitor their mood and behaviour, we are very quick to intervene if there are concerns about someone's behaviour."

People had individual neuro psychology assessments, which considered the challenges they faced in their lives and supported them to develop strategies to overcome these. For example, one person who had

previously experienced difficulty engaging with support and rehabilitation had been supported to devise a timetable based on their life history and previous job role. They benefitted from a structured approach and were supported to use a therapy folder, which contained detailed visual information about their support in the form of pictures and photos. This provided them with information in an appropriate format regarding what they would be doing and which staff would be supporting them. Staff reported that the person had been much more willing to engage with therapy since the therapy folder had been introduced as they felt more in control of their life.

Staff at the service looked beyond people's current situation and limitations to provide support that was truly person centred and took genuine account of people's wishes and needs. Staff envisaged outcomes and achievements for people that were inspirational; they dedicated their time and efforts to supporting people to achieve the things that had a huge impact on the lives of them and their families.

One person had particularly complex physical and mental health needs; they found it very difficult to receive any support with their personal hygiene and required intensive staff support during personal care. They rarely left the service and if they needed to attend an appointment, a large number of staff were required to accompany them due to the anxieties this caused and the way this affected their behaviour. Through a consistent programme of desensitisation, staff had managed to reduce the level of staff intervention required to support with personal care and when the person needed to go out in the community, [desensitisation programmes are designed to remove fear and anxiety of a situation or object by gradual exposure to that object or situation]. After a year of consistent support, the person was able to go on a family day out with minimal staff support; this would previously have been impossible.

Staff were currently working with the person to enable them to attend an important family celebration. This involved staff supporting the person to spend time at the venue where the event would take place to get them used to being there and enabling them to become familiar with items that would be part of the day; such as the clothing they were going to wear. This approach required a long-term consistent effort from staff and was something they were dedicated to supporting the person to achieve. The willingness of staff to look beyond perceived limitations and work in a truly person centred way had resulted in the person making progress that had not been possible when they had been supported by other services.

There was a clear person centred ethos in all of the care and support provided to people and the service personalised their support for all aspects of a person's life. Staff recognised the importance of people's personal relationships in optimising their progress and the success of their rehabilitation. Staff were committed to making people and their relatives feel valued, often going the extra mile. One person's representative told us, "[Person's name] had been away from the unit for a while and when they returned the staff flung their arms around me and I felt like we'd come home." The family member also told us that they were able to take the person's dog to see the person at the service, which made such a positive difference to their mood and motivation.

The service had devised many different, innovative approaches to supporting people with social interaction and activities. One person told us they enjoyed cooking and working out in the onsite gym, they said, "They have a wicked gym here." People and staff had created a memory book of the social activities they had enjoyed together. We saw photos of many varied activities that people clearly enjoyed. For example, art projects, takeaway evenings, quizzes and competitions, painting, barbecues and parties, horticultural work and canoeing.

The physiotherapy team had devised an initiative they had named 'Get Moving', to encourage people and staff to spend time exercising outside. The first event, 'Oakleaf Rocks' was to be a treasure hunt in the local

woods; different routes were being set up for people with different abilities, including those who required equipment such as a wheelchair to enable them to take part. People were currently painting stones as part of an art project to be used as the treasure that people would seek. Staff explained that this fun activity would also support people's cognitive skills as they attempted to work out the clues.

The service had purchased an exercise bike that was suitable for people who were physically unable to use an un-adapted exercise bike. The bike displayed the amount of effort that was being expended to move the pedals, which was particularly helpful for people with physical weakness that affected one side of their body. The bike had been a focal point of a fund raising day that the service had held for Sport Relief, where people and staff had taken part in a twelve-hour static cycle. We saw photos of people clearly enjoying this event and people received certificates for taking part.

Staff demonstrated an in depth awareness of how technology could be used to enhance the responsiveness of the service people received. For example, electrical stimulation machines were used for neuro muscular stimulation. Physiotherapy staff arranged referrals for people to access functional electric stimulation. The physiotherapist explained how this type of therapy improved people's mobility and reduced the risk of falls.

The service also used monitors, door alerts, and cameras to monitor people's well being and ensure that staff could attend to their needs promptly. The use of this technology minimised the intrusion of staff in people's personal space and enhanced people's privacy and independence. For example, one person required close level of monitoring throughout the night due to risks associated with their behaviour. Staff had discussed with them whether they would prefer to have a camera in their room rather than staff carrying out regular visual checks, as these may disturb the person. They agreed that the camera was the best option for them and they were happy with this.

Staff used technology flexibly, in a way that was most responsive to people's needs, caused the least intrusion in to their lives and was consistent with their choices as far as possible. A camera was used for one person on a flexible basis when needed. The person required constant one to one support from staff due to risks associated with their behaviour and the risk of seizures. The person sometimes found it difficult to tolerate the one to one support from staff; at such times, a camera was used so that the person could be monitored remotely. At other times, the person was happy with their one to one support and the camera was not required. Working in this responsive, person centred way, minimised the impact of the support required to keep the person safe and the person experienced less frustration and anxiety. Where this type of support was in place and the person lacked mental capacity to consent a best interest meeting had taken place and a DoLS was in place.

