Sussex Oakleaf Housing Association Limited

Daubeny House

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

Summary of findings

Overall summary

Daubeny House provides support and accommodation for up to 11 people who are living with enduring mental health conditions. The service was originally established to provide homes for people who had moved out of long stay mental health institutions. It now provides both accommodation and community based support services on a long term basis.

A registered manager was in post when we visited. 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. However, we were advised that the registered manager had tendered their resignation. They were not present during our visit as they were on leave; their last day of employment was 4 April 2016. A representative of the provider came to the service whilst we were there. They advised us that the assistant manager would take over the day to day management of the service with the support of the Director of Operations who was also the nominated individual for the provider.

People we spoke with told us they felt safe. They knew what to do if they felt they had been badly treated or if they wished to complain. Staff confirmed they had been trained in how to identify and report any incidents of abuse they may witness.

Any potential risks to individual people had been identified and appropriately managed.

There were sufficient numbers of staff on duty with the necessary skills and experience to meet people's needs.

People's medicines had been administered and managed safely.

The registered manager and staff understood their role in relation to the Mental Capacity Act 2005 (MCA) and how the Deprivation of Liberty Safeguards (DoLS) should be put into practice. These safeguards protect the rights of people by ensuring, if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We were informed that, currently, no one lacked capacity to make decisions for themselves.

People were provided with support to access health care services in order to meet their needs.

Positive, caring relationships had been developed with staff to ensure people received the support they needed. They were encouraged to express their views and to be actively involved in making decisions about the support they received to maintain the lifestyle they have chosen.

The culture of the service was open, transparent and supportive. People and their relatives were encouraged

to express their views and make suggestions so they may be used by the provider to make improvements. A relative had sent a card to the staff thanking them for the support provided to the family member. It said, 'Thank you so much for giving (person's name) quality of life to a standard to which I could never reach. You have so much patience.'

We found one breach of the Health and Social Care Act 2008 (Registration) Regulations 2009. The registered person had failed to notify us of incidents, specified in the regulations, which had occurred whilst services have been provided. You can see what action we have told the provider to take at the back of the full version of the report.

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.

People told us they felt safe.

Staff knew how to identify and report potential abuse.

There were enough staff on duty to support people safely.

Medicines were stored and administered safely.

Is the service effective?

Good

The service was effective.

Staff had received all necessary training to carry out their roles.

People had been consulted about the care they received.

People were given appropriate support with food and drink if required.

People were supported to liaise with health care professionals when required to ensure they maintained good health.

Is the service caring?

Good

The service was caring.

Positive relationships had been developed between people and staff.

People's care had been planned and reviewed with them to ensure that it met their needs and wishes.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive

People received person-centred care.

People's care had been planned and reviewed with them to ensure it met their needs.

People were able to share their experiences and concerns and knew that they would be listened to by the management of the service.

Is the service well-led?

Requires Improvement

The Commission had not been notified of incidents that had occurred as required.

The registered manager promoted a positive culture which was open and inclusive.

Staff were well supported and were clear about their roles and responsibilities.

Quality monitoring systems were in place and action had been taken to address shortfalls in the quality of the service provided to people.

Daubeny House

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 checked 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 inspection took place on 31 March and 1 April 2016 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 any improvements they plan to make. We reviewed this and information we held about the service, including previous inspection reports to help us to decide which areas to focus on during our inspection.

During the inspection, we spoke with five people who used the service, and five staff who were on duty. We also carried out general observations of the care and support provided to people. Following the inspection we contacted three health care professionals who visited the service by email to ask for their views. We received one response and confirmation that they were happy to be quoted in this report.

We reviewed records relating to the management of the home including the provider's quality assurance records, records related to the administration of medicines, the supervision records of two members of staff, staff rotas for a period of four weeks, minutes of recent staff meetings and the training records of all the staff employed at Daubeny House. We also reviewed the care records of three people.

The service was previously inspected on 1 August 2013 where there were no issues.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Daubeny House. They confirmed they were treated well by staff. They also told us they felt comfortable and would be happy to speak to them if they had any concerns. One person told us, "Sometimes I don't feel safe." We were advised this was due to the nature of the person's mental illness. They also said, "But, I feel settled at Daubeny House, it feels like home." We observed that interactions between people and staff were positive, warm and friendly.

