

In Chorus Limited

Leighside

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

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

Leighside provide accommodation and personal care and support for up to five adults who have learning disabilities or autistic spectrum disorder. The accommodation is spread over two floors. All five bedrooms have en-suite bathrooms. There were four people living in the home at the time of our inspection.

At our last inspection in January 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

The atmosphere throughout the home was friendly, calm and caring. The staff spoke about people in a respectful manner and demonstrated understanding of their individual needs.

Since the last inspection the provider and registered manager had reviewed the company policies and procedures to make sure staff had up to date guidance to follow.

Staff understood how to identify, report and manage any concerns related to people's safety and welfare. There were systems and processes in place to protect people from harm, including how medicines were managed.

There were sufficient numbers of staff deployed to meet people's needs. Safe recruitment practices were followed and appropriate checks had been undertaken, which made sure only suitable staff were employed to care for people in the home.

Staff were supported to provide appropriate care to people because they were trained, supervised and appraised. There was an induction, training and development programme, which supported staff to gain relevant knowledge and skills.

People were supported to have 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.

People received regular and on-going health checks and support to attend appointments. They were supported to eat and drink enough to meet their needs and to make informed choices about what they ate.

The service was responsive to people's needs and staff were prompt to raise issues about people's health so that people were referred to health professionals when needed. There were systems in place to help ensure any concerns or complaints were responded to appropriately.

People were supported to do the things that interested them, maintain relationships and to participate in community activities.

The provider and registered manager demonstrated an open management style and provided leadership to the staff team. There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving appropriate support.

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? The service remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service has improved to Good	Good ●

Leighside

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 comprehensive inspection took place on 10 and 18 May 2018 and was unannounced. The inspection was carried out by one inspector.

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 the service does well and improvements they plan to make. We also checked other information that we held about the service and the service provider, including notifications we received from the service. A notification is information about important events which the provider is required to tell us about by law.

We contacted five health and social care professionals or organisations to seek their views of the service. We received feedback from one social care professional.

During the inspection we met the people living at the home and spoke with two of them. We spoke with one of the directors, the registered manager and three members of staff. We also received feedback from three family relatives who gave their views of the service. We reviewed three people's care records and other records relating to the management of medicines, complaints, staff training and how the registered persons monitored the quality and safety of the service.

Is the service safe?

Our findings

Relatives we spoke with were confident their family members were safe. One relative said their daughter "Has little or no awareness of danger but I feel that the staff are trained very effectively and she is safe there". A social care professional said "I have seen how the home have provided good care with regards to privacy, individual care, daily living and also safeguarding".

Since the last inspection, the safeguarding policy and procedures had been updated. Information about safeguarding procedures was on display in different formats, to help ensure people using the service and staff were aware of who to contact if they had concerns. A person said they would contact one of the providers if they were unhappy or something was wrong. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. They were aware of the policies and procedures for protecting people from abuse or avoidable harm and were confident that any issues they reported would be responded to appropriately by the registered manager and provider.

Following an incident when a person had left the home unsupervised, action had been taken to minimise the risk of this happening again and the person's support guidelines had been updated. A relative confirmed that the incident, which happened the previous year "Was fully handled and looked at, not only by the Leighside Team but by Social Services and then the Learning Disability Team. Measures were put in place to prevent this happening again and new strategies developed (to support the person)". The relative told us "There has been no re-occurrence of this and (the person) is always happy and relaxed to return to Leighside".

People were supported by sufficient numbers of staff to meet their needs. People's needs were assessed on admission to the home and appropriate staffing hours allocated. This was reviewed if and when people's needs changed to ensure staffing remained appropriate. There was a consistent team of regular staff who were deployed according to people's assessed needs. A relative said "There has been a much lower turnover of staff during the last couple of years, which I believe has had a positive effect on (person's name). It is particularly beneficial to (person's name) to form a relationship with those caring for her, due to her lack of speech making it hard to understand her needs unless you are very familiar with her. And this is difficult, if the carers only stay for a short time".

The staff rota was organised in advance but was also flexible to take account of people's planned activities and the level of staff support required. An on-call system was in place to deal with emergencies including any unforeseen staff shortages. The provider undertook rigorous checks to help to ensure only staff who were suitable were recruited to work at the home.

People were supported to take planned risks to promote their independence and staff were provided with appropriate information on how to manage these risks. Staff we spoke with demonstrated knowledge and understanding of people's support and risk management plans, including when accessing the community and using the kitchen. Staff were able to tell us about the risks associated with certain situations and people, demonstrating they knew people well.

