

Sussex Oakleaf Housing Association Limited

# Sussex Oakleaf Housing Association Limited - 54 Leylands Road

## Inspection report

54 Leylands Road, Burgess Hill, West Sussex  
RH15 8AA  
Tel: 01444 870546

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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 

## Overall summary

This inspection took place on 25th November 2014 and was announced. Forty eight hours' notice of the inspection was given because the service is small and often people and staff were out in the community during the day. We wanted to ensure that the people we needed to speak to would be available.

At the last inspection on 5 November 2013, we asked the provider to improve people's care records and this action has been completed.

54 Leylands Road provides accommodation and support for up to six adults with mental health needs. The home supports people of mixed ages who are largely independent and assist where needed to improve their life and communication skills.

# Summary of findings

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

The experiences of people were positive. People told us they felt safe living at the home and staff were very kind. Staff supported people to live independently and helped people with living skills and self care. Staff showed a great understanding about peoples needs. People were encouraged and supported in daily activities such as going shopping and cooking their own food.

People had access to and could choose suitable educational, leisure and social activities in line with their individual interests and hobbies. These included day trips to cities, shopping and voluntary work at a local charity shop.

People's needs were assessed and care plans were developed to identify what care and support they required. Staff worked with healthcare professionals such as Doctors and Psychiatrists to obtain specialist advice to ensure people received the care and treatment they needed. People were supported to live as independently as possible.

Residents and staff meetings regularly took place which provided an opportunity for staff and people to feedback on the quality of the service. Staff and people told us they liked regular meetings. Feedback was sought on a daily basis; the home accommodated six people and this meant they could talk to the staff throughout the day and raise any concerns if needed. Feedback was also sought on an annual basis via a survey for people and staff.

Staff had some knowledge and understanding of the Mental Capacity Act (MCA) however training records showed staff had not received specific training on the Mental Capacity Act.

# 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. Staff understood the importance of protecting people from potential risks of harm and abuse. Risks were identified, appropriately assessed and planned for.

Medicines were managed and administered safely.

The service had enough skilled staff to meet peoples needs safely.

Good



### Is the service effective?

The service was effective. People received effective support from staff who understood their needs and preferences well.

Care plans showed people's current health needs and care records were reviewed and updated to reflect any changes.

People were supported to maintain good health. Staff sought advice from other professionals such as dieticians and GP's to meet people's needs effectively.

Good



### Is the service caring?

The service was caring. People were supported by kind and caring staff.

People were involved in the planning of their care and able to express their views.

People's privacy and dignity were respected and their independence was promoted.

Good



### Is the service responsive?

The service was responsive to people's needs and wishes. Support plans accurately recorded people's likes, dislikes and preferences which meant staff had information that enabled them to provide personalised support.

People were supported to take part in activities within and away from the service. People were supported to remain in contact with people who were important to them.

There was a system in place to manage complaints. People felt able to make a complaint and were confident that any complaints would be listened to and acted on.

Good



### Is the service well-led?

The service was well-led.

There was a positive and open working atmosphere at the home and people and staff found the management team approachable.

The manager carried out regular audits to monitor the quality of the service and plan improvements.

Good



# Sussex Oakleaf Housing Association Limited - 54 Leylands Road

## Detailed findings

### Background to this inspection

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

This service was last inspected on 5 November 2013 when we identified that people's personal records, including medical records, were not fit for purpose. This was a breach of regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records. We asked the provider to take action to make improvements to record keeping. No action plan was received from the provider; however at this inspection we found this action has been completed.

This inspection took place on 25th November 2014 and was announced. Forty eight hours' notice of the inspection was given to ensure that the people we needed to speak to were available. The inspection team consisted of two inspectors.

Before the inspection we checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager regarding incidents and events that had occurred at the home. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with three people who lived at the home, two recovery workers who are support workers for the people, the manager and assistant manager. We observed care and support provided to people and we spoke with people in their rooms and the communal areas.

We reviewed a range of records about people's care and how the home was managed. These included the care records for four people, medical administration record (MAR) sheets, three staff training records, support records, quality assurance audits and incident reports.

# Is the service safe?

## Our findings

People said they felt safe at the home. One person told us “I wouldn’t be very good at looking after myself, staff help me and I feel safe here”. Everyone told us they could speak with someone to get help if they felt unsafe or had any concerns. One person told us “I can talk to one of the staff if there are any problems”.

