

Housing 21

Housing 21 – Oakley Gardens

Inspection report

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Date of inspection visit:

03 July 2019

04 July 2019

Date of publication:

26 November 2019

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Oakley gardens is an extra care service, where people live in their own flats in a purpose-built building. It was providing personal care to 62 people at the time of the inspection. People had a range of support needs such as younger and older adults and those living with a learning, physical or sensory disability,

People's experience of using this service:

People received outstanding care and support by a dedicated staff team that were committed, passionate and knowledgeable. People and their relatives were highly complementary about the care provided. They told us they experienced exceptionally good care which had positive impacts on their well-being and happiness. People described staff as exceptional friendly and supportive of them. Staff demonstrated strong caring values which were embedded in the service. There were many examples of compassionate care with staff using their own time to ensure people's well-being.

People, their relatives and external professionals spoke highly about the service. People said they enjoyed a high level of social activity and community involvement and that their quality of life had improved.

Staff were knowledgeable and skilled and had been well supported with their training to understand and meet people's needs. The registered manager was involved in several initiatives to improve people's health and well-being and had strong links with organisations to gain and share skills and knowledge. This extended to providing knowledge and expertise to organisations in the wider community. There were strong links with health and social care services and people received a coordinated and consistent service. People were actively supported with their dietary needs and positive steps had been taken to promote people's fluid intake. 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.

Staff had gone above and beyond to ensure people at the end of their life received compassionate care. Staff empathy and commitment to people was reflected in how they used their own time to sit and comfort people and support their wishes during this time.

People, staff and external professionals were extremely confident in the management of the service. Everyone described an open culture in which they felt listened to. The enthusiasm of the provider, registered manager and team to continuously improve the service was evident in their commitment and dedication. There were effective quality assurance processes which supported the maintenance of the high quality of care people received. Staff were valued, and their achievements were recognised and rewarded. Teamwork was evident with staff working closely together in delivering the values of the service. People were actively involved in the service and their feedback had led to improvements.

People felt safe within the service and risks to their personal safety had been well managed. Staff fully understood their safeguarding role and people had been provided with information on how to keep safe.

There were safe processes for supporting people with their medicines. Staff followed infection control procedures to ensure people were protected from the risk of cross infection.

Rating at last inspection: The last rating for this service was Good (published 5 January 2017).

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 re-inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding 

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

Housing 21 – Oakley Gardens

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector 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.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. The extra care service had 81 flats over three floors. At the time of inspection 63 people received personal care from the service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was announced. We gave the service two days' notice. This was so the registered manager could let people know we would be visiting and arrange for us to speak with people. The inspection site visit activity started on 3 July 2019 and finished on 4th July 2019.

What we did before the inspection

We used the information we held about the service including notifications and the Provider Information Return (PIR) sent to us by the provider, to plan our inspection. A notification is information about events that by law the registered persons should tell us about. A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection-

We spoke with seventeen people who used the service and four relatives about their experience of the care provided. We spoke with thirteen members of staff including the registered manager, care manager, estates manager and assistant chef. We received written feedback from two external professionals and a further two relatives of people. We reviewed six people's care and medicine records. We sampled a range of records such as complaints, staff training, staff meeting minutes, resident meeting minutes, social activity records and the providers own audits and surveys containing people's feedback.

After the inspection –

We sought and received further information from the registered manager to validate evidence found.

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 Good. At this inspection this key question has retained a rating of Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People consistently reported they felt safe; one person said, "I love it here; I feel very safe and have no fears like you do when you live alone". People felt very secure within the premises and spoke spontaneously about their personal safety. One person said, "I have no concerns about my safety-it is secure here and they handle everything well".
- Staff were well informed about keeping people safe. They had been trained and knew how to recognise and escalate concerns.
- There were established platforms for helping people to understand what keeping safe means. People and staff had information about abuse through staff meetings and tenant meetings. In addition, posters and leaflets were evident to encourage people to raise any concerns they may have about abuse or safety.
- There was a consistent approach to safeguarding with appropriate safeguarding referrals made where staff recognised people may be unsafe.

Assessing risk, safety monitoring and management

- People were involved in discussing the way risks to their health or safety should be managed. One person said, "I was falling so they got me a pendant alarm and I have a pull cord, they respond quickly if I fall."
- Staff spoke confidently about how the service identified and managed risks. One staff member told us, "I think it is really good because if we have any concerns about someone we put extra calls in just to check a person is safe, that's over and above their usual call and it makes people feel safe".
- Risks to people's safety were assessed and well managed. For example, people told us how risks associated with their abilities and their environment were considered. One person told us about how they had burnt food on their cooker and staff supervised their cooking until they were able to do this safely.
- Risk assessments were updated so staff had current guidance, and staff were aware of people's risks.

Staffing and recruitment

- People were happy with the staffing levels and said their calls were on time.
- Staffing levels were reviewed to respond to people's changing needs, for example, additional calls had been put in place to check people's safety and well-being.
- All new staff had checks carried out on them as part of the recruitment procedures. This helped to ensure they were suitable to work with the people they supported.

Using medicines safely

- People told us they received their medicines at the time they needed them. One person said, "The staff remind me and get my medicines out for me, I'm quite happy with that".

- Staff were trained in safe medicine management and their competency had been checked regularly to ensure they followed procedures correctly.
- Regular checks were carried out to help ensure medicines were stored, administered and disposed of safely.

Preventing and controlling infection

- People were protected from the risk of infection because staff used gloves and aprons when supporting them with personal care or food preparation.
- All staff had received training in infection control and cleaning schedules for communal areas ensured people had a hygienic environment in which to live.

Learning lessons when things go wrong

- The service was proactive in reviewing accidents, incidents and safeguarding trends. Outcomes and trends were shared regularly as part of the staff meeting agenda to improve the way the service managed incidents. In addition, learning was shared with people who used the service. For example, improvements had been made to the process for re-ordering people's medicine supplies to reduce the risk of running out.

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 Good. At this inspection this key question has improved to Outstanding.

This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- The provider had an inclusive, robust and comprehensive approach to assessing people's needs and planning and delivering their care. They had invested time and effort to involve all relevant parties so there was a comprehensive understanding of people's needs.
- People benefitted from exceptionally positive outcomes, for example, a relative said their family member, "Had a hard time the last few years due to really stressful events. Now they are in the best mental and physical health I have seen in over five years. This is all down to the staff and fantastic people at Oakley Gardens."
- Other people's comments included, "There's been massive improvement to our lives; we are safer, happier and in much better health all round." A social worker confirmed this with outcomes that included people being healthier; gaining weight, improved mobility, sleep patterns and improved breathing. A relative said their loved ones; "Get consistent care; previously they were having supplement drinks to build themselves up but now no longer need these."
- The provider was actively involved in trials of new technology and promoting exercises to assist people who are at risk of falls. People had a range of technical appliances in their flat to keep them safe. A person with restricted hand movements had an adapted soft mould which enabled them to press their alarm for assistance. Staff supported people effectively with their exercises to improve their health and reduce the likelihood of falls. A staff member said people; "Seek assistance which reduces the risk of them falling".

Staff support: induction, training, skills and experience

- The registered manager had a strong ethos on staff training. They told us, "Investing in our care staff with training also instils a degree of professionalism and a sense of pride and responsibility in their role".
- Specific training was sourced from external specialists and staff were well informed about supporting people with a wide range of health conditions. For example, training for an individuals' condition was sourced through the Palliative Care Team which enabled a person to pass away at Oakley Gardens supported by staff they knew and were familiar with which was their preferred wish.
- Staff said training and their induction exceeded their expectations. Comments included, "This is the best service I have worked for in terms of training and developing staff, I can honestly say I have learned so much". A senior staff member described a clear promotion pathway; "The [training] programme has been great, it covers management roles and expectations, you are well prepared for your role and it has improved consistency."

- There was a culture of continuous learning; staff champions researched different topics such as dignity, mental health, human rights, and health and well-being and presented workshops to staff and people. This creative way of developing staff knowledge enabled them to share information, recognising the importance of people and their families in understanding their own needs. People told us how this had improved their lives. For example, a person said, "The information helped me with depression and low moods, I got more involved in the social activities and feel better".
- People who used the service participated in the interview process for new staff. This enabled them to have an influence on the staff employed.

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

- People were encouraged to not only eat and drink, but to enjoy these experiences. Some initiatives we saw re-ignited people's interest in food and drink. For example, providing people with a drink bottle they could carry and use for regular drinks.
- People's specific dietary needs related to their cultural or religious beliefs were accommodated by the on-site restaurant. In addition, there was a creative approach to providing food from different cultures via food tasting days. We saw these took place regularly, a person told us, "We have food taste days, it's American this week. We have had lots of different ones such as Chinese, Indian and local ones like Pie and a Pint night." A popular 'Fruity Friday' enabled people to taste fruits from around the world and encourage people's intake and enjoyment of fruit.
- There was a variety of initiatives to support people with eating and drinking such as supporting them to make shopping lists of things they liked. Staff supported fluid intake by ensuring drinks were left within reach of people and monitoring people's intake. A person said, "I used to not bother to cook, they come and help me, make sure I eat and drink before they go".
- People with sight impairments said staff were thoughtful and checked they had enough supplies in their flat and ensured out of date food was disposed of.

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

- There were excellent, well established links with health professionals to discuss best outcomes for people. For example, staff understood health conditions such as Parkinson's disease and ensured people had their medicines at critical times so that they did not suffer unnecessary discomfort and benefitted from improved movement.
- Working with other organisations was evident and enabled the staff to keep up to date with new research and development, for example, defibrillator training to use in an emergency.
- There was ample evidence of positive multidisciplinary team working with specialist services such as mental health, falls prevention team and physiotherapist to effectively meet people's needs. We saw strong examples of the positive impacts this had on people's lives.
- Partnership working enhanced people's transition into the service. A professional told us how the management team had worked tirelessly to resolve a person's complex financial issues to benefit the person. They said, this was; "Testament to the hard work and determination of the staff working on behalf of the tenant."
- People told us they were happy with the support they had to access health care services. A relative said, "I'm delighted my family member is here; they are making good progress with their health".

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

- Oakley Gardens was specifically designed with input from occupational therapists and assisted living professionals. People told us adaptations within their flats such as a wet room, and the spacious layout of the facilities supported their needs. They felt safe and more confident within this environment. We saw the

design of the building clearly reflected the needs of people who lived there.

- People's views had been taken on board for improvements, for example an area had been adapted to provide a 'cool space' with water coolers and fans to use during hot weather.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- The staff team were trained and understood the principles of the MCA. A staff member said, "Everyone has the right to make decisions and we always ask their consent".
- Where any deterioration in people's capacity was noted staff discussed with the family and relevant professionals so that any best interest decisions could be made. For example, where people's movements were monitored via sensor alarms for their safety.
- Arrangements were in place to ensure people's human and legal rights are respected. For example, where people had lasting powers of attorney with authority to take decisions for them.

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 Good. At this inspection this key question has now improved to outstanding.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- There was a strong, visible person-centred culture. People received care that was exceptional and exceeded their expectations.
- People's comments included, "Oakley staff are fantastic and very caring", "The best thing here is feeling secure and safe and knowing we will be well looked after. A lot of my worries have gone knowing that and the peace of mind it gives me is invaluable".
- People, relatives and external professionals told us staff frequently went that extra mile to care for them. For example, a person told us how staff were particularly considerate, "The staff are just wonderful. I can't say enough about them. With the hot weather I have been struggling and they even came back on their lunch break and rearranged my furniture for me so that my chair was by the window. It was just so kind."
- Staff were thoughtful and compassionate and had positive relations with people. Staff understood and helped people when they needed extra support. For example, a relative told us that when their family member was unwell, "Staff even came in on their days off to sit with them all day or overnight, which really put them at ease". This was in addition to the person's care package. A visiting professional told us, "I know that staff on site used their own time and funds to purchase special food and drink to try to coax a tenant to maintain their fluid and food intake and stayed with the person so that they were not alone, over and above any assessed care package."
- Staff described several examples of providing additional support to people when they saw they were either unwell, or low in mood. A staff member said, "We do care about people, sometimes we do a 'pop in' call, it is just to say hello and ask how they are, it's nice to show you care". A person told us, "Those short calls made the difference to me; I was depressed, but I got confident because the staff were considerate and patient, it really helped me."

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

- People had assisted in the creation of the schemes values which were understood and embedded in the service approach. These captured their commitment to providing the highest standard of care. These were discussed regularly at meetings for staff and people using the service.
- Examples of how staff worked to these values were evident. A relative told us their family member was, "Becoming more independent with their daily living skills because staff took time to support them with domestic tasks." Another relative told us how staff had used creative ways to promote a person's confidence by building on a relationship the person had with a staff member and providing regular one to

one periods to support them to access the community. This arrangement was above and beyond their usual care package and had been successful in motivating the person.

- The service helped people to express their views daily to ensure they were happy with their care and support they received.
- There was evidence of supporting people to resolve conflicts. An external professional confirmed the service had advocated on behalf of a person in delicate circumstances and that the person's views were influential in how they were supported. They said, "They supported the tenant to express their wishes and desires without feeling any obligation".
- Regular meetings with management, families and advocates enabled people to express how the scheme could work better. As a result, people chose how to spend some donated money on specific equipment designed to lift people off the floor. A memorial garden had also been created and was regularly visited by families of people who had passed away. Feedback from families was this provided them with comfort.

Respecting and promoting people's privacy, dignity and independence

- People were consistently positive about the way they were supported. A person said, "Care staff are fantastic, they have supported me in gaining my confidence and getting my independence back."
- Staff demonstrated they understood people's diversity and the impact on people when they transitioned from their family home into the extra care facility. Where people had a learning disability their care calls included time and support to develop their own skills. The impact of this person-centred approach on people's wellbeing was evident. A person had developed their self-help and cooking skills to such a degree that their care package had been reduced. Another person was experiencing semi-independent living for the first time, their relative told us that the person, "Absolutely loves it here", and how it gave them, "A sense of pride having their own flat."
- People with a sensory loss had been provided with aids to support their independence. For example, a blind person had a one cup kettle to prevent scolding which helped retain their independence in a safe way. People with a hearing loss had alarms fitted under their bed to alert them to a fire.
- Staff went that extra mile and planned and presented a range of monthly health promotional sessions open to all the people in the service. These were designed to give people information and the power to look after themselves and keep themselves well. For example, topics such as managing their inhalers, constipation, back pain or diabetes. People told us having information on topics that affected them was 'helpful', and a 'positive thing'. One person said, "You learn little bits and can do these things for yourself".
- People spoke positively about their relationships with staff and how this promoted their emotional wellbeing. A person told us, "I can't fault them they are great. I struggled giving up my role as a primary carer, but their understanding and support has helped me to make the adjustment."

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 Good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- There was exceptionally positive feedback from everybody who said that the service consistently responded to people's needs. A person using the service said, "Excellent service, couldn't do better", a social worker stated, "I have been extremely impressed with the level of care and support provided to two particular tenants who are positive examples of the way that the scheme is run and managed".
- People received a personalised service that offered flexibility and choice. We heard examples of how the management and staff team went above and beyond people's expectations where their personal situations were sometimes challenging.
- The local authority described the service as 'extremely effective' and 'Going out of their way' to assess and consider people that other schemes may refuse. This had resulted in positive outcomes for people who had serious health problems and complex needs receiving coordinated support which had led to keeping a family together.
- People's diversity was promoted and protected through recognising the importance of person-centred care planning. They had worked consistently with a person to gain their confidence and support them to gradually take control of their life. This person was now planning meals, shopping for food supplies and cooking meals safely. They were attending important medical appointments and the risk of social isolation had been addressed by facilitating regular one to one activity based on the person's own interests. The person told us, "My life is improving". A relative said, "Every single member of staff has gone over and above to help. I have the utmost praise and respect for staff and would like it recognised". They went on to say, "I know [name] will flourish now with the support and care staff have provided".
- The service offered flexibility and choice. For example, a family stayed with their relative to help them adjust to semi-independent living for the first time. The relative told us that the person had adjusted well and, "Absolutely loves it here", and how it, "Gives them a sense of pride in having their own flat". The person's calls were arranged in a way that met their needs but also enabled them a degree of independence.
- The service had established links with other agencies to help them to respond to people's social and cultural diversity such as the lesbian, gay, bisexual and transgender (LGBT) network and worked with Stonewall, [an organisation that works to support LGBT and Human Rights], to support people who identified as part of the LGBT community. This information was also displayed in the form of posters and newsletters, reflecting the services commitment to inclusivity.
- Staff were able to provide examples of how they were meeting the needs of LGBT people, including accessing events within the community.
- People had very personalised care plans in place with detailed guidance to staff as to how they wished to

be supported. For example, care had been taken to specify the specific routines of a person who had a sensory loss and the support needed to manage their environment and their dignity.

- People were supported by regular staff which provided consistency and continuity of care.
- There was a clear commitment to support people with their social needs and promote community inclusion. They worked in partnership with the dementia organisation and a group met weekly within the extra care facility. The 'BUDS' group; [Better Understanding of Dementia in Sandwell] provided a range of entertainment and activities for people from both the community and the service to enjoy. A relative told us this had been successful in terms of making the person's stay at Oakley Gardens more enjoyable. External professionals praised the inclusiveness of the service, one said, "I have regular feedback from other professionals about the service being a real community hub – for example BUDS using the venue to provide drop-in clubs".
- People had regular contact with a local nursery group and school who visited the service. This had provided them with enjoyable experiences as well as the opportunity to share their skills such as growing vegetables and making soup with the children.
- There was an active gardening group who had won the 'Garden in bloom for Wednesbury' for their continued efforts.
- The appointment of an activity co-ordinator, at people's request, was described by people as a 'huge success' in promoting a vibrant array of activities on site and in the community. These included providing activities suited to people's cultural needs such as a Caribbean evening and celebrating Diwali. We saw people engaging in enthusiastic discussions in a session called "In this Year". One person said, "I was meant to be knitting but I haven't stopped laughing."

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their care staff.

- These standards were known and understood by staff and people's care plans included information about how they should be supported in this area. For example, a person with a visual impairment had their care plan printed in a specific font size. Staff had worked with a family to learn phrases and words in a person's preferred language which helped them communicate more effectively with a person.
- People had expressed difficulty in hearing when attending meetings. The service purchased a PA system and microphones to enable people to hear and contribute to conversations which improved opportunities for them to socialise.
- People told us they benefitted from health information talks on topics such as keeping hydrated, keeping safe, dealing with depression and found this useful and informative, one person said, "It's good to have information displayed and talk groups, it helps me take it all in".
- People had access to computer systems to use the internet for information and stay in touch with friends. Several people had been provided with technology to support their mobility, this gave them confidence in contacting staff in the event of a fall. In addition, technology had been utilised for people with a sensory loss to ensure they were alerted to a fire.

End of life care and support

- People had been treated with compassion and empathy when needing end of life, (EOL), care. There was a proactive approach in working with end of life specialists such as the palliative care team to ensure people's comfort needs and pain was well managed.
- Additional calls were put in place so that staff responded to people's rapidly changing needs without delay.

- People's EOL wishes were respected and the service had prioritised these. For example, they had successfully taken over the care of a person who was experiencing distress from not knowing the external agency carers. This level of compassion showed that staff were committed to ensuring people were supported in the way they wanted at the end of their life journey.
- Feedback from the families that have had loved ones pass away was exemplary. We heard how staff had frequently sat with a person at the end of their life, often in their own time to ensure the person was comfortable. We also heard family members were supported emotionally throughout this experience and following the death of their loved one.
- Staff told us they were fully supported with training and emotional support when caring for someone at the end of their life. They displayed compassion and commitment to go over and above their usual work hours, often returning late and throughout the night to support a person and or their family. The registered manager told us, "A huge amount of compassion is displayed to family at this time and this is an area in which I feel my staff team excel".
- Professionals visiting the service say staff focused on providing person-centred care to people at end stage of life. One professional said, "People can die in their preferred place of death amongst carers that know them and their needs. I have witnessed in the past the carers still going in and providing pop ins to people who are being cared for by another agency".

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to raise a complaint and were confident it would be investigated. There was a clear process in place to show how complaints were investigated and resolved.
- The learning from complaints was shared with staff and people who used the service. For example, we heard about a complaint which affected all the people in the service and saw this was discussed openly at a tenant meeting and resolved to the satisfaction of people.
- Complaints were analysed for any trends which helped the provider to have additional oversight of the service.

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 Good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Working in partnership with others

- There was a willingness and commitment to invest time and effort in working with external agencies to benefit people. The pilot for people at risk of falling had led to people accessing the necessary equipment to support their mobility. Furthermore, support was being provided to improve people's strength and posture with improved mobility and reduced the frequency of them falling.
- There were strong working relations between the service and local authority. This had led to improving the admissions process, so people could access the service with a package of care suited to their specific needs.
- The service had actively participated in a local authority scheme to identify the need for further resources. An external professional told us that Oakley Gardens involvement enabled them to evidence this need and obtain permission to build an enhanced assessment unit for the community.
- The registered manager had successfully obtained a community grant from the National Lottery. They were planning to host and organise a community event in raising awareness of mental health issues, dementia and health issues affecting the local community of all ages. They were working in partnership with an array of organisations and were committed to exploring how better they could meet people's needs and the barriers to this.
- The service had actively intervened and worked with several organisations when assisting people with complicated financial arrangements. An external professional told us, "I think [this example], perfectly demonstrates the attitude and ethos at Oakley Gardens where the tenants feel part of a family and develop and nurture lasting relationships with the care staff and managers, something which isn't always present in such large schemes".
- A healthcare professional told us, "We have been able to foster a good working relationship which has helped to provide good communication regarding the residents and their care requirements. It always seems a very vibrant place for people to live in which gives them a good quality of life in a caring atmosphere lots of activities for the residents".
- The service had a high level of community involvement that was inclusive of people's different needs. A variety of social events were arranged so that people could enjoy companionship and be part of their local community. For example, working with local school and nursery groups. People entered local competitions and had their efforts and achievements recognised.

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

- People described the service as exceptional. They reported feeling safe, secure and having a true sense of wellbeing. People said the service provided high standards of care which had made their life better. A person

said, "The manager is excellent. It's a really good place, they will all go the extra mile to help you out."

