

Sussex Oakleaf Housing Association Limited

Oak House & Maple Lodge

Inspection report

121-123 London Road, Burgess Hill, RH15 8LU
Tel: 01444 241284

Date of inspection visit: 29 April 2015
Date of publication: 04/06/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on the 29 April 2015 and was unannounced.

Oak House & Maple Lodge provides accommodation and support for adults who have experienced mental ill health. The service undertakes a recovery programme for people who have had mental ill health and support with improving their independence skills and recovery from the illness. The service began in April 2013 and can accommodate up to 14 people.

The service has two properties. One being Oak House which is the main house where people live and Maple Lodge a self contained property at the back of the main house. This is used for people when they are ready to become independent and move on from the service into the community.

The service 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.

Staff felt fully supported by management to undertake their roles. Staff were not always given regular training updates and recorded supervisions. This meant staff had not been offered the opportunity to increase their knowledge and skills and have recorded supervision with their manager. Staff had recently been offered to undertake a qualification in health and social care as part of on going support and development.

Summary of findings

The experience of people was positive. People told us they felt safe living at the service and staff were kind. Staff supported people to live independently and helped people with living skills and self-care. We observed staff throughout the day who showed a great understanding about the people's needs. They were encouraged and supported in daily activities such as going out and cooking their own food.

People's needs were assessed and support plans were developed to identify what care and support they required. Staff worked with other healthcare professionals to obtain specialist advice in mental ill health to ensure people received the care and treatment they needed. People were supported to live independently by staff encouraging them to take responsibility for daily living including cooking, washing and accessing the community.

Staff told us how they worked together with people to support them and make sure they received the support they needed. Staff interactions were positive, staff spoke with people respectfully and gave them meaningful choices.

People's needs were assessed and personalised, support plans were developed to identify what care and support they required. People were consulted about their support to ensure wishes and preferences were met.

A recovery approach was used so that people were encouraged to take part in activities in the community and take responsibility for their own mental health and wellbeing.

Resident 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 had nine people using the service and this meant they could talk to the staff throughout the day and raise any concerns if needed.

Medicines were managed safely and people received their medicines when they needed them. Any risks associated with medicines were assessed and managed in people's best interests.

The registered manager considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. Staff observed the key principles in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded.

The registered manager made sure there were enough staff on duty at all times to meet people's needs. Appropriate checks were carried out before new staff started working at the service.

People were aware of how to make a complaint and felt they would have no problem raising any issues. The manager responded to complaints in a timely manner with details of any action taken.

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 harm and abuse.

Potential risks were identified, appropriately assessed and managed.

Medicines were managed and administered safely.

Good



Is the service effective?

The service was not always effective. Staff had not received recent training on updating and increasing their skills.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

People's rights were protected in relation to making decisions about their care and treatment.

People were supported to maintain good health. Staff sought advice from health care professionals to meet people's needs effectively.

Requires improvement



Is the service caring?

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

People were involved in the planning of their support.

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. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in activities within and away from the home. People were supported to maintain relationships with people important to them.

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

People were supported with a recovery approach to improve their independence and living skills.

Good



Summary of findings

Is the service well-led?

The service was well-led.

There was a relaxing and calm atmosphere at the service. People, staff and professionals found the registered manager approachable, supportive and professional.

There was open communication within the team and staff felt comfortable discussing any concerns with their manager.

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

Good



Oak House & Maple Lodge

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 the 29 April 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In the case the expert had experience in mental health services.

The provider had not completed a Provider Information Return (PIR) because we had not sent one prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

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 about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with four people using the service, two recovery workers and the registered manager.

We reviewed a range of records about people's care and how the service was managed. These included the care records for 6 people, medicine administration record (MAR) sheets, 4 staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service. We observed care and support in the communal lounges areas during the day. We also spent time observing the lunchtime experience people had and spent time with a member of staff administering medication.

After the inspection we spoke with two health care professionals to gain their feedback on the service.

The service was last inspected on 29 October 2013 with no concerns.

Is the service safe?

Our findings

People told us they felt safe at the service and staff were aware of their personal mental ill health issues. One person told us “I think it is a very safe environment. The staff all seem to be very safety conscious”. Another told us “I am very safe, safe from others and safe from myself”. Each person told us they could speak with someone to get help if they felt unsafe or had any concerns.

One health professional told us “I have popped in unexpectedly and found that the staff looked at my identification and had me sign in before they discussed the client and they were able to give accurate feedback”.

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and we confirmed this from the staff training records. Staff described the sequence of actions they would follow if they suspected abuse was taking place. They said they would have no concerns in reporting abuse and were confident that management would act on their concerns. Staff were also aware of the whistle blowing policy and the option to take concerns to appropriate

agencies outside the home if they felt they were not being dealt with effectively. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

People told us there were always enough staff to support them. We saw there were enough skilled and experienced staff to ensure people were safe and cared for. Staff rotas showed staffing levels were consistent over time. Staff confirmed that there were always enough staff to meet people’s needs. Staffing levels were assessed and monitored by the manager to the amount of people using the service and increased when necessary.