During the inspection we observed the service had enough skilled and experienced staff to ensure people were safe and supported. One person told us “The staff are very good and competent, whenever we need help we can get help”. One recovery worker told us that there was enough staff to ensure people get the care that is needed. Staff rotas we looked at confirmed this. One person told us “The staff are very good and competent, whenever we need help we can get help”.

People were 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.

Staff took appropriate action following accidents and incidents to ensure people’s safety and this was recorded in the accident and incident book. Staff told us of a person who had an accident while out on their own and had become nervous. The staff had discussed this with the person who requested they would feel safer if a member of staff accompanied them if they wanted to go out. This had been recorded and assessed in the person care plan. Recovery workers we spoke with confirmed this.

The home had taken steps 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 medical 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 a locked cabinet and appropriate arrangements were in place in relation to recording and administering medicines.

There was a system 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 challenged others, a risk management plan gave details of warning signs and what staff would need to do to reassure the person and calm the situation down. One member of staff told us “Care plans are person centred and help staff to ensure people are safe in and out of the home”.

Safe recruitment procedures were in place 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 home; however we were shown evidence of the staff’s recruitment process.

# Is the service effective?

## Our findings

People told us they received effective care and support to meet their needs. People spoke highly of the support they received from staff at the home. One person said “I can speak to staff if I am not happy and they will help me”.

The home had a communal kitchen for everyone to use. People were encouraged and supported to cook their own meals. Each person had their own cupboard where they could store food of their choice, the cupboards had a lock on and people could choose if they wanted to lock it. One person told us “We can go food shopping whenever we want and choose what we want”. We were told the home had a roast dinner every Sunday for everyone if they chose to take up the option. Staff told us how they would help people with their shopping if support was needed. One recovery worker told us “We do menu plans with people and offer suggestions and choices, for example we have someone who is vegetarian and support them cooking vegetables and give them ideas”. We saw detailed records of people’s dietary requirements and needs. Staff told us that these were reviewed with the people on a regular basis.

Care staff had some knowledge and understanding of the Mental Capacity Act 2005 (MCA). We looked at training records and staff had not received specific training on the MCA. We were informed by the assistant manager that they were they were going to add this on to their essential training list. People were given choices in the way they wanted to be cared for. If people did not have the capacity to make specific decisions the service involved their family or other healthcare professionals as required to make a decision in their ‘best interest’ as required by the MCA. The acting manager told us no one was subject to a Deprivation

of Liberty Safeguards (DoLS) application. This is where an application can be made to lawfully deprive a person of their liberties where it is deemed to be in their best interests or for their own safety.

Staff records showed staff were skilled, trained and up to date with their essential training. This included safeguarding, mental health awareness and first aid. The training records documented when training had been completed and when it would expire. A training plan for the rest of the year and the next year was not available. We were told by the assistant manager that training used to be arranged by head office but this was no longer the case. They were sourcing some training externally and working with the local authority training department. The majority of staff annual appraisals were undertaken in 2013. We spoke with the assistant manager who confirmed that this was the case. Staff had regular supervisions throughout the year which gave them an opportunity to discuss how they felt they were getting on and any development needs required. Staff told us they had received training and development and were booked on an update for safeguarding training early next year.

Care plans showed people’s current health needs and care records were reviewed and updated to reflect any changes to ensure that people’s most up-to-date care needs were met. People were involved in their support plans and signed to consent to care and treatment they received. The care plans also included involvement with GPs and various health professionals. Peoples needs were met based on best practice which involved access to health care professionals which included mental health nurses and psychiatrists. Assessments and meetings took place with professionals and people were treated effectively.

# Is the service caring?

## Our findings

People told us they felt supported by the staff and they were caring. One person told us “Staff are excellent and pleasant natured” and another person told us “I have a keyworker who listens to my experiences and cares about me”.

People said they were actively involved in their care and support. They said regular house meetings took place and requests were listened to and acted on. The home listened to people as evidenced from copies of the meetings held and we were shown feedback from a quality survey. One person told us “If I need help with cooking, staff help me and are sensitive to my needs”.