- There was an open culture; people and relatives valued their positive relations with the registered manager. They felt actively consulted about their care and any events in the service. A person said, "All the management are approachable and accessible, and work very hard to make this a lovely service, nothing seems too much trouble".
- It was evident that the registered manager and her team shared the same values and commitment to put people first. Staff reflected these values in how they went that extra mile and gave their time and effort to support people. People told us this improved their quality of life. One person said, "This is a fantastic service; it is so well run, they, [management and staff], go out of their way to organise everything". A relative said, "I think Oakley is the best supported housing facility in the area which is why [name] is there".
- People had positive outcomes because staff had gone 'above and beyond' when delivering care such as being able to pass away at home surrounded by staff familiar to them. Other people had gained skills to live more independently and enjoy improved health and independence.
- Staff were positively motivated by their achievements and proud of the service. They felt fully supported in their role and described excellent training opportunities. Staff actively undertook lead roles and people benefitted from information and guidance on managing their own needs.
- Staff were valued by the organisation and their achievements were rewarded by the provider. Regular impact feedback was captured from people and shared with staff so that they could see the results their efforts had made to people's lives. A staff member said, "Seeing the difference we make is motivating; the manager is very passionate about that."
- There was a strong commitment and proactive approach to ensuring equality and inclusion within the staff team. Mindfulness sessions and a life style coach had been sourced to support staff with their own well-being. A staff member said, "I feel stronger and really appreciate how I've been helped, so much so I now have a role in mental health and sharing the learning". The benefits of these sessions had led to other managers having access to this therapy and the provider had plans to roll this out across the region. Another staff member said, "The manager is a great role model, she's professional and extremely supportive; I've experienced really good support which was enabling not judgemental".

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

- The registered manager had worked within the requirements of the 'Duty of Candour.' They had reviewed incidents and been open and transparent where things had gone wrong. Lessons learned had been shared with staff to improve how they managed situations.

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

- There was a clearly defined structure to the management team who all had an excellent understanding of their roles and responsibilities. They all played an active part in running the service and in taking lead roles in monitoring and promoting the delivery of care to people. External professionals told us in their feedback that managers had in-depth knowledge of people's needs, were professional and always willing to work with them to try new initiatives.
- There was a highly effective governance system to monitor performance and risk. Detailed quality reports were shared with the provider about all aspects of the service, with any actions for improvements shared through management and staff meetings. These systems enabled staff to provide people with consistently high-quality personalised care. For example, sourcing specialist training to meet people's specific needs.
- The provider further enhanced quality by encouraging lead roles and sharing learning with staff and people via regular newsletters, workshops and updates.

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

- People and relatives were actively consulted about their views on the service. Regular surveys were completed, the most recent feedback showed that 100% of people stated that they are treated with dignity and respect and that staff listened to what they had to say.
- Positive action was taken to improve people's experiences as a result of people's feedback. For example, afternoon teas were regularly arranged so that people could access management more informally to share their views.
- The service had forged strong links with the community to benefit people using their service. They had successfully hosted a dementia group which included the involvement of people living at the extra care facility. The impact for people was said to be positive.
- Externally sourced training for staff to increase their understanding of supporting people from the LGBT community had led to actively exploring ways to support people's needs.
- People said their views influenced service provision. For example, they had requested an activities coordinator to increase social and recreational opportunities. People had been supported to be part of the interview panel when recruiting to this post. Family members had assisted in the training of staff for example, on making specific cultural authentic meals to meet a person's needs.

Continuous learning and improving care

- There was a particularly strong emphasis on continuous improvement. This had included seeking specialist training, and external input to develop staff skills. Champion roles further enabled staff to continuously learn and share their specialist knowledge.
- All staff had clear objectives focused on developing their skills. This was further supported with access to specific training needed to meet people's needs and annual appraisals to review their performance.
- Performance information such as shadowing, competency checks, and one to one supervision was structured, thorough, detailed and used to hold staff to account and support them to improve their practice.
- There was a clear analysis of accidents, incidents and safeguarding and learning from these was shared at each staff meeting and lessons learnt, implemented. For example, improvement on how to share information with appropriate others.
- The provider ensured registered managers had regular platforms to meet in which they shared their experience with other services to improve the quality of people's experiences.