

Sussex Oakleaf Housing Association Limited

Sussex Oakleaf Housing Association Limited - 54 Leylands Road

Inspection report

54 Leylands Road
Burgess Hill
West Sussex
RH15 8AA

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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

About the service

Sussex Oakleaf Housing Association Limited provides a range of short to longer term residential services across Sussex. These services offer accommodation and 24 hour support to individuals from diverse backgrounds living with enduring mental health conditions and who may have other additional support needs. 54 Leylands Road provides accommodation and support for up to six adults with mental health conditions. The home supports people of mixed ages who are largely independent and assist where needed to improve their life and skills. At the time of our inspection there were five people living at the service.

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

People were safe, there were systems and processes to maintain their safety. There was a stable staff team with a high level of staff retention. Recruitment practices were robust and staff received training appropriate to their role and the needs of the people living at the service. Staff had the skills, knowledge and confidence to effectively support people with a high level of needs.

Staff were passionate and committed to developing a service where people received genuinely person-centred care. This was evident throughout our visit. The culture at the service was warm and relaxed, we saw a caring relationship between people and staff.

The service was open and inclusive. There was a strong emphasis on putting people first. People were involved in the service within their capabilities. People assisted with meal preparation with staff support. Everyone spoke highly regarding the staff.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 7 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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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 Care Act 2014.

Inspection team

One inspector undertook this inspection.

Service and service type

Sussex Oakleaf Housing Association Limited – 54 Leylands Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed

notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with two members of staff. We also spoke with the registered manager by telephone during the inspection. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at staff records in relation to staff training and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection:

We were sent additional evidence and information that we requested, to corroborate our judgements of the service. This included additional quality assurance and staff recruitment records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People benefited from a safe service where staff understood their safeguarding responsibilities. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had developed positive and trusting relationships with people that help to keep them safe; staff had the time they need to do so.
- Records showed that all staff had attended training in safeguarding adults at risk. Conversation with staff demonstrated they had a good knowledge. They told us, "Any concerns are reported straight away."
- People all said they felt safe. They told us they, "Liked the home," were, "Comfortable," "Settled" and "Happy."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were identified and assessed with actions in place to mitigate them. Staff provided support to people about risk awareness. Clear individual guidelines were in place for staff to follow to reduce the risks to people. Risk assessments included risks associated with community access and road safety. Positive risk taking was enabled to maximise people's control over their care and support. People were encouraged and supported so they could live the lives they chose.
- Staff used a person-centred behavioural approach, using diversion strategies based on what worked well for people. They were knowledgeable about potential risks to people and gave examples of the possible triggers and action they took to support people during these times. Conversations with staff reflected the guidance in people's support plans and risk assessments.
- Environmental risk assessments had been completed, which assessed the overall safety of the service. Staff were clear about their responsibilities regarding premises and equipment.

Staffing and recruitment

- There was a stable staff team with enough staff to provide people with appropriate support. We saw that people did not wait for care and support. Staff supported people in a relaxed manner and spent time with them. Staff told us, "The registered manager would work a care shift if necessary."
- Staff files confirmed that staff were recruited in line with safe practice. For example, checks were made to ensure staff were of good character and suitable for their role. This included obtaining references from previous employers.

Using medicines safely

- People's care plans included information about the support the person required with their medicines.

Each person had a medication administration record (MAR) detailing each item of prescribed medication and the time they should be given. There were clear guidelines for the administration of medicines required as needed (PRN). We were told and records confirmed that people's medicines were regularly reviewed.

- People's medicines were stored and administered safely. Medicines were stored securely following current guidelines for the storage of medicines. There was a dedicated place for storing people's medicines.
- There were safe systems in place for the receipt and disposal of medicines. A record was kept of all medicines received and removed from the service.
- Staff had received training in medicines handling, which included observation of practice, to ensure their competence. They told us they were happy with the level of training and felt confident when dealing with medicines.

Preventing and controlling infection

- People were protected from the spread of infection by staff who had received appropriate training.
- Staff followed good infection control practice and personal protective equipment was available to staff.
- Staff understood the importance of food safety, including hygiene, when preparing and handling food. Staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage meets national guidance. Staff explained how food was stored and told us, "We date all the packages when food is opened so we know it's safe to eat."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their care and support needs assessed before they were admitted. Information had been sought from the person and / or any professionals involved in their care. Information from the assessment had informed the plan of care.
- People's needs and choices were continually assessed, and care was delivered in line with current best practice to consistently achieve positive outcomes for people. Staff were able to discuss people's care and support needs without referring to written care documents and had knowledge of people's needs.
- People told us they were, "Well supported."
- Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of the assessment process, if people wished to discuss these. This ensured staff were aware of people's diversity as it was included in the assessment process.

Staff support: induction, training, skills and experience

- Staff had comprehensive training, they received training in subjects that were considered mandatory by the provider and best practice national guidance. This included training in first aid, moving and handling, emotional resilience and well-being and dealing with conflict and aggression.
- Conversations with staff evidenced that they were knowledgeable and competent. We saw that staff put their training in to practice. Staff were positive about the training opportunities available. They told us that they were happy with the level of training provided and felt that it gave them the skills and knowledge needed to provide people with appropriate support.
- There were systems in place to monitor staff performance. This included staff supervision, appraisals and observations of medication administration practices.