Staff encouraged people to be involved as much as possible in developing their individual risk assessments and support plans. For one person, there had been a gradual transition to using local buses independently. Another person had a behavioural support plan in a format that used pictures to help them to understand the risks associated with certain behaviours and to find alternative forms of communication. The registered manager and staff worked in a way that ensured the least restrictive options were explored and utilised. For example, the kitchen door had been fitted with an alarm so did not need to be locked. When someone entered, the alarm alerted staff who then went to support the person in the kitchen.

The provider had a policy of no restraint to be used on people living at the home. The registered manager told us that, while staff received breakaway training for their safety, people were settled and had busy lives and there had been no incidents of aggressive behaviour.

There were plans in case of an emergency occurring. Personal evacuation and escape plans had been completed for each person, detailing the specific support each person required to evacuate the building in the event of an emergency. Regular health and safety checks, fire alarm tests and drills were carried out and staff attended relevant training. Equipment was checked and serviced at regular intervals.

Staff received training in infection prevention and control (IPC) and were equipped with personal protective equipment, such as disposable gloves and aprons, for use when providing personal care and carrying out domestic cleaning tasks. The registered manager carried out IPC checks and audits as part of the monitoring of the safety of the service. The home was clean and tidy and cleaning materials were kept locked away when not in use. One person had access to their own cabinet containing a minimal amount of cleaning materials. This promoted their independence whilst minimising risk.

Is the service effective?

Our findings

A detailed pre-admission needs assessment took place that included any cultural and spiritual expression, diet, sexuality, and communication needs a person may have, as well as any special equipment and relevant staff training that may be required.

People's relatives told us they felt the staff had the relevant skills and experience to meet people's needs. They described ways in which the service had effectively supported individuals in developing independence and communication skills. For example, one relative commented "Thanks to Leighside.....her speech and hearing have improved dramatically. I never expected to hear her talk about days of the week, taking things 'step by step', needing to 'calm down'. It has been a miracle and a delight". They told us the person "Has had a speech therapist for the first time for years, due to her dramatic increased use of speech, and also to help with ways to aid her increased understanding".

A social care professional confirmed "Whenever I visit Leighside the staff all appear to have the qualities and skills to deliver effective care". They told us "My client is certainly supported to maintain good health"; and "The home considers capacity, consent and best interests in all care delivery, to my knowledge".

Staff completed a range of essential training that included safeguarding, equality and diversity, first aid, fire safety, moving and handling, food hygiene and person centred care. Staff had also received training in respect of autism awareness and epilepsy and were encouraged to undertake diplomas in health and social care. We saw that staff cared for people in a competent way and their actions and approach demonstrated that they had the knowledge and skills to undertake their role.

While no new staff had been employed since the last inspection, procedures were in place to ensure new staff undertook a period of induction before they were assessed as competent to work on their own. The induction incorporated the Care Certificate, where appropriate, which is designed for new and existing staff, setting out the learning outcomes, competencies and standards of care that are expected to be upheld. Staff were further supported through regular supervision and appraisal meetings. Supervision and appraisal are processes which offer support, assurances and learning to help staff development.

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.

Records showed that people's consent was sought in relation to the care and treatment they received. Where people lacked capacity, best interest decisions had been made and documented, following consultation with family members and other professionals. Staff had been trained and showed an understanding of the MCA. Staff recognised that people could make some decisions but not others and empowered them to make as many decisions as possible. Support plans contained clear guidance for staff

about how to support people to understand choices and be involved in making decisions. This included the use of pictures and the best ways to engage the person. A social care professional said "The home considers capacity, consent and best interests in all care delivery, to my knowledge".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had submitted DoLS applications where appropriate and these had either been approved or were awaiting assessment.

People were effectively supported to eat and drink enough to meet their needs. Each person had a detailed eating and drinking support plan based on their requirements and preferences. Plans included support guidelines for mealtimes and where necessary, speech and language therapy (SALT) assessments had been sought to assist staff to minimise the risk of choking for people who may have difficulty swallowing. Staff had a good knowledge of people's support needs and provided people with different food options, including the use of pictures, so that they were able to make an informed choice.

People had Health Action Plans and received regular and on-going health checks and support to attend appointments. This included reviews of the medicines they were prescribed, GP and dental appointments. People had a hospital passport in their care files. A hospital passport is a document providing information about a person's health, medication, care and communication needs. It is taken to hospital if a person is admitted to help medical staff understand more about the person.

A relative told us "I am fully notified of any visit to dentist, optician or doctor, which take place regularly". They said the person "Has lost weight and is more active", and that "The food provided at Leighside is good, nutritious, freshly prepared with lots of fruit and fresh vegetables". They told us this had helped to markedly improve a skin condition the person previously had. A social care professional confirmed "My client is certainly supported to maintain good health".