There was a system in place to identify risks and protect people from harm. Risk assessments were in place in people’s support plans for areas such as behaviours, nutrition and accessing the community. Where risks were identified, support plans were put in place for staff to follow. These provided information on how to keep people safe. One person required assistance when going for a walk

outside and detailed risks associated with this. The support plan detailed the assistance needed for that person and how to maintain their safety while taking risks, which provided support and encouragement to build on their mental well being.

Steps had been taken 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. Medicines were safely administered by all staff who had undertaken a medicine course and assessment process. All medicines were stored securely in a locked cabinet and appropriate arrangements were in place in relation to recording, administering and disposing of prescribed medicine.

Staff took appropriate action following accidents and incidents to ensure people’s safety and this was recorded in the accident and incident book. Follow up actions were detailed and constructed to prevent a reoccurrence. Any subsequent action was updated on the person’s support plan and then shared at staff handovers.

Recruitment procedures were in place to ensure staff were suitable for the role. This included the required checks of criminal records, work history and previous work references to assess their suitability for the role. Records showed staff had completed an application form and interview and the provider had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff.

The premises were safe and well maintained. Staff told us about the regular checks and audits which had been completed in relation to fire, health and safety and infection control. Records confirmed these checks had been completed. The manager told us they had recently completed an in-depth clean of the house which everyone got involved with. The staff and people worked together and after they had finished they celebrated their achievement. One member of staff told us “It was fun, we all helped to do a deep clean and everyone enjoyed it and the buffet provided afterwards”.

Is the service effective?

Our findings

People spoke highly of the support they received from the staff at the service. One person said “Staff are very understanding and keen to encourage and promote self-sufficiency”. Another person told us “I can go to any of the staff, they always make time for me”.

Staff records showed staff were up to date with their essential training in topics such as first aid and safeguarding. The staff training plan documented when training had been completed and when it would expire. Staff had not received additional training on updating and learning new skills. The training plan for the year was being devised by the provider. We spoke with the registered manager who told us that a new plan for training was being devised and they had recently sent training requests to the provider and dates had started to come through for these sessions. One member of staff told us “I would like more training and I have been booked on some courses, recently I did attend challenging behaviour training which was very interesting and learnt so much”.

We found staff to be knowledgeable and skilled in their role. We were told the provider was about to offer a diploma in care to its staff. One member of staff told us they had discussed this recently with their manager and was looking forward to enrolling on the course.

Staff did not always receive formal supervisions. These meetings would give them an opportunity to discuss how they felt they were getting on and any development needs required. Staff did inform us that they met regularly with their manager to receive support and guidance about their work and to discuss training and development needs. The registered manager told us “This is an area where we are improving on to ensure that staff have regular supervision time. We are a small home and we see and spend time with each other most of the day and always have discussions on progress and support”.

The service had a communal kitchen for everyone to use. People were encouraged and supported to cook their own meals. One person told us “We can go food shopping whenever we want and choose what we want”. Another person told us “The food is good and we take turns in cooking”. We were told that people made their own breakfast and lunch and then all decided what they would like for dinner. Each person took turns in preparing an

evening meal with support from a member of staff, where needed. Staff told us how people had choices and they would help people with their shopping if they required or people would choose to go alone. We saw detailed records of people’s dietary requirements and needs. The manager told us that one person was vegetarian and they always ensured the person had choices of vegetarian food each day.

The registered manager told us of one person who had never cooked on their own before. This person had received regular support and guidance in living skills and was now able to go into the kitchen and cook alone. We spoke with the person and they told us “I love cooking now, I go on the internet and choose a recipe and make it”. On the day of our inspection the person chose a shortbread recipe to bake. They were seen enjoying themselves baking and were proud of what they had done.

Staff had knowledge and understanding of the Mental Capacity Act (MCA). People were given choices in the way they wanted to be supported. This included the levels of support with daily routines and activities in and out of the service. People’s capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions, the staff knew to involve their family or other healthcare professionals as required to make a decision in their ‘best interest’ as required by the Mental Capacity Act 2005. A best interest meeting considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keep them safe.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. 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. Whilst no-one living at the service was currently subject to a DoLS, we found that the registered manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

People told us they did not have problems accessing the healthcare they needed and told us they met with their

Is the service effective?

external recovery worker regularly. This was time for people to discuss their mental well being and progress with a regular recovery worker from the local mental health team. They would support and encourage the person in their recovery. People were supported to maintain good health and have on going healthcare support. People could see a doctor if required. One person told us “Recently I needed a dentist and this was sorted out for me straight away, