

# 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 well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Leighside is a residential care home providing personal care to up to 5 people. The service provides support to people with a learning disability and/or autistic people. At the time of our inspection there were 5 people using the service.

### People's experience of using this service and what we found

**Right Support:** Care plans contained sufficient detail for staff to support people to lead the lives they wanted. People were involved in managing risks to themselves and in taking decisions about how to keep safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

**Right Care:** Care was mostly person-centred and promoted people's dignity, privacy and human rights. Support plans were being reviewed to ensure these were consistent with people's needs. The manager was able to explain the improvements they were making to the service such as reviewing the medicine recording system and updating decision documentation for those people who needed support to make day to day decisions.

**Right Culture:** While there were systems in place to monitor and improve the quality and safety of the service, these had not always been effective and actions not completed. Relatives had mixed feedback about the service. The manager acknowledged there had been, and continued to be, challenges related to management and staff team changes and new ways of working. They told us team building was work in progress and was improving.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 10 July 2018).

### Why we inspected

We received concerns in relation to the management of the quality and safety of the service since it came

under new ownership. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Leighside on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

# Leighside

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector, an inspection manager 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.

#### Service and service type

Leighside is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Leighside is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post approximately two months and had submitted an application to register, which was subsequently approved.

## Notice of inspection

This inspection was unannounced.

## What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with the manager, a senior support worker and 4 support workers. We observed the interactions between staff and people living at the home. We looked at a range of records including support plans for 2 people, recruitment files for 2 staff, training records, risk assessments and medicines records. We also looked at information regarding the arrangements for monitoring the quality and safety of the service provided within the home. Following the inspection visit we received feedback from 4 relatives and 1 community health and social care professional.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were policies and procedures in place to keep people safe. Staff confirmed they received safeguarding training and they were confident about reporting any safeguarding concerns.
- Safeguarding information for staff was displayed in the office through a flow chart and there was an easy read version for people who lived in the home.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. People were involved in managing risks to themselves and in taking decisions about how to keep safe.
- Risk assessments were used to increase people's independence in for example, staying alone at home, completing household tasks and managing their money.
- People's support plans contained detailed guidance for staff to support people when they were expressing emotional distress. Staff could describe people's triggers and the actions they used to express their different moods.
- When incidents occurred these were reported appropriately and support from health and social care professionals were sought promptly if needed.
- People had received annual health checks to ensure any health related risks were identified and addressed.
- Staff managed the safety of the living environment and equipment in it through checks and action to minimise risks. However, the provider's most recent audit had identified that a previous audit action to ensure people had a personal emergency evacuation plan (PEEPS) in place was not yet complete.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was mostly working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

- The provider had identified that some MCA assessments and best interest decisions were still needed for specific tasks.

### Staffing and recruitment

- There were sufficient staff deployed to support people in their activities and with personal care. A senior member of staff told us people "Can have one to one as well as whole house group activities and there is always enough staff to meet these needs."
- A provider audit carried out in June 2022 identified people were very busy throughout the day and only having two staff could impact on the activities/opportunities people could access. The manager told us the service was looking to review support packages with the commissioning authority to see if 1:1 hours were needed.
- The staff rota was planned a month in advance. There were 2 support staff on each of the early and late shifts and 1 member of support staff on night duty. Some shifts were currently covered by regular agency staff or regular staff doing overtime. The manager told us 2 new staff were about to start work.
- Records showed, and staff confirmed, they received an induction and further ongoing training. Staff told us about the training they received, which included positive behaviour support (PBS). PBS training was given face to face and tailored to staff supporting people's specific individual needs. The rota showed each member of staff was allocated time each week to catch up on any online training.
- Records for recently recruited staff contained all the required checks for safe recruitment.

### Using medicines safely

- Medicines were managed safely. Staff were trained in medicine management.
- A senior member of staff told us, "I had full medication training when I started and my medication competency was thoroughly assessed before I was allowed to give medication by myself." However, a provider audit had identified that not all staff competency checks had been recorded.
- People were encouraged to manage elements of their medicine administration independently.
- People who were prescribed medicines to be taken 'as and when required' had protocols in place to guide staff when to administer these. Audits were in place to monitor and make sure medicines were administered correctly.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes



People's friends and family were able to visit the home with no restrictions.

Learning lessons when things go wrong

- A provider audit had identified accident and incident records were not always completed in a timely manner. This meant the provider was not always able to analyse these to identify patterns, trends or to identify any actions required.
- Team meetings were used to discuss concerns, complaints and any issues to share learning.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives had mixed feedback about the service. Some relatives felt they were welcomed in when they visited but other relatives did not feel this.
- Although relatives said they could contact the manager at any time, they said communication could be better. Another relative said they don't get a lot of contact and when they do it is mostly about money. For one relative the updates they used to get have gone by the wayside and they now have to ask
- Feedback surveys had been sent out to relatives. The head of care told us they did not receive any returned surveys from the families for the most recent survey.
- A confidential staff survey had also recently been carried out in December 2022. Staff feedback referred to a lack of management presence and the need for better communication and teamwork. There were suggestions for more options for healthy eating and exercise, more individual rather than group activities, modernising and decorating the home, and time to complete training and administrative tasks. The manager told us the actions taken as a result of staff surveys were discussed at management meetings.
- A senior member of staff told us, "All of us are listened to and our suggestions are valued."
- The provider acknowledged the difficulty in recruiting a new manager for the service and the impact this had on people using the service, but they were taking steps to address this.

Continuous learning and improving care; Working in partnership with others

- While there were systems in place to monitor and improve the quality and safety of the service, these had not always been effective and actions not completed.
- The manager acknowledged there had been, and continued to be, challenges related to management and staff team changes and new ways of working. They told us team building was work in progress and was improving. The manager said they felt communication within the team and support for staff had also improved recently.
- The manager said team discussions were held about what worked well for people, and to improve consistency of support for them. Support plans were being reviewed to ensure these were consistent with people's needs. The plans were being transferred onto an electronic system, which would further improve consistency of reporting and recording. Minutes of monthly team meetings and supervision records showed issues and concerns were discussed.
- Some relatives felt the service had deteriorated. They said activities had declined and needs such as

healthy eating and weight management were not always met. The manager told us the service was looking to improve activities via funding reviews.

- The minutes of 4 staff team meetings held between August 2022 and the end of January 2023, showed issues such as staff teamwork, housework, and supporting people to eat healthily and have a greater choice of activities, were discussed and actions agreed.
- The service worked with other agencies when appropriate to make sure people had the care and support they needed. A health professional told us they had no concerns about the service and felt people were well cared for.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 service had been without a registered manager since July 2022. Another manager had been in post but had left without submitting an application to register. The current manager was in the process of applying to become the registered manager. The application was subsequently approved.
- The manager was the registered manager of another of the provider's services and had been overseeing the day to day running of Leighside for approximately 2 months. A deputy manager was due to take up post at Leighside in March 2023.
- Staff had access to the provider's policies and procedures via their individual work accounts.
- The manager and senior staff had an on-call system in place to support staff.
- The manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and was gaining oversight of the service they managed.
- The manager understood and demonstrated compliance with regulatory and legislative requirements. They were able to explain the improvements they were making to the service such as reviewing the medicine recording system and updating decision documentation for those people who needed support to make day to day decisions.