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?	Requires improvement

Overall summary

This inspection took place on Tuesday 26 January 2016 and was unannounced. The last inspection of this service was carried April 2013. The service met all the regulations inspected against at that time.

Leighside is a residential care home that provides accommodation and personal care for up to five people with a learning disabilities and autism. The accommodation was spread over two floors. All five bedrooms had en-suite bathrooms. At the time of our inspection five people lived at the service.

Leighside 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. The registered manager had recently been registered with CQC.

Summary of findings

The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. However these had not been reviewed or updated for several years. Several documents referred to the previous inspectorate of social care which had ceased operating in 2009 and had out of date contact numbers and addresses including out of date telephone numbers for the Hampshire Safeguarding Team. Therefore staff may not acting on or following the correct guidance from the provider.

Staff had a clear understanding of safeguarding and whistleblowing procedures. They were confident that any concerns would be listened to and investigated. Staff told us how safeguarding alerts were managed in the service. Staff were able to give examples of different types and definitions of abuse and how to recognise changes in people's behaviour.

The manager and staff sought people's consent and supported people to make decisions that were in their best interests. People told us they were able to make choices about their support. People told us staff treated them with kindness and understanding and we observed positive, caring relationships between people and the staff. Staff supported people to maintain their independence.

We looked at staffing rotas both current and historical. There were enough staff employed to ensure people were supported both in the service and when out in the community. When events were planned that required extra staffing, staff were added to the rotas as required.

Recruitment practices at the service were robust, appropriate and safe. So only people suited to the role were employed by the service. Staff told us, the team in the service was stable with some members being long term employees. Staff training was up to date and staff received frequent supervision and appraisal.

Policies and procedures were in place to ensure medicines were managed in a safe way. Records were up to date with no gaps or inaccuracies found. A staff signing sheet was available so records could be audited. Staff were trained in safe handling of medicines and received regular medicine competency checks.

The provider had effective management systems in place to assess and monitor the quality of the service provided to people.

We have made a recommendation that the service updates all its policies and procedures.

Summary of findings

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.

Good

The service followed safeguarding and whistleblowing policies and procedures in place to keep people safe. The staff team knew what constitutes abuse and how to report anything they suspect as being abuse.

Individual risks were identified and measures had been put in place to manage the risk without impacting on people's independence.

There were enough safely recruited staff to ensure people's assessed needs were taken care of and extra staff had been deployed to enable planned individual activities.

A medicine administration procedure was in place to ensure people's medicines were managed in the correct way.

Is the service effective?
The service was effective.

Good

Staff were well supported and had the training and skills to help them meet people's assessed needs.

Staff had a good understanding of the Mental Capacity Act 2005. People's capacity to make decisions was appropriately assessed and Deprivation of Liberty Safeguards were applied for where necessary.

People received medical assistance from healthcare professionals when they needed it.

People were supported to have a healthy and varied diet.

Is the service caring?
The service was caring.

Good

Staff were seen to be caring and compassionate.

There was a friendly and relaxed atmosphere in the service with good conversation and rapport between staff and people.

Summary of findings

Staff understood confidentiality and their responsibility to ensure people's privacy was respected at all times.

Is the service responsive?
The service was responsive

Good

People received care that reflected their individual needs and preferences and they were involved in their care planning where appropriate. Care plans were reviewed regularly.

People were given choices and supported to take part in activities.

People and their families knew who to go to if they wished to complain. A complaints procedure was in place.

Is the service well-led?
The service was not always well led

Requires improvement

Policies and procedures used to guide and inform staff had not been updated for several years and contained out dated information.

A registered manager was in place that ensured good communication within the team.

There was an open culture in the service, focussing on the people who used the service. Staff felt comfortable to raise concerns if necessary.

Staff were aware of what their roles and responsibilities were and the roles and responsibilities of others in the organisation.

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. The inspection took place on 26 January 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we checked information we held about the service and the provider. This included previous inspection reports and statutory notifications sent to us about incidents and events that happened at the service. A notification is information about an event which the service is required to tell us about by law.

We spoke with the registered manager, four staff members and two people who live at the home. We have also gained feedback from one relative and two healthcare professionals.

We looked at two people's care records, four staff records, staffing rotas and training plans and records. We also looked at policies and procedures, complaints, medication records and accident and incident recordings.

Good

Is the service safe?

Our findings

People told us they felt safe when staying at the home. One person told us, “Yes I feel safe here.” Another person said, “The staff help me, I like them.” People appeared comfortable and relaxed in the company of the staff.

One health care professional who visited the service regularly told us, “We have never had any concerns highlighted.”

We saw that the provider had policies and procedures in place to keep people safe such as safeguarding and whistleblowing procedures. These were accessible to staff to ensure they had up to date information and guidance. However the contact details for the local safeguarding team were not up to date. The registered manager corrected this immediately.

