

Sussex Oakleaf Housing Association Limited

Oak House & Maple Lodge

Inspection report

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Ratings

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

Summary of findings

Overall summary

The inspection took place on the 25 April 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. Oak House & Maple Lodge provides accommodation and support for up to 14 people who have experienced mental ill health. The service undertakes a recovery programme for people who have had mental ill health and support with improving their independence skills and recovery from the illness. On the day of the inspection 12 people were using the service.

The service has two properties. One being Oak House which is the main house where people live and Maple Lodge a self-contained property at the back of the main house. This is used for people when they are ready to become independent and move on from the service into the community.

At the last inspection on 29 April 2015 we found the service was not consistently effective. Staff had not received training and development on updating and increasing their skills. At this inspection we saw the registered manager had taken action to improve the service following our last inspection.

People said they felt safe at the service. One person told us "I feel very safe here, because all the staff are very supportive and approachable". People remained protected from the risk of potential abuse because staff understood how to identify and report it.

Arrangements remained 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 peoples capacity using the Mental Capacity Act 2005 (MCA) as per guidance. People's capacity to make specific 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 provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

The service had a communal kitchen for everyone to use. People were encouraged and supported to cook their own meals. People felt staff were skilled to meet the needs of people and provide effective care. One person told us "The care from all staff is very upbeat. They really help me with my confidence, as the encourage me to do stuff for myself and this gives me a purpose and gets me out".

A recovery approach remained in use so that people were encouraged to take part in activities in the

community and take responsibility for their own mental health and wellbeing. People's individual needs were assessed and care 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 when required.

People remained encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People told us they felt listened to and any concerns or issues they raised were addressed. One person said "We usually deal with any complaint in the weekly house meeting. I have never had any reason to complain".

Staff continued to feel fully supported by the registered manager to undertake their roles. Staff were given training updates, supervision and development opportunities. One member of staff told us "Yes we have lots of good training and specific courses for people's needs. I have recently completed personality disorder training and a self harm course".

People and staff all told us that they were happy with the service provided and the way it was managed and found the registered manager approachable. One person told us "The manager is nice and always around if I need her". A member of staff said "I feel supported and can always raise any issue with my manager and they will deal with it straight away".

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 is now Good.

Improvements had been made since the last inspection. Staff had received training and development on updating and increasing their skills.

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.

Oak House & Maple Lodge

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 25 April 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 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.

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 seven people and three recovery workers who were support staff for people 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 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 provider. We looked at four people's individual records, these included care and support 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 said they felt safe at the service. One person told us "I feel very safe here, because all the staff are very supportive and approachable". Another person said "I feel very safe here. I don't feel threatened by other residents or staff".

People remained protected from the risk of abuse because staff understood how to identify and report it. Staff told us they had received 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 "Any change in a person's personality, emotional changes or becoming withdrawn could be signs of abuse. I would also report any concerns to the manager".

Staff continued to ensure people were supported to receive their medicines safely. We saw policies and procedures had been drawn up by the provider to ensure medication was managed and administered safely. If someone had chosen to self-medicate an assessment and plan was in place to ensure this was done safely by the person. We looked at medication administration record (MAR) sheets which showed medicines were safely administered by staff who had undertaken a medicine course and assessment process to ensure their competency. All medicines were stored securely in locked cabinets and appropriate arrangements were in place in relation to recording and administering medicines.

Systems were in place to identify risks and help to protect people from harm. Risk management processes were in place in people's care plans. 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, risk management plans gave details of warning signs and what staff would need to do to reassure the person and calm the situation down. One member of staff told us "I find the support plans are very detailed with risk assessments and guidance on supporting people".

Safe recruitment procedures were embedded to ensure staff were suitable for the role. This included disclosure and barring checks to ensure that staff had no record of offences that could affect their suitability to deliver care and written references were obtained before staff started work. Most of these documents were held at the head office of the service; however we were shown evidence of the staff's recruitment process.

People told us there were always enough staff to support them. We saw there were enough skilled and experienced staff to ensure people were safe and cared for. Staff rotas showed staffing levels had been consistent over time. Staff confirmed that there were enough staff to meet people's needs. Staffing levels were assessed and monitored by the registered manager to the amount of people using the service and increased when necessary. The registered manager told us "Staffing has improved overtime and we also

have a pool of bank staff that we can use when needed".

Staff continued to take appropriate action to take following accidents and incidents to ensure people's safety and this was recorded in the accident and incident records. There were processes in place to enable the registered manager to monitor accidents, incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

The premises remained safe and well maintained. Staff told us about the regular checks and audits which had been completed in relation to fire, health and safety and infection control. One member of staff told us they were now the infection control lead for the service and recently completed a training course. They also told us they were currently implementing new audits and checks. Records confirmed these checks had been completed.

Is the service effective?

Our findings

People told us they received effective care and support to meet their needs. One person told us "The care from all staff is very upbeat. They really help me with my confidence, as they encourage me to do stuff for myself and this gives me a purpose and gets me out".

At the last inspection on 29 April 2015 we found the service was not consistently effective. Training schedules confirmed staff had not received training and development on updating and increasing their skills. At this inspection we saw the provider had taken action to improve the training and knowledge for staff following our last inspection.

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 to increase their knowledge and skills. 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 "Yes we have lots of good training and specific courses for people's needs. I have recently completed personality disorder training and a self harm course". Staff we spoke with all confirmed that they received regular supervision and said they felt very well supported by the registered manager and also a planned annual appraisal. One member of staff told us "Training and supervision has got better and more regular now".

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. Staff remained knowledgeable 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.

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 that the staff at the service would support them with dentist and doctors' appointments if they wanted. One person told us "I felt comfortable asking to be escorted to my GP. I didn't feel stupid".

The service had a communal kitchen for everyone to use. People were encouraged and supported to cook their own meals. One person told us "I love cooking and baking and I am always encouraged to do this for myself. I now live in my own flat out the back. I feel more independent. I have been out shopping and do voluntary work. The manager even comes shopping with me, as I do feel nervous sometimes. They really care about me". People made their own breakfast and lunch and then all decided what they would like for dinner. People took turns in preparing the evening meal with support from a member of staff, where needed. Staff told us how people had choices and they would help people with their food shopping if they required or people would choose to go alone. We saw detailed records of people's dietary requirements and needs in their care plans. On the day of the inspection we observed one person baking a cake for the rest of the people to enjoy. They told us how they liked to bake and enjoyed making cakes for everyone to enjoy.

Is the service caring?

Our findings

People felt staff were kind and caring. Comments from people included "The staff, they are all nice here and they care about me and support me. I will be moving into my own flat soon", "All my needs are met. The staff are very supportive and caring, all of them. I feel it's not just a job for them".

People appeared comfortable interacting with one another and staff. The interactions we saw between people at the service and staff were caring and supportive. For example we saw one member of staff talking to a person about the cake they were baking and if they were ok and required any assistance and gave encouragement.

Staff remained knowledgeable about people's needs and spoke about them with genuine warmth. It was apparent that positive relationships had been developed between staff and people. Staff spoke warmly about the people they supported and provided care for. Staff were able to detail people's needs and how they gave encouragement in people becoming independent. One member of staff described how one person was concerned about going out on their own and what might happen to them. After time and going out with a member of staff, they become more confident and now went out to local shops on their own. During our conversations with staff, they were able to tell us about the people they supported and their interests and preferences. Staff told us that it was the advantage of being close to local shops and amenities for people to build up confidence in going out alone when they felt ready.

Staff continued to support people in living their own life's and encourage people to be independent. People told us how they were cared and supported in and out of the service to live their lives. People remained involved in making decisions about their care and support. People told us they were aware of their support plans and recovery approach which was used, so that people were encouraged to take responsibility for their own health and wellbeing and had input into them regularly. We saw evidence that care and support plans were personalised to the individual to facilitate individualised care. Support plans were reviewed regularly or when a person's care needs changed. Reviews involved the person, their keyworker and health care professionals if required. This encouraged people to give feedback on their progress and the support they received and what support they required and set any goals they had on their road to recovery. One person told us "I am always fully involved in my care plan and this motivates me".

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. One person told us "Privacy is good they always knock on my door before coming in, just in case I am not dressed. I always feel I have respect and privacy". Observations of staff within the service showed that staff assisted people in a sensitive and discreet 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.

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 with

support from the staff. Diversity was respected with regard to peoples' religion and both care plans and activity records, for people staying at the service, showed that people were able to maintain their religion if they wanted to.

Is the service responsive?

Our findings

People were receiving care that was responsive to their needs. One person told us "I feel comfortable asking for support with anything. Staff and residents make me feel welcome" Another person told us ""I have a meeting with my key worker once a week. If She is not in, it's no problem I can see another person, this is fine. Really brilliant, all the staff are very good, they know what they are doing".

People remained 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 service. People told us of the activities they liked to do which included shopping, walking, attending local groups and educational courses. Each person had a personal timetable for the week. These detailed what activities they were involved in and for one person this included a job they had got at a local shop. Some people needed and preferred a structured plan whilst others benefitted a more flexible approach.

Support plans remained person centred and details included a family history, personal preferences and activities they liked to participate in. Support plans were reviewed regularly which meant that assessment and care planning ensured changes in people's needs. The service provided activities which included healthy eating cooking classes, meditation and a bake off between people. People's background and likes and dislikes were recorded in the support plans. This enabled care staff to understand a person and support for them. Daily notes were maintained for people and any changes to their routines recorded on a new computer system the provider had introduced. These provided evidence that staff had supported people in line with their support plans and recorded any concerns. Staff told us they completed a handover at the start of each shift, this documented what was happening in the day with people and any changes to their needs or well-being.

The staff remained responsive to people's needs and wishes. A recovery approach was used so people were encouraged to take part in activities in the community and take responsibility for their own health and wellbeing. Each person had a care and recovery plan which was personal to them. This included a documented mental health recovery star. The recovery star measured and supported progress for people towards self-reliance or other goals including self-care, living skills and managing mental health. These were designed to be used as a goal for people to work towards with support from staff.

People continued to be treated as an individual. Staff got to know the people and the support they then provided was built around their unique needs. People told us there were no restrictions in place and they felt their care and support was designed to meet their specific requirements. Staff told us people did not always want to accept the support offered. Staff checked whether the person understood the implications of rejecting the support and respected their right to choose.

There was a compliments and complaints system that remained in place. Staff told us that any complaints would be recorded and passed to the registered manager for them to action. We noted that there were no complaints received since the last inspection. One compliment that had been received read 'I would like to

say the staff have been great to talk to. They always make me feel better after talking to them. The staff have been amazing'. People told us that they were confident that any issues or concerns would be addressed. One person told us "We usually deal with any complaint in the weekly house meeting. I have never had any reason to complain". We asked if the person would feel comfortable approaching staff with a complaint or concern. They told us "Yes, I know they would not be dismissive of me".

Is the service well-led?

Our findings

People and staff all told us that they were happy with the service provided and the way it was managed and found the registered manager approachable. One person told us "The manager is nice and always around if I need her". Another person said "They really care about me. I have no problem talking to the manager, I do it all the time".

The service 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.

A friendly and homely atmosphere remained. People spoke positively about how the registered manager and staff were approachable and all felt communication in the service was very good. One person told us how they felt the service was well managed and there was always staff on duty if they needed any support. Another person told us "Staff and the manager are always here for me if I need any support. I get good support with my mental health. It's the best since I have been here".

We observed people and staff approaching the registered manager throughout the inspection to ask questions or chat to them. They took time to listen to people and provided support where needed. There was a commitment to listening to people's views and making changes to the service in accordance with people's comments and suggestions. People told us they could discuss concerns at regular house meetings or with their keyworker anytime. Feedback from people and staff had also been sought via surveys. This was sent out to people and staff each year and results of the recent survey were mainly positive.

Systems remained in place to allow staff to communicate effectively with their manager. These included regular staff meetings. Minutes of these meetings showed best practice was discussed in order to drive quality improvement. At a recent meeting the improvement on staffs training needs had been discussed. Staff told us that they felt supported by their manager and were able to raise any concerns. They were confident any concerns would be listened and responded to. One member of staff told us "I feel supported and can always raise any issue with my manager and they will deal with it straight away".

The registered manager continued to complete quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included care plans, staffing and health and safety. The results of which were analysed in order to determine trends and introduce preventative measures if required. 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.

The registered manager was aware of their responsibility to comply with the CQC registration requirements. They were aware of the importance of notifying us of certain events that had occurred within the service so that we could have an awareness and oversight of these to ensure that appropriate actions were being

taken. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the Duty of Candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. The registered manager was supported by the provider and up to date sector specific information. They showed passion in keeping their knowledge and skills up to date and attended training provided by the provider and external training courses. The registered manager was also a training champion for the provider and suggested and ran courses for staff in areas that were specific to people's needs.