

Sussex Oakleaf Housing Association Limited
Sussex Oakleaf Housing
Association Limited - 54
Leylands Road

Inspection report

54 Leylands Road
Burgess Hill
West Sussex
RH15 8AA

Tel: 01444870546
Website: www.sussexoakleaf.org.uk

Date of inspection visit:
21 February 2017

Date of publication:
07 March 2017

Ratings

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

Summary of findings

Overall summary

The inspection took place on the 21 February 2017 and was announced. Forty eight hours' notice of the inspection was given because the service is small and often people and staff could be out in the community during the day. We wanted to ensure that the people we needed to speak to would be available.

Sussex Oakleaf Housing Association Limited provides a range of short to longer term residential services across Sussex. These services offer accommodation and 24 hour support to individuals, male and female, from diverse backgrounds living with enduring mental health conditions and who may have other additional support needs. 54 Leylands Road provides accommodation and support for up to six adults with mental health conditions. The home supports people of mixed ages who are largely independent and assist where needed to improve their life and skills.

At the last inspection on 25 November 2014, the service was rated Good. At this inspection we found the service remained Good.

People told us they felt the service was safe and felt comfortable in raising any concerns to staff. One person told us "It is quite a nice place and I feel safe and can raise concerns with the staff if needed".

The provider had arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get their medicine safely when they needed it. People were supported to maintain good health and had access to health care services.

Staff considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. 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. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People told us they received effective care and support to meet their needs. People still spoke highly of the support they received from staff at the home. One person told us "Staff here have the right training and skills to help manage and deal with my problems".

People's individual needs were assessed and support plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

The home had a communal kitchen for everyone to use. People were encouraged and supported to shop for and cook their own meals. One person told us they were a vegetarian and that the staff had prepared "lovely meals" for them. It was evident the staff catered for people with different dietary needs.

People remained encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall. People also said they felt listened to and any concerns or issues they raised were addressed

Staff felt fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. One member of staff told us "Head office is currently planning more training for this year. We have been doing some e-learning on the computer which has been good and lots to choose from".

People and staff told us that they were happy with the service provided at the home and the way it was managed. One person told us "The manager is very good and the service is run very well".

Quality assurance audits were embedded to ensure a good level of quality was maintained. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered.

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?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Sussex Oakleaf Housing Association Limited - 54 Leylands Road

Detailed findings

Background to this inspection

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

This inspection took place on 21 February 2017 and was announced. 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. The expert-by-experience for this inspection was an expert in using mental health services.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We looked at this and other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted stakeholders, including health and social care professionals involved in the service for their feedback, two health and social care professionals gave feedback regarding the service.

During the inspection we observed the support that people received in the communal lounge and the kitchen/dining room. We were also invited in to people's individual rooms. We spoke to four people, two recovery workers who were support workers for people, the assistant manager and the registered manager. We spent time observing how people were cared for and their interactions with staff in order to understand their experience. We also took time to observe how people and staff interacted at lunch time.

We reviewed four staff files, medication records, staff rotas, policies and procedures, health and safety files, compliments and complaints recording, incident and accident records, meeting minutes, training records and surveys undertaken by the service. We also looked at the menus and activity plans. We looked at three people's individual records, these included care plans, risk assessments and daily notes. We pathway tracked some of these individual records to check that care planned was consistent with care delivered.

Is the service safe?

Our findings

People told us they felt the service was safe and felt comfortable in raising any concerns to staff. One person told us "It is quite a nice place and I feel safe and can raise concerns with the staff if needed". Another person said "Staff are wonderful which makes me feel safe and happy".

A professional told us "I believe the service to be safe, health and safety training is given to staff and they monitor and manage medication for clients. Risk assessments are kept up to date and are modified as necessary".

People remained protected from the risk of abuse because staff understood how to identify and report it. Staff told us they had received regular training in keeping people safe from the risk of abuse and staff training records confirmed this. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. Staff described the sequence of actions they would follow if they suspected abuse was taking place. One member of staff told us "We would always report any concern we had to the manager and record it on an incident form".

People felt there was enough staff to meet their needs. Staff rotas showed staffing levels were consistent over time and that consistency was being maintained by permanent and bank staff. We saw there was enough skilled and experienced staff to ensure people were safe and cared for. One person told us "There is always some here to help us every day and I have my own keyworker".

Staff were recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Staff had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. Although no accidents had occurred since the last inspection, we saw details of previous accidents and incidents and follow up actions to prevent a reoccurrence in people's support plans.