The staff were able to describe what abuse is and the different forms it can take. The staff understood their responsibilities to report any concerns and could describe clearly the steps they would take if required. For example, one staff member told us, “I would report it to the manager who would then notify the safeguarding team.” All staff had up to date safeguarding training.

Possible risks to people in their everyday lives had been identified. For example, managing a person’s anxiety or certain behaviours that challenge the service, other people living in the home or the public when out in the community. Each risk had been assessed in relation to the impact that it had on each person. Risk management plans were in place to reduce these risks. Staff therefore knew the action they needed to take to protect people and the public from harm.

The premises were maintained and checked to help ensure the safety of people, staff and visitors. The staff carried out health and safety checks of the environment and equipment. Procedures were in place for reporting repairs and records were kept of maintenance jobs carried out. Records showed that the firefighting equipment was properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. The registered manager had recently completed a fire evacuation practice which had resulted in all the people and staff evacuating the building within a reasonable timescale. These checks enabled people to live in a safe and well maintained environment.

The home had thought about what needed to happen should an emergency situation arise. A business continuity plan was in place and reviewed annually which included examples of when the plan would be put into action.

There was sufficient staff on duty to meet people’s needs and keep them safe. There was always two care staff on duty through the daytime and the registered manager worked across the day to offer extra support if required. One waking staff was on duty at night. There was an on-call member of staff available 24 hours a day. Staffing levels were set to meet peoples assessed needs.

The provider had a robust recruitment system. Checks had been carried out with the disclosure and barring service, (DBS) before staff were employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people. References had been obtained and completed application forms, a detailed employment history and proof of identity was also recorded.

Medicines were stored securely in a locked cupboard. Each person had a medication administration record (MAR) which gave detailed instructions of what medicines people were prescribed, the dosage and timings. The records were completed correctly with no inaccuracies. We saw detailed information about how people were supported to take their medicines. Records confirmed staff had all completed medicine training and received competency checks. The registered manager was able to explain the process used for ordering medicine and returning any surplus. The registered manager told us the service had a good relationship with the GP and pharmacy.

Good

Is the service effective?

Our findings

People told us that staff knew how to look after them. One person told us, “They asked me what I like and what I don’t like.”

People required support to make some decisions. 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 when needed. When people lack mental capacity to make particular decisions any made on their behalf must as least restrictive as possible and in their best interests. People can only be deprived of their liberty to receive care and treatment when this is in their best interests to do so and authorised legally under the Deprivation of Liberty Safeguards (DoLS) which is part of the MCA.

Staff we spoke with demonstrated they understood their responsibility in supporting people to make their own decisions and this was recorded in people’s care records. For example, four people had been assessed as needing staff support to participate in community activities, so were unable to leave the home without staff support. The provider had made appropriate referrals to the local authority for DoLS and was waiting for these to be authorised. This demonstrated the provider was working within the principles of the Act.

People had access to the healthcare they needed. People had contact with healthcare professionals such as the GP, chiropodist, dentist and opticians as required. One relative told us, “Staff keep me fully informed of any appointments [person’s name] has with the doctor or other health professionals, they are very good at letting me know and I can attend as well if I which.” People’s care records contained a hospital passport. These records gave information about people’s support needs if they needed to attend or be admitted to hospital.

We spoke with three staff members who told us they felt the training provided enabled them to support people effectively. The provider required new staff to complete an induction when they started in their role, which included regular monitoring by the registered manager to review their progress. Staff records confirmed that the induction covered a range of areas, such as health and safety, person centred support and communication. Staff told us they felt supported and had received training and guidance relevant to their roles. One staff member told us the training had helped them to improve the way they communicate. They said, "It helped me as I know people need time to take information in and time to respond, so I always allow them time.” Staff had attended the provider’s mandatory training such as, safeguarding adults, mental capacity act including DoLS, fire and first aid. Staff attended additional training such as autism and challenging behaviour. To enable them to support the people living in the home appropriately.

Staff had regular one to one supervision meetings with the registered manager to discuss their performance in the role. For example, incidents that may have happened since their last meeting, training attended or needed. All staff had an annual appraisal based on their performance over the previous year and planning development for the coming year.

Team meetings were held regularly and scheduled in advance with the date in the staff diary. This meant the staff team could make sure they were able to attend most meetings. Staff were able to add items to the agenda as they wished. Staff said that the registered manager shared information at these meetings and kept staff up to date with available training and current guidance issued by the local authority or care sector.

The menu planner had been developed with the inclusion of people who use the service as far as possible. Staff had used various communication aids to gather information about people’s likes and dislikes. We saw people were supported to maintain a varied and healthy diet. Staff were responsible for making the meals, and told us there is always an alternative on offer. People could eat together or eat in another room if they wished.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. Comments included, “I like the staff, they are nice.” and “The staff help me.”

We observed staff interaction throughout the inspection. Staff used an appropriate approach explaining what they were about to do. For example, staff sought consent before embarking on supporting activities. Asking people, “Are you happy to go horse riding today?”

People told us that they felt the staff treated them with dignity and respect. Staff completed training on equality and diversity. We observed staff interacting with people in a positive way. Staff were discreet and sensitive when supporting people and showed kindness and promoted peoples dignity. Staff knocked on people’s bedroom doors and waited for signs that they were welcome before entering people’s rooms. They announced themselves when they walked in, and explained why they were there.

People were not rushed and staff made sure they were given the time they needed. It was clear from the observation of people’s body language and facial expressions they were comfortable in the presence of the staff.

People were supported to maintain their independence. The staff encouraged people to do things for themselves and asked if they would help to do things around the home such as tidying up and changing their beds. People were also encouraged to take part in group decisions such as activities or choice of meals. People were supported to access the community. For example, one person had been out to a local farm and another chose what community activities they would like to do each day.

Care plans and associated risk assessments were kept securely in a locked cabinet to protect confidentiality. Staff were aware that it was their responsibility to ensure that confidential information was treated appropriately and with respect to retain people’s trust and confidence.

Good

Is the service responsive?

Our findings

People received care that reflected their needs and preferences. Their care was kept under regular review through meetings and care plan reviews. We saw that people's care plans were written in such a way that the person was at the centre of the plan. People's likes, dislikes, family, interests and other personal information was available to ensure that staff knew how to meet their care needs. Staff knew people well and we observed that they treated people as individuals and respected their preferences.

People were supported to communicate and give their views in a way which met their individual needs. We saw that staff used photographs and visual prompts to help people make choices. Staff were able to tell us how people communicated in various ways. They told us that people would point or physically prompt staff when they wanted something, as well as use verbal communication. Two members of staff told us how they knew when people were showing signs of becoming anxious. For example "People may show they need reassurance from their facial expressions, if we see it change, we divert them onto something we know they like."

Staff supported people to engage in hobbies and interests of their choice within the local community. People went bowling, cycling, shopping and a wide range of other activities that met their individual preferences. A relative told us that they were able to visit the home regularly and their family member was able to visit them. Staff told us that they supported people to keep in touch with their family members by speaking with them on the telephone, email or to visit the family member's home if they wanted to.

Handovers were conducted at every change of staff, to ensure the staff coming on duty was fully aware of the current care needs of each person. Staff told us that they knew people well and were kept up to date with any changes in people's health or wellbeing.

We saw the provider had conducted a survey in September 2015 and sought feedback from people living at the home, their relatives, and health professionals on how they rated the service. The survey highlighted areas of good practice but also described what actions the provider could take to improve in some areas. The registered manager told us they intended to complete this every year.

People knew how to make a complaint and who to go to if they had a concern. One person told us "I would tell the staff". There was a complaints procedure in place. The service had not received any formal complaints in the last 12 months. Staff knew what role they played when complaints were received. A member of staff told us "I would pass on any complaints to the manager".

Requires improvement

Is the service well-led?

Our findings

Staff were clear what was expected of them and their roles and responsibilities. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. However these had not been reviewed or updated for several years. For example, several documents referred to the previous inspectorate of social care which had ceased operating in 2009 and had out of date contact numbers and addresses including out of date telephone numbers for the Hampshire Safeguarding Team. Also within the homes fire policy it referred to an evacuation pack that staff should take with them in an event of a fire. When asked where this was kept the registered manager was not able to locate and on discussion with the directors of the company there was not one available in the home. The registered manager took immediate to rectify this. This meant staff were not kept updated on current process and procedures and may follow outdated guidance.

We recommend the service reviews all its policies and procedures and seek further guidance from relevant agencies to ensure they contain the correct guidance for staff to follow should they need to.

Everyone we spoke with was complimentary about the registered manager and about how the home was managed. One relative said, "I am more than happy with the home manager the home is very well managed it's a lovely home. Staff are always welcoming." We observed during the inspection that people knew the staff and management team by name. People told us that they would speak to staff if they had any concerns or worries and knew that they would be supported.

Staff understood the culture and values of the service, which put the person at centre of the service. The registered manager and staff told us that teamwork was really important and that everyone 'pulled together'. Staff told us that there was good communication between the team and that they worked closely and helped one another. Our observations showed that staff worked well together and were friendly and helpful to people, nothing was too much trouble.

We asked staff for their views on the management and leadership of the service. All of the staff we spoke with felt the service was well led. Staff told us that they were happy and content in their work and felt supported by the management team. There was a clear management structure for decision making. The registered manager worked alongside staff to provide guidance. The registered manager was supported by the company directors. The registered manager kept an overview of the service and were constantly observing and monitoring staff. The registered manager held regular meetings with staff. Staff told us that they actively took part in staff meetings and that records were kept of meetings and notes made of any action needed. When lessons could be learned from concerns, complaints, accidents or incidents these were discussed.

There was a system in place to monitor the quality of service people received. Regular quality checks were completed on key things, such as, fire safety equipment, medicines and infection control. When shortfalls were identified these were addressed with staff and action was taken. Environmental audits were carried out to identify and manage risks. Reports following the audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action.