The environment was appropriate for the care and support of people living there. People's rooms were personalised. People had their own rooms and access to communal areas including a private garden. People's bedrooms were personalised to their own tastes and preferences, which were reflected in their choices of colour schemes and décor and with their own belongings, such as pictures, ornaments and photographs. Communal areas were also personalised with photos of people and activities they had enjoyed.

Is the service caring?

Our findings

People and their relatives told us they were happy with the care provided by staff. A person said "I'm happy here" and told us they were going out for lunch. There was a good rapport between people, the registered manager and staff. Staff had developed positive caring relationships with people using the service. The atmosphere in the home was friendly and supportive and we observed staff knew people well and communicated effectively with them.

People were supported to express their views and be actively involved in making decisions about their care and support. People's care and support plans included guidance to assist staff to involve the person and help them with everyday decisions. For example, how best to present information and ways to help the person understand. The records showed staff had spent time with people, involving them in discussions about their goals, activities, care and support. The registered manager told us about ways the service had involved people resulting in positive outcomes for individuals. For example, a person who used to break their furniture had been involved in building their own furniture and subsequently left it intact. People were also involved in the gardening and housework.

A relative said their family member had "A good quality of life" and that the registered manager and staff got to know people well, involving them and promoting an inclusive environment. "Residents need to build up trust with staff and he's certainly done that. He listens to them. He will ring up (Director's name) and arrange a meeting with him".

Another relative told us their family member's "Quality of life has increased due to her increased understanding. She enjoys many activities and, indeed, is busy most of the week! She attends 'The Farm' as she calls it, an excellent placement which caters to her love of animals and growing things and, mostly, to the fact that she just loves being outdoors. The Leighside family go bowling, cycling and out on trips/walks together each week and for lunch. They attend a multi sports facility once a week with many other people who have learning disabilities". They said "Above all it completely provides a good family home, full of warmth, and caring. All the members of the little 'family' speak to each other and with me. They are charming and it is a pleasure to see them all and their cohesion as a group. They interact amazingly well and are there for each other". They told us "I believe this all stems from excellent leadership which is not based on financial profit but on true caring for each individual, on complete devotion to improving the potential of each person".

A social care professional told us "Whenever I visit the home, my client indicates to they are very well cared for at Leighside". They said "I believe the home goes to every effort to provide a safe and pleasant, homely environment for its residents, focusing on individual needs, choices and wishes. The home works to ensure care is delivered in the least restrictive way, and encourages residents to live their lives fully".

Another relative told us "I certainly feel that all her basic needs are met in a caring manner. But also - and equally importantly - they provide a wide range of activities designed to give her enjoyment, mental stimulation and physical exercise". They said their daughter "Also has an active social life (not easy when

you're caring for people with Autism) as all the residents of Leighside and the other homes are invited to each other's birthday parties. They have an annual holiday and a lovely Christmas party, where they are encouraged to perform. (Person's name) likes the dancing best. And the food, of course".

Staff respected people's privacy and dignity. Staff spoke about people in a respectful manner and demonstrated understanding of their individual needs. Staff were knowledgeable about people's preferences and what mattered to them, enabling them to communicate positively and valuing the person. People's care and support plans were written in a respectful way that promoted their dignity and independence.

A relative said "For each member of staff, working at Leighside, this was not just a job but a vocation". They also commented "The staff do go 'the extra mile' to support their charges, to give them the best possible future, to develop them fully. I believe the ethos is reflected by the fact that there is very little staff turnover which in this 'business' is unusual in itself. The directors provide a full birthday party for all the individuals in their care and one or other attends each party. I am sure they must be partied out at the end of each year! They provide birthday and Christmas presents and a Christmas party for family and residents. They also provide a short summer holiday away for a couple of nights. I have often seen them talking to all the residents on an individual basis".

Is the service responsive?

Our findings

The service routinely listened and learned from people's experiences. Relatives said they were invited to take part in reviews and were asked for their views about the care and support being provided.

A relative told us "Leighside have always listened to me and have handled any 'niggles' I might have felt very quickly and effectively". Another relative said "I feel that I can voice any concerns to (manager's name), and we have the opportunity to exchange our thoughts at the review meetings". Another relative said they had attended a review meeting with the person's social worker. The person was "Happy and settled" and had made "So much progress since being there, for example coping with situations like going to the supermarket". They told us "I am happy as a parent. If I want to question anything, I just pick up the phone and ask, or leave a message for (Director's name). I have never had to make a complaint".

A complaints procedure was displayed in the home including an easy read picture format for people who were unable to read complex information. Staff understood people's needs well and demonstrated how they would be able to tell if a person was not happy about something, which meant that people would be supported to express any concerns. The registered manager also kept a record positive feedback from relatives and other stakeholders.