Medicines were stored in an appropriate lockable cabinet within a secure room. Trained staff had access to people's medicines and were responsible for administering medicines to people. Appropriate arrangements were in place in relation to administering and recording of prescribed medicine. Medicines were administered two times a day and also as required. Staff told us of the correct procedure they would take when administering medicines to people. The assistant manager audited the MAR charts. The audit examined areas such as whether all medicines had been administered and recorded, if not administered had the reason for this had been recorded and addressed. We found no errors with the MAR charts. People we spoke with about medicines all told us that medicines were delivered on time in a professional manner

by a member of staff.

Each person had an individual recovery support plan which included a system to identify risks and help to protect people from harm. Risk assessments were in place for areas such as personal care, behaviours that may challenge others, nutritional needs and health. Where risks were identified, risk management plans were put in place for staff to follow, these provided information on how to keep people safe. For example for people who had behaviours which could challenge others, a risk management plan gave details of warning signs and what staff would need to do to reassure the person and calm the situation down.

Is the service effective?

Our findings

People told us they received effective care and support to meet their needs. People still spoke highly of the support they received from staff at the home. One person told us "Staff here have the right training and skills to help manage and deal with my problems". Another person said "You can have a one to one with staff whenever you want".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the provider was working within the principles of the MCA. Staff had a good understanding of the MCA and the importance of enabling people to make decisions. One person told us "Staff involve me in decisions and ask for my consent before making any changes". Staff had knowledge and understanding of the Mental Capacity Act (MCA) and had received training in this area. People were given choices in the way they wanted to be cared for. Guidelines with the MCA principles were on notice boards as a reminder for staff.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. We found the registered manager understood when an application should be made and the process of submitting one. They told us no one was subject to a Deprivation of Liberty Safeguards (DoLS) application.

People received consistent support from specialised healthcare professionals when required, such as GP's, mental health professionals and social workers. Access was also provided to more specialist services, such as dentists and diabetic nurses. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals. People told us they had community care teams and said that the staff at the home would support them with dentist and doctors' appointments. One person told us "They will contact my social worker and consultant quickly if needed".

When new staff commenced employment they attended an induction and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. Training files we examined demonstrated that all staff attended essential training and regular updates. Training included mental health, food hygiene, infection control and health and safety. Where training was due or overdue, the registered manager took action to ensure the training was completed. One member of staff told us "Head office us currently planning more training for this year. We have been doing some e-learning on the computer which has been good and lots to choose from". Staff we spoke with all confirmed that they received regular supervision and said they felt very well supported by the management team. Staff had regular supervision meetings throughout the year with their manager and a planned annual appraisal. One member of staff told us "We have supervisions

most months to discuss how we are getting on and what support we need. We are a small team so have contact with the manager all the time".

The home had a communal kitchen for everyone to use. People were encouraged and supported to cook their own meals. One person told us they were a vegetarian and that the staff had prepared "lovely meals" for them. It was evident the staff catered for people with different dietary needs. Each person had their own cupboard and fridge where they could store food of their choice. The home continued to have a roast dinner every Sunday for everyone, if they chose to take up the option. Staff told us how they would help people with their shopping if needed. One recovery worker told us "People have their weekly budgets to buy food of their choice. We will support people to go shopping or order online shopping to be delivered. We will encourage healthy eating and menu planning for people. We are currently supporting one person to prepare a cooked breakfast and work out all the timings". We saw detailed records of people's dietary requirements and needs. Staff told us that these were reviewed with the people on a regular basis.

Is the service caring?

Our findings

People felt staff were supportive and caring. Comments from people included "I think they care for me and help me", "The staff are wonderful and caring" and "Very caring and will listen to your problems".

One professional told us "The staff that I have encountered have been caring, empathetic and have done their utmost to encourage and empower individuals to make informed choices to do things that will keep them as independent as possible. Consideration is given to individual needs and people are encouraged to make suggestions and choose things they would like to eat or have in the house. There are smokers in the house and a smoking shelter has been built to accommodate them when the home went smoke free. Residents are encouraged to decorate and personalise their bedrooms. There is a culture of tolerance and acceptance".

The home continued to have a very relaxed and homely feel. Everyone we spoke with said the staff were caring and respectful and the home had a consistent staff team which we observed throughout the inspection. One person told us "This is my home, staff are nice and they are always here for me". The interactions we saw between people and staff were caring and supportive. We saw one person go up to a member of staff and asked for a hug. The member of staff put their arms out and reassured the person and entered in to a conversation on how they were feeling.

Peoples' differences were respected and staff adapted their approach to meet peoples' needs and preferences. People were able to maintain their identity and could choose how they spent their time and staff respected their choices. One person told us "My keyworker respects me and my choices. They help and support me in what I want to do". Each person had a keyworker who was a member of staff they met with regularly who listened and supported them with experiences and choices. Care and support plans were amended and updated after the meetings so that people's most up to date support needs were identified.