People's safety had been promoted because staff understood how to identify and report abuse. Staff were aware of their responsibilities in relation to keeping people safe. They were able to tell us the different types of abuse that people might be at risk of and the signs that might indicate potential abuse. Staff also explained they were expected to report any concerns to the registered manager or a senior member of staff. This was in line with local safeguarding procedures. The provider's PIR stated, 'All staff are aware of how to raise a safeguarding concern.' Records showed that staff had received training to ensure they understood what was expected of them.

Individual assessments were in place which identified potential risks to people with regard to their needs. They included support with personal care, support with taking prescribed medicines, support with managing their mental health needs and support in the community. Assessments had been used to draw up care plans which gave staff the guidance they needed to help keep people safe. For example, one person's care record identified how the person wanted staff to respond when they became anxious. It included guidance such as taking the person to a quiet room, making them a cup of tea and speaking quietly to staff about their feelings. Another person's care record provided advice about how staff should respond when the person displayed signs of experiencing paranoid thoughts. Guidance for staff advised they should recognise and listen to how the person was feeling, and supporting them to come to their own conclusions. Staff on duty were observed interacting and providing support that people needed. They also described each person's needs and the support they required.

Staff told us there was enough staff on duty to provide the support people required. They also informed us that between 8am and 9pm each weekday, two members of staff were on duty. At the weekend there were two members of staff on duty between 11.30 and 7pm each day. At all other times, including during the night, there was one member of staff who was awake and on the premises. The registered manager was not included in this number. We were provided with copies of staff rotas covering a period from 14 March to 10 April 2016. They confirmed these staffing levels had been maintained throughout this period.

When we arrived we found there were two support workers and the assistant manager on duty. We were informed that there were 11 people accommodated. Care records we looked at confirmed that people were mainly independent with regard to personal care, requiring mainly prompting and some supervision to carry out such tasks. From our own observations we found that this level of staffing was sufficient to meet the needs of people accommodated. One person told us that staff were always available to provide support when they needed it. They also informed us us that they liked to go out to the local shops and to a coffee bar with a member of staff. We observed them making arrangements with a member of staff to go out later

that day.

We were informed there were occasions, when they were unwell, when they became more dependent on staff. We were advised that should this be the case, or if people needed to be accompanied in the community, additional staff would be provided. Staff on duty confirmed that, where there have been activities planned, which have required additional staff support additional staff have been provided. The provider's PIR confirmed, 'Staffing levels are increased when necessary and rotas are in place to continuity for support and care.

Recruitment procedures were in place to ensure staff were suitable for the role and all have enhanced Disclosure and Barring Service (DBS) checks, full work history and references before they are accepted in post.' DBS are checks that must be carried out on anybody who has been employed to work with people receiving care to ensure they are fit to do so. Staff recruitment records we examined confirmed that necessary check had been obtained for each member of staff before they commenced work.

Some people told us how they wanted to be involved with managing their medicines. One person explained that they visited the office at the appropriate time, where they would take their medicines from the container and sign the medication administration record (MAR) to confirm they had taken it. Other people told us they preferred the staff to do this for them. We observed medicines being given during the morning and at lunch time. People were provided support in accordance with their wishes and needs.

Storage arrangements for medicines were secure and were in accordance with appropriate guidelines. MAR sheets were up to date, with no gaps or errors, which documented that people received their medicines as prescribed. Where people were prescribed when required (PRN) medicines there were clear protocols for their use. Records we looked at indicated staff had completed training in the safe administration of medicines and staff we spoke with confirmed this.

A health care professional confirmed they considered Daubeny House was safe. They told us, 'Staffing is adequate: they have two or three staff on during the day and a staff member at night who remains awake. If extra staffing is needed this is usually accommodated. Incidents are responded to according to their policies and procedures, and care teams are informed in a timely manner of any incidents Incident action plans are written and implemented Any safeguarding concerns are reported following the correct procedures They have procedures around medication dispensing and self-medication stages for patients to follow, which are closely monitored. Staff give clear feedback and ask for advice where appropriate.'

Good

Is the service effective?

Our findings

People confirmed the care provided met their needs. They also told us that the staff understood them and how to provide support to them when needed. One person commented, "I like it at Daubeny House, it's like home. I can go out when I want and I have my own room."