A personalised approach to responding to people's needs was evident in the service. Before people moved to the service an initial assessment of their needs took place to help ensure the service was suitable for them. People and their relatives were encouraged to be involved in this process. Staff demonstrated knowledge of people's individual needs, personalities and preferences. There was a relaxed atmosphere in the home and staff communicated well with the people and promoted an inclusive, supportive environment. Staff had a clear understanding of the support planning process and of the outcomes they were supporting people to achieve. This included domestic, social, emotional and health related needs and goals. Staff worked flexibly to enable people to achieve their goals and wishes.

People were supported and encouraged to have active lifestyles and had access to a range of activities both within the home and in the community. People's daily support and activities were recorded in their daily records, which provided a detailed picture of the support they had received and how they spent their time. Activities were based on the things people enjoyed doing, which included shopping, going to a café or pub or activity centre, day trips and walks. Staff also supported people to go on holidays.

A relative told us the person "Has become involved in household tasks and little by little Leighside are improving her own social skills". They told us how staff had worked together with the local Learning Disability Team to support the person in relation to specific behaviour around dressing. With the help of pictures, the person had learned more positive behaviour.

Staff monitored people's changing needs through a system of regular reviews and observation and this was clearly recorded. Each person had a key worker, a named member of staff who participated in reviewing the person's care and support with them. Different methods were used to do this depending on each person's

communication needs and preferences. For example, staff were learning a type of sign language along with two people who lived in the home. This helped to ensure care and support plans were current and continued to reflect people's preferences as their needs changed. A communication book and handover meetings between shifts were used to communicate any information amongst staff about each person for that day. Staff were prompt to raise issues about people's health and people were referred to health professionals when needed. End of life care and support plans were reviewed annually with the involvement of people's family members, in accordance with the wishes of the individual.

Is the service well-led?

Our findings

The service had a new registered manager since the last inspection. 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.

Relatives and staff spoke positively about all aspects of the service and how it was managed. One relative told us the service had continued to improve and said "I have nothing but praise for the way Leighside is managed these days". They told us (person's name) "Is very happy there". Another relative said "Leighside and I work as a team. I learn from them and they learn from me"; and "I do not know what I'd do without them. I couldn't fault it in any way".

Relatives and other stakeholders including community health and social care professionals were asked for their views and these were acted on appropriately. This included formal reviews of the service provided to each individual that were held at least annually, to which the person and their relatives, staff and external care professionals were invited. An annual quality questionnaire was also used and relatives told us they rated the service highly.

A social care professional told us "Everyone at the home works in partnership with me to ensure I am able to deliver the best support for (person's name). ...Guided by the home manager, all staff fully involve me and keep me appraised of any changes, needs or issues regarding my client". They also commented "I consider the home manager (name) and his staff to be highly dedicated in their work, with a clear focus on providing the highest quality care, to enable their residents to live their lives as fully as possible, in every way".

The provider and registered manager promoted an open and inclusive culture in the home and demonstrated the skills of good leadership. This resulted in a positive caring environment in which people's views and staff skills were utilised to help manage the service. Records of staff meetings showed that staff were asked for their input in developing and improving the service and staff confirmed this. The minutes of staff meetings were recorded and copies were made using pictures and sign language to help people to understand what was happening in the service. Staff said the registered manager "had an open door" and was very supportive and involved them in the daily running of the service.

A member of staff said the registered manager would work different shifts to ensure staff were supported and the service was effectively monitored. They told us the registered manager "Says he needs staff input and residents are more important than managers"; and "Everything he does is in people's best interests". Another member of staff said of the management team "I know they genuinely care. The welfare of the residents come first". They told us "The directors are available. We all have their phone numbers. They come in. They are friendly, there are no barriers".

The service was well supported by the thorough organisational skills of the registered manager. This helped to ensure the planning, on-going assessment and review of service delivery was effective and opportunities

for improvement were acted upon. A member of staff said "It would be very hard for us to forget to do something", referring to the system of checks, "It's what keeps everything together". They told us the registered manager "Will never forget to remind us", and "He has so much to do. He is something of a super hero, he never falters. We wouldn't be as good as we are if he wasn't behind us the way he is. All he wants is the best for the residents and getting the best out of staff".

Since the last inspection in 2016 the provider and registered manager had reviewed policies and procedures to make sure staff had up to date guidance to follow. A robust system of regular audits of the quality and safety of the service took place and detailed records were kept in the home. The range of audits included medicines, health and safety, infection prevention and control, care plans and risk assessments. Records showed that any actions identified through the audits were followed through to completion and signed off by the registered manager.

The provider and the registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration. The rating from the previous inspection report was displayed in the home and on the provider's website.