People told us they remained involved in decisions that affected their lives. Observations and records confirmed that people were able to discuss their needs and preferences with staff when they required. The registered manager recognised that people might need additional support to be involved in their care; they had involved peoples' relatives and health professionals when appropriate and explained if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Peoples' privacy was respected and consistently maintained. Information held about people was kept confidential, records were stored in locked cupboards and offices. People confirmed that they felt that staff respected their privacy and dignity. Observations of staff within the home showed that staff assisted people in a sensitive way. Staff were observed knocking on peoples' doors before entering, to maintain peoples' privacy and dignity and people were able to lock their doors to keep their personal space secure.

People were supported to be independent. Staff had a good understanding of the importance of promoting

independence. One member of staff told us "Our aim is for people to be independent and we support and encourage this. Sometimes it is just reminding someone or sometimes it can be encouraging and reminding what needs to be done". People told us that they were free to go out when they wanted and with a member of staff if they wanted. One person told us "Staff encourage us to be independent either by shopping and cooking for ourselves or going out and about with support if we need it". People also told us that staff were there if they needed assistance but that they were encouraged and able to continue to do things for themselves and records and observations confirmed this.

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. One person told us "Staff are always about if I need them. They help me when I need them and will call my social worker if I want to talk to them".

One professional told us "The premises are very "homely", for example great efforts are made to make the communal areas festive at Christmas. The house is clean and tidy, and so is my client. They are very well supported and has a clearly structured day (which is essential to his coping with everyday life) and is generally very well looked after by the team. Each member of staff knows them well and they seem to have a good relationship with them. The nature of their mental health can make the latter difficult at times, but they are treated with patience but also firmly where needed. They write to me at least one letter a day and is also free to telephone me whenever they want, which they do if they are distressed. If I feel it necessary, I will then follow up his call to the team who are always able to assist".

The service continued to be responsive to people's needs and wishes. A recovery approach was used in where people were encouraged to take part in activities in the community and take responsibility for their own health and wellbeing. Each person who lived at the home had a support and recovery plan which was personal to them. This also measured and supported progress for people towards self-reliance or other goals including self-care, living skills and managing mental health. Support plans were reviewed regularly and updated as and when required. People told us they were involved in the on-going involvement with the plans. One person told us "Staff involve me in my care and talk to me about things but they know I am competent in managing my own time"

People were supported to access the community and maintain relationships with family and friends. Arrangements were in place to assist people to access events outside of the home. We spoke with the assistant manager who told us "People choose what they would like to do. This includes going to the shops, or visiting places of interest. One person likes to have a night away in a hotel". We were also told of a person who had gained confidence and still worked in a local charity shop twice a week which staff supported and they enjoyed.

People's interests and activities were encouraged by staff. People who invited us into their rooms showed us their hobbies and interests. One person showed us their collection of model motorbikes. Another person told us how they liked radios and electrical items and staff took an interest in what they were doing. People could choose how to decorate and personalise their rooms.

People remained aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible and displayed in the home. Although the service had not received any complaints since the last inspection, we were told any minor issue was dealt with straight away. People told us they had no need to complain but they would talk to staff if they had a problem and the staff would help them sort it out.

Is the service well-led?

Our findings

People, visiting professionals and staff told us that they were happy with the service provided at the home and the way it was managed. One person told us "The manager is very good and the service is run very well". Another person said "The manager does try and are here if I need them".

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were relaxed throughout our time in the home. Staff said that they thought the culture of the home was one of a homely, relaxed and supportive environment. When asked why the service was well led, one staff member told us "The manager has an open door. I can speak to them anytime and I am usually working alongside them. Personal or work problems they would support me".

The management team showed knowledge of the people who lived at the home and spoke passionately on the support that was given to people. The registered manager told us "We have regular staff which gives people continuity. Staff work well together and with the people in the home and support their needs well. We promote their independence and are here to support and guide when needed".

Quality assurance audits were embedded to ensure a good level of quality was maintained. We saw audit activity which included health and safety, support planning and infection control. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered.

There was continued commitment to listening to people's views and making changes to the service in accordance with people's comments and suggestions. The provider had asked people living at the home to complete an annual satisfaction survey. The survey and their responses had been analysed in a report, results were positive.

Systems remained in place to allow staff to communicate effectively with management. This included regular staff meetings. These meetings showed that best practice was discussed in order to drive quality improvement. Steps were taken to improve the skills and competencies of staff, such as sourcing relevant training and development.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The care manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and

transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.