The staff team had developed bespoke communication strategies, using both technological and non-technological strategies, which best suited each person's communication abilities. Staff were aware of, and acted upon, the diverse communication needs of the people they supported from the information in the person's care plan. They looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. Examples of different ways people's communication needs were supported included; audio, braille, talking books, easy read, large print and pictorial information.

People consistently received the care and support they needed in accordance with their initial care assessments and subsequent care reviews. One person told us they had regular discussions about their care, they said "At my reviews they listen to my points of view and act on them." People's individual support

needs had been comprehensively assessed prior to their admission to the home. Care plans were developed with the involvement of people using the service and their relatives. Care plans were based on providing people with truly individualised support and reflected people's likes, dislikes and preferences. All the staff we spoke with were confident the care plans were reflective of people's true needs and preferences. The care plans we saw reflected this, for example containing information on people's triggers and behaviours and personal objectives and goals that people wished to be supported to achieve.

Care plans contained all the relevant information needed to provide staff with the guidance and insight they needed to meet people's equality, diversity and human rights (EDHR) needs. Care plans reflected people's rights relating to dignity and autonomy, such as how the person chose to receive their care and support. Staff demonstrated a very clear understanding of people's social and cultural diversity. All the staff we spoke with were extremely knowledgeable about each person's beliefs and preferences, and were able to tell us in detail how they supported people with choices that met their cultural needs.

People and their relatives knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. One person said, "If I've got a complaint I'll put it in writing to the boss." Another person's relative told us that they had no complaints but would know how to make a complaint if needed." We saw that complaints had been recorded, and people had received a detailed, prompt response that had dealt with any issues raised. The registered manager told us that the service focussed on the importance of reflecting on and learning from complaints and the people we spoke with confirmed this. We also saw that improvement plans had been developed in response to complaints to embed the changes that had implemented. For example, in response to one complaint, new recording documentation was introduced and senior staff met with support staff to explore whether further learning was required. The service provided a full account of their investigations into complaints and the improvements they had made in response.

The service was not providing end of life care to anyone at the time of inspection. However, staff were committed to ensuring people's end of life wishes were achieved. Staff supported people and their relatives to think about the plans that they may wish to put in place for the end of people's lives. The provider had identified a senior member of qualified nursing staff as having particular knowledge and skills in end of life care. This member of staff was available to support staff at all of the provider's locations to ensure effective planning for people's end of life care was in place.



## Is the service well-led?

### Our findings

Throughout the service, there was an ethos that placed people at the heart of everything. People, their relatives and staff were fully consulted and empowered to be involved in the running of the service and the things that affected them. Feedback was overwhelmingly positive, people's relatives spoke highly of the way the service was run, saying, "I am very happy with it, [person's name] has been here for over [number] years, there is a low staff turnover and a lot of the staff have known [person's name] since they came, it is very special."

The senior management team talked to us about the people using the service and had a clear passion and drive to provide a quality service for the people using it. They told us they were consistently looking to drive improvement with the support of the registered manager and provider. The senior management team had worked together to develop a service that empowered people to have maximum control and choice over all areas of their lives. This team contained staff with a wealth of knowledge and skills from different health and social care disciplines and they were knowledgeable and involved in all aspects of the service.

The registered manager told us that senior management regularly supported people living at the service to enjoy social nights together. This provided an informal platform for people to have access to senior managers, get to know them and feel comfortable and confident in their presence. We observed senior managers including the registered manager and provider interacting with people and people were clearly used to seeing them in the service and enjoyed the time they spent with them.

The service continued to have a positive ethos and drive to provide high quality, person centred care to people living with an acquired brain injury or neurological condition. One member of staff said, "I love my job, I am very privileged to witness the things I do, to get to see people experiencing joy again, to see them re-connect with the world." Staff at all levels had a strong belief that they were providing the best possible care for people, and were confident and empowered in their roles because of the strong leadership and management across the organisation. All the staff we talked with spoke positively about the management and the provider, and were proud to be part of the organisation.

All the staff we spoke with told us the registered manager always listened to them and supported them to do their job in the best possible way. One member of staff said, "This is a very supportive company to work for, [registered manager] is always there if I need any support or advice." Another said, "I have learnt from the leaders here, they know how to bring out the best in people, there is consistency and they lead from the front; everyone is valued." We saw that regular staff meetings took place to enable staff to have a formal platform to contribute to the running of the service.

The provider ran an "Employee of the Month" award system. Each month, staff members were chosen by people, relatives and colleagues because of their individual qualities. Staff who were chosen to receive this award received a fifty pound voucher. Staff could also receive a financial benefit for recommending the service as an employer to any of their friends and relatives. Staff told us that this initiative was positive and continued to motivate them to think of extra things they could do to improve their work with people and the

wider staff team.