Staff were competent when supporting people. We observed a member of staff interacting with a person who had become very anxious. The member of staff acknowledged calmly how the person was feeling and let them talk about this. As a result the person became calmer and was able to continue with what they wanted to do.

People told us they were consulted about their care plans and consented to the care they received. Care records we looked at provided documentary evidence that this was so. We were advised that each person had been allocated a member of staff whose responsibility was to meet with them on a regular basis to discuss their needs. The member of staff was known as a key worker and the meetings were known as link sessions. A record had been kept of each link session which included what had been discussed and agreed. If a significant change was identified this would trigger a new care plan. For example, one person's physical health was of concern. The key worker asked how the person wanted to be supported when they visited the local hospital for treatment and afterwards. This had been added to their care plan. Staff confirmed they understood their roles and responsibilities with regard to ensuring people were consulted about how they wished to be supported and that consent had been obtained. A member of staff, explained, "As key workers we oversee the support a person needs and devise care plans with them to meet their needs. We have link work sessions every month to discuss how they are. We communicate this to the rest of the team. Care plans are updated when there is a major change or every six months." The provider's PIR confirmed the keyworker system and how it empowered people to 'identify and plan goals and aspirations.'

Staff on duty demonstrated they understood their responsibilities under the Mental Capacity Act 2005 (MCA). They confirmed they understood the underlying principles they were expected to put into practice to ensure lawful consent was obtained. They also knew that, if a person lacked capacity, decisions would need to be made in the person's best interest. The 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 lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff also demonstrated how the Deprivation of Liberty Safeguards (DoLS) should be put into practice. These safeguards protect the rights of people by ensuring, if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We were informed that, at the time of our visit, no one lacked capacity to make decisions for themselves and no one was subject to DoLS.

Records confirmed the training, including induction training, staff received. This included first aid, fire safety, food hygiene, identifying abuse and neglect, and understanding the principles of the MCA and of DoLS. The records also included evidence of training specific to the needs of people accommodated. This included

understanding and supporting people living with mental health conditions such as schizophrenia and bipolar disorder, understanding and supporting people living with a learning disability and autism. Staff we spoke with confirmed that training they had received equipped them with the relevant knowledge and information to support people and their needs.The provider's PIR confirmed, 'New staff complete an induction programme and receive mandatory training. All staff have received MCA and DoLS training and are aware of how to access an MCA assessment.'

We observed people accessing the kitchen to help themselves to hot or cold drinks and snacks throughout our visit. We were advised that people prepared their own meals for breakfast and lunch. The main meal of the day was usually taken in the evening when everyone would sit down together. This meal was prepared by the staff. The dining area was in the kitchen and provided a warm homely environment for people and staff to sit down together. Staff on duty confirmed that no one required physical assistance to eat or drink. However, support was required to remind or encourage some people to eat and drink enough to maintain their health. Care records confirmed the level of support some people needed. The provider's PIR confirmed that 'Menus for the evening meal offer choices which are discussed with clients and reviewed regularly. All clients are offered support to prepare their breakfast and lunch.'

We were advised most people were able to contact community health care services, such as the GP or dentist, themselves. A member of staff told us, "They can choose not to notify us of appointments they have made, but the majority will ask for our assistance and support." Where it has been agreed with the person, appointments were recorded along any treatment prescribed. There were also records of people's appointments with community psychiatric nurses (CPN) and psychiatrists with regards to their on-going mental health treatment.

A healthcare professional commented, 'Patients have their own care plans which staff follow and adhere to. All care is based on individual needs. Staff receive training in a variety of areas, to help improve skills/knowledge. Staff seem very knowledgeable and experienced.'

Good

Is the service caring?

Our findings

People were not prepared to talk to us in any great depth. We were advised that this was because we were a visitor to Daubeny House who they did not know very well. However, from our observations of staff interactions, we found staff had developed a positive, caring relationship with people. We saw staff supporting people when they took their medicines and when they carried out domestic chores such as their laundry. We also observed staff support people when they were anxious or upset due to their mental health in a supportive and caring way. People clearly trusted the relationships they had with staff and knew they would get the support they needed.