People said their privacy and dignity was respected. One said that when staff were providing personal care they were asked for consent beforehand and supported sensitively. On one observation we saw a member of staff knock on someone’s door before entering and asking if they could come into their room to speak to them. A recovery worker explained to us the importance of maintaining privacy and dignity and said “People are helped to be independent as possible and this is their home and they need their privacy, which we all respect”.

Staff were passionate about people receiving appropriate care and support to meet their needs. One recovery worker told us “We ensure people are supported to be as

independent as possible, we offer gentle reminders such as having a shower or choices that are available to them”.

Another member of staff told us “We all go out of our way to make people feel it is a nice place to live and meet their individual’s needs”.

There was a friendly and homely atmosphere at the home. The interactions we saw between people and staff were caring and supportive. For example we saw one member of staff talking to people on what they would like to eat for lunch and encouraging them to help in the kitchen.

We observed staff took time supporting people and responding to people’s questions. People told us they were encouraged to be as independent as possible. They told us they were able to make choices about their day to day lives and staff respected their choices. One person told us “Staff notice if your distracted or withdrawn and encourage the right pursuits and activities”.

People were fully supported to live their own lives and were encouraged to be as independent as possible. People told us how they were cared for and supported in and out of the home to live their lives and were helped when needed which included personal care, shopping and trips out. Each person had a keyworker who was a member of staff they met with regularly who listened and supported them with experiences and choices. Care and support plans were amended and updated after the meetings so that peoples most up to date support needs were identified.

# Is the service responsive?

## Our findings

People had access to activities and could choose what they would like to do. For example, one person told us “We can do whatever we want to do, I love music and shopping”. Another person told us “I can get on with my hobbies here, which I enjoy”.

People were supported to access the community and maintain relationships with family and friends. Arrangements were in place to assist people to access events outside of the home. We spoke with the manager who told us “People can choose what they would like to do. Some people like to go shopping, and we recently went with someone to Eastbourne as they wanted to look at the shops there”. We were also told of one person who had gained confidence to work in a local charity shop once a week which they enjoyed.

People said they could talk with their keyworker if they were not happy with something. They said they felt listened to and that any concerns would be addressed. The home had a complaints procedure and any complaints made were recorded and addressed in line with the policy. Complaints had been recorded and resolved with lessons learned. The home provided a comments and complaints book for people to write their thoughts and feelings in.

The service was responsive to people’s needs and wishes. A recovery approach was used in where people were encouraged to take part in activities in the community and take responsibility for their own health and wellbeing. Each

person who lived at the home had a 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 the people to work towards with support from staff.

Care plans also included information on maintaining people’s health, their daily routines and how to support them. Care plans showed how people wanted to be cared for and supported. Staff had access to the care plans which enabled them to provide support in line with the individual’s wishes and preferences. One staff member said “The care plans are person centred and we constantly involve the person in making decisions for themselves”.

Keyworker monthly reviews took place for each person and care records were updated and reviewed. This included discussing personal goals with each person and responding to any changes in their needs. A staff member told us “Regular reviews with each person are important for them to ensure they are getting the correct support”.

Daily notes were maintained for people and any changes to their routines recorded. These provided evidence that staff had supported people in line with their care plans and recorded any concerns. Staff told us they completed a handover and daily planner at the start of each shift, these documented what was happening in the day with people and any changes to their needs or well being.



# Is the service well-led?

## Our findings

The service had a registered manager.

The home had a manager who was supported by an assistant manager. The location of the manager's office made it easy for people, visitors and staff to speak with them. We observed people and staff approaching the manager throughout the day to ask questions or chat to them. One person told us "The manager is good and nice".

Staff told us that they felt able to raise concerns with the management team and they were confident all concerns would be thoroughly investigated. For example one told us "I can talk to my manager with any problems and they would help me".

There was an open and transparent culture at the home that created a homely atmosphere. People felt staff were caring and supportive to their needs. We observed the focus was on supporting people, the staff were passionate about providing good care and support and felt supported by the management team.

Accidents and incidents were recorded and reviewed appropriately. Action was taken promptly in response to individual incidents and trends were identified which

highlighted patterns and enabled the manager to take appropriate action. Care plans and any accompanying risk assessments were updated accordingly. The manager carried out regular audits to monitor the quality of the service and plan improvements.

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

People were supported and involved in the running of the home through regular meetings with the manager and staff. Minutes from these meetings showed a range of issues had been discussed such as food choices and what people wanted to do for their birthdays.

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