The service continued to have an excellent reputation with other professionals as providing quality support to people. Close links were kept with a variety of health and social care professionals involved in people's support. A healthcare professional who was involved in reviewing people's care said, "They [staff] have the skills and experience and they are very well led. The managers are involved and know the issues that are faced by the staff, they understand the difficulties and together maintain consistency; they do a fantastic job."

The provider and registered manager were fully committed to ensuring the service continually improved through seeking feedback from people, relatives and staff. We saw that feedback was positive and that where people had suggested changes, improvement plans had been developed. The service had a consistently high level of engagement with relatives of people that used the service through the dedicated work of the family liaison team. We saw records of thank you cards and written compliments that the provider had received. For example, "To all our lovely friends at Oakleaf, we as a family would like to thank every one of you for your kindness and support."

The provider facilitated monthly service user meetings, where people had the opportunity discuss and contribute to all aspects of the service. We saw minutes of meetings where people had taken part in discussions about the decoration and furnishing of the communal areas of the home, discussed their concerns, complaints and suggestions and provided feedback on the activities they would like to take part in. The minutes demonstrated that each meeting began with reflection on the actions agreed at the previous meeting and feedback on the changes that had been implemented as a result.

The senior management team recognised that it was important for people to have a say in any decisions that were made about the environment in which they lived. People were very involved in deciding how their rooms and communal areas of the service would be decorated and presented. The service was in the middle of a decoration project and people had already chosen the pictures they would like to be displayed once the re-decoration was complete. On the day of inspection, people were having a meeting to discuss the colour scheme that would be used in the re-decoration. People had also chosen a table football game that they would like in the conservatory and this had been purchased.

The service was well organised and staff were all confident in their roles and responsibilities. The service had developed many of its staff into senior roles and supported staff to access specialist training so that expertise was available across all areas of the service. The provider had initiated a scheme to support a community support worker to train as a registered mental health nurse, working in partnership with a university and the local hospital to provide the academic learning and work placements required.

The provider had also supported one of the physiotherapy staff to complete a Masters module in injection therapy in neurology. This therapy is designed to support the management of neurological disorders. The provider had recognised that people needed this treatment more regularly than they were able to access external appointments due to long waiting times. The member of staff who had been trained explained the benefits of providing the treatment to people that they knew well through providing other aspects of their therapy. For example, some people may only demonstrate difficulty when they undertook certain activities and this would not necessarily be identified during an external appointment, meaning appropriate treatment may not be provided.

The management of the service had an in depth knowledge of the staff team and recognised when staff required increased support with new initiatives and provided this. Staff told us that the provider ran their

own internal mentor programme, to provide a consistent level of support to all staff. One member of staff said, "It's about sharing skills and developing people. Each senior member of staff mentors a less experienced member of staff." All the staff we spoke with confirmed they felt they had the opportunity to develop at their own pace. All the staff we spoke with felt the service was an excellent place to develop and grow in their job role.

The provider had also carried out a recent review of the skills, knowledge and experience contained within the senior management team with a view to targeting the learning and development they could offer staff. From this review, they were developing champions to lead the staff team in best practice in areas such as, epilepsy, diabetes, tracheostomies and asthma.

The registered manager and senior staff had a keen interest in continuous development, for the service, and all those involved with it. They were keen to grow their own knowledge, expertise and best practice in the support of people with an acquired brain injury or neurological condition. The provider had recognised that all the services they managed would benefit from increased clinical neuropsychology. They had recently increased the clinical psychological provision from six hours to three days a week. A new consultant neuro psychologist had begun work at the service heading up a team of assistant therapists and a cognitive therapist. They told us, "The staff here are very positive and passionate, there is a very strong care pathway, the service is special and the care is above and beyond the norm. One very positive aspect is that all the senior management team understand brain injury as they have all worked at different levels in brain injury services."

The provider had worked in partnership with a Dutch university to provide internships for occupational therapists. The provider had recognised the benefits of this programme to the interns and the service. Three more internships were planned; the interns would be taking on a development project that had been identified as beneficial for people who used the service, one such project was the role of occupational therapy in palliative care.

The service was an important part of the local community and developed community links to support the needs and preferences of people. People were empowered through the way they had been supported to help others. For example, people and staff had renovated the gardens of a local church and school as part of their horticultural work. Projects like this enabled people to gain a solid foundation for gaining new life skills and encouraged their on-going learning and development.

Successful governance systems were in place to promote an inspiring service that provided high quality individual care and support for people. Senior staff were required to complete their own audits, for example on people's medication, the environment, health and safety and staff training. The registered manager maintained thorough on-going oversight of these audits. The service was extremely efficient at acting when shortfalls were identified, on a short or long term basis, and had a good understanding of how to achieve sustained improvement. We saw examples of improvement plans that had been devised in response to the findings of audits. For example, a recent audit of staff training had identified that improvements were required to staff completion of mandatory e learning in a timely manner. Senior management reviewed the arrangements that were in place for monitoring and encouraging staff to complete their training and as a result an increase in compliance was seen.