One member of staff explained how they had developed good relationships. "It is different for different people. But we have to ensure people can do things at their own pace and in their own time. We need to give them choices to make them feel they are in control."

A visiting health care professional commented, 'All staff have a kind, caring attitude.' They also said that staff were, '…very professional in their manner, and I for one have a good relationship with them. They are all very helpful and welcoming. They hold the view that it is the patient's home, and staff are guests, which is a very unique, respectful way of looking at it.'

Staff explained to us how they supported people to express their views. This was via the key working and link working system. A member of staff informed us, "We use the meetings to get feedback from each person. For example, I asked (person's name) if they were happy to help with recycling the rubbish. I broke this task down into parts the person was happy with. We cover all areas in our sessions; that is, mental health and physical health issues, help with medicines, going out in the community." Records we looked at confirmed what the staff had told us. People were involved in and consented to the care that had been planned to meet their needs and achieve their goals.

We observed staff addressing people in a respectful and dignified manner. We were advised that a system had been devised where people came into the office to take their medicines one at time. When one person was in the office the door would be closed so the person could be afforded some privacy. We were also advised that people liked this because it also gave them some time to discuss anything they might want to with the staff during this period. Other people needed this because they wanted some quiet time around taking their medicines so they could concentrate on this.

A member of staff informed us how they respected people's privacy and dignity. "I do not go into people's rooms without permission. I knock their door and wait for a response. When people have a GP appointment which will involve a personal examination, we make sure that if a member of staff needs to accompany them, they are the same gender."

Good

Is the service responsive?

Our findings

According to the provider's website their original aim was to, '…provide homes for people being moved out of long stay mental health institutions.' The provider also stated, ' We empower people and promote independence by providing recovery focused community wellbeing services, residential care, peer mentoring, housing support and volunteering opportunities' The provider defined "recovery focussed" as, '… we view all clients as individuals with their own unique needs. We offer services that are client focused, supportive, encouraging, engaging and have clearly defined goals and aspirations.'

At Daubeny House we found that the main focus was to work with each person to find a way to manage their mental illness to enable then to live a lifestyle of their choosing as independently as possible. For example, one care record listed the actions the person had asked the staff to carry out when they were anxious. This included going to a quiet room, encouraging them to close their eyes and resting their head on a member of staff's shoulder, offering to hold the person's hand and encouraging them to talk about their feelings. Another person had difficulties dealing with intrusive and destructive thoughts which meant, when they were at their worst, they could not live the life they had chosen. This person had agreed with staff that the support they needed was for staff to help identify when their thoughts had become negative and to support them to change their thoughts towards more positive ideas. During our visit we observed staff support this person in a very positive, supportive and professional manner.

Although people were not prepared to talk to us in any detail, from our observations we found staff delivered person centred care. For example, people had different routines for the day. Some people liked to get up early in order to go into the community to shop or to have coffee. Other people preferred to get up at lunchtime. Some people enjoyed socialising whilst others preferred their own company. Staff on duty respected people's wishes and worked with each person to maintain their own routines. One person told us they undertake voluntary work and attend college and were supported to do so.

There was a system of regularly reviewing care plans to ensure they were person centred and responsive in meeting people's needs. We were advised they were reviewed every six months or more frequently if needed. Records we examined confirmed what we had been told. They also included information about each person's diagnosis and the support that each person needed.. This information had been regularly reviewed and updated during link meetings between each person and their link worker. We covered this in more detail under EFFECTIVE.

A member of staff advised us, "We are constantly assessing people, as some individuals do not pick up on their own needs themselves. When you notice something you are expected to look through the previous information in care plans to see what has been agreed." We observed a hand over meeting between the morning and afternoon shifts. Each person's needs were briefly discussed to ensure the staff who commenced their shift were up to date with people's current needs. A visiting health care professional informed us, 'All patients have their own care plan and risk assessment, and their needs/wishes are taken into account.'

Resident meetings had been arranged on a regular basis. We were provided with copies of minutes which indicated that they took place each month. The meeting was chaired by someone who lived at Daubeny House person supported by a member of staff. Areas discussed included plans for organised trips out to local places of interest and plans to organise house based activities, such as celebrating Chinese New Year. Other items discussed included communal issues such as menu ideas, keeping the house tidy and closing doors quietly so as not to disturb each other.

People knew what to do if they wished to make a complaint. Leaflets entitled 'Giving feedback to Sussex Oakleaf', were on display in the dining room. They explained how the provider would investigate complaints with timescales when they would complete their investigation. We were provided with documentary evidence that demonstrated complaints that had been received had been appropriately investigated. The PIR confirmed, 'There is a feedback leaflet and flowchart displayed in the main kitchen for clients and visitors to give both positive and negative feedback to help improve and develop the service. Clients and staff are aware of these leaflets and at regular intervals they are discussed at residents' meetings.'

Requires Improvement

Is the service well-led?

Our findings

The provider had failed to notify us of accidents and incidents required by legislation. We were shown a summary report of incidents that had occurred over the last 12 months. This included at least nine such incidents, ranging from allegations of abuse, an injury to a person which required hospital treatment and incidents which had occurred where the police had been involved. These notifiable incidents had not been reported to the Commission. This is in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We were advised that the registered manager had tendered their resignation. They were not present during our visit as they were on leave; their last day of employment was 4 April 2016. A representative of the provider came to the service whilst we were there. They advised us of the arrangements that had been made to manage the service whilst a new manager was recruited. The assistant manager had agreed to take responsibility for the day to day running of the service with the support from the director of operations, who was also the nominated individual.

People made positive comments about the outgoing registered manager. People told us they liked her and said she was friendly and approachable. They told us she encouraged people to treat Daubeny House as their home and, as a result, they did feel this way. The surroundings and the atmosphere were warm and welcoming and also contributed to a homely feel.

The provider had a system for obtaining feedback from people who used its services. We were shown a document which outlined how the provider intended to undertake this during 2016. Representatives of the provider had planned to visit Daubeny House during April 2016 in order to talk with people and staff in order to obtain their views. After this a report would be drafted which identified areas that were discussed and recommendations made to the registered manager to improve the service. The registered manager would be expected complete and return an improvement plan by the end of May 2016. Six months afterwards representatives of the provider would visit again to review how the improvement plan had been implemented and if it had been effective.

We were shown summary reports of feedback received on the last three occasions, the most recent having taken place in 2013. Reports included feedback from people using all services, including services not requiring to be registered, that were owned and managed by the provider. The report had not laid out the report which identified specifically the responses made by people using the service provided at Daubeny House. It was therefore, not clear how their views had been used to improve the service.

The staff clearly understood their role which was to support people as if it was their own home. A member of staff explained the culture of the service. They said, "It is very much client focussed. It is their home; we are there to assist them. We are expected to tailor the support to each individual's needs, but not to be too heavy handed. This is genuinely how it is." Another staff member explained, "The culture at Daubeny House is to provide people with support in their recovery." From our observations we found people dictated the

routines and pace of the day. Some people chose to get up early whilst others wished to remain in bed until later in the day. They could come and go as they wished either independently or with support. People were able to prepare their own drinks and snacks throughout the day.

We asked a visiting professional for their views about the leadership and management of the service. They informed us, 'I have known the manager for several years, although I'm aware she is leaving very soon. I personally think Daubeny House is an excellent facility, and I feel that people are safe and well-cared for within their facility. I would recommend this placement wholeheartedly to others. The deputy manager is also very capable and professional.'

Staff confirmed they felt well supported in their work. One member of staff said, "The manager has always been open to ideas and suggestions from people and the staff. We have been well led; the manager has empowered the staff to take more of a leading role. We are expected to use our initiative to provide the best in person centred support." Another member of staff told us, "Everyone does their absolute and utter best." We were shown evidence that the registered manager had in place programme of ensuring all members of staff have received planned supervision at regular intervals to monitor the quality of the care provided to people.

Documentary evidence we looked at demonstrated how the service had been monitored. They included routine health and safety checks and maintenance of the environment, the management of medicines and infection control. There were also regular audits of complaints, accidents and incidents in order to determine if there were patterns or factors that could be learnt from. In addition care records and staff recruitment records had been routinely checked to ensure they had been kept accurately. Each audit included an action plan which identified when the work needed to be done by, and by whom to ensure compliance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person had not notified the Commission of incidents, specified by this regulation, which have occurred whilst services were being provided in the carrying on of a regulated activity. Regulation 18 (1)