Supporting people to eat and drink enough to maintain a balanced diet

- People's care plans gave clear information about the support they required with meals, snacks and drinks. These included any specific dietary needs, for example diabetes.
- Staff ensured that food was available to meet peoples' diverse needs. People were involved in the weekly menu choices and food was then ordered accordingly. People were positive about the food. One person told us they, "Liked [Staff's name's] roast potatoes."
- We saw that people were able to choose and prepare their own lunch. One person told us they were, "Going to the shops to buy a bar of chocolate to eat after lunch." They also said they were, "Cooking egg on toast or an omelette for their lunch."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with other agencies to help ensure people's needs were met. The service worked with a specialist epilepsy nurse and consultant psychologist to ensure people's needs were met.
- Staff recognised changes in people's health or wellbeing and made appropriate and timely referrals to health professionals for assistance.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- People were supported by staff who received training in the MCA and understood the principles of The Mental Capacity Act 2005. They demonstrated a clear understanding of people's right to make their own choices .

Adapting service, design, decoration to meet people's needs

- Accommodation was accessible, safe and suitable for people's needs. People were able to access all areas of the home. There were communal areas and private areas for people to socialise and have private time. The décor at the service was homely.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The service was caring with a visible person-centred culture. Staff were committed to delivering high standards and displayed a caring nature.
- The relationships between staff and people receiving support demonstrated dignity and respect at all times. Equality and diversity were embedded in the principles of the service. Staff demonstrated an inclusive culture and respected everyone's individuality, valuing them for who they were without judgement. People were treated as equals and felt that they were important and mattered. No-one reported experiencing any discrimination.
- Staff were confident and, when talking to people they demonstrated a good rapport. We saw people were relaxed in the company of staff. People told us they liked the staff, they were, "Kind" and "Nice".

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Care planning documentation showed people were involved in making decisions about their support provided. Throughout the inspection, we saw people were given a variety of choices of what they would like to do and where they would like to spend time.
- Staff provided people with choice and control in the way their care was delivered. People told us they were free to do what they wanted throughout the day. They said they could choose what they did. Staff told us people were, "Free to come and go as they please."
- Staff supported people to maintain their independence. Care plans included details of what support people needed. Records were kept of the care given and showed people were encouraged to do as much for themselves as possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff were committed to make sure any move in to the home was as smooth as possible at the person's own pace. They explained the admission process and how a thorough assessment was completed. This included staff visiting the person to get to know their needs and the person having several visits to the service. This took into consideration how the person would fit in with the people already living at the home.
- People had their care and support needs assessed. Information had been sought from the person, their relatives and / or any professionals involved in their care. Information from the assessment had informed the plan of care.
- People's care plans were accurate and informative. They contained guidance for staff on how to manage people's emotional needs and behaviours. They had details of people's routines, interests and hobbies and outcomes for their care. Staff demonstrated a good understanding of people's family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care. People were engaged and occupied during our visit. We saw that people interacted with each other and staff.
- Daily records were consistently completed for people with any changes to their routines being recorded. These provided evidence that staff had supported people in line with their care plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were aware of their responsibilities under the AIS.
- People's care plans contained information about the support they might need to access and understand information. For example one person's care plan stated that they could, 'Read ordinary print.'
- People's assessments included details of their communication needs and whether their understanding was affected by their mental health conditions.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and a complaints log was in place for receiving and handling concerns.

- Staff told us that if there was a concern it would be investigated quickly. They said they were focused on improving the service and keen to learn from feedback.
- People told us they were happy with the service.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received a service from staff who worked in an open and friendly culture. Staff at all levels were approachable and keen to talk about their work. Staff said the registered manager was accessible and approachable and dealt effectively with any concerns they raised. They told us they all, "Worked as a team."
- We observed people approaching staff and vice versa. It was apparent that people felt relaxed and that they were used to spending time with the staff.
- Records confirmed that staff discussed staff practices within supervision and at staff meetings.

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 registered manager was very much involved in the day to day running of the service. There was a clear management structure provided lines of responsibility and accountability. The registered manager was clear in their understanding of the duty of candour and knew the action to take should something go wrong.
- The registered manager ensured they maintained their knowledge and skills in their roles and were aware of their legal responsibilities.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Although none had occurred, the registered manager knew what incidents required to be notified to the Care Quality Commission. We use this information to monitor the service and ensure they responded appropriately to keep people safe.
- The registered manager had effective oversight of the service. Records were up to date, fully completed and kept confidential where required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were a number of different ways that the views of people, staff and professionals were sought and used in the monitoring and development of the service. People had opportunities to feedback

their views about the service and quality of the care they received. This was done as individual conversations and meetings. People were also asked for feedback on the service performance during care plan reviews.

- The service had an 'open door' approach. People came to the office unannounced and staff were available to listen to any concerns and to provide support where needed.
- There were regular staff meetings which were well attended and helped identify areas that were working well and any that needed improvement. Staff confirmed they were asked for suggestions on how to improve the service and felt any suggestions they made were taken seriously. Staff were highly motivated.

Continuous learning and improving care; working in partnership with others

- There was an effective audit system in place that included audits of different aspects of the running of the service. The audits included care plans and the health and safety of people and the premises. Regular safety checks were carried out including those for the fire alarms, fire extinguishers and portable electric appliances. Where issues were identified, actions were taken to ensure everything met the required standard.
- The service worked in partnership with other agencies to improve outcomes for people. Staff said relationships with other agencies were positive. Where appropriate suitable information, for example about safeguarding matters, was shared with relevant agencies. This ensured people's needs were met in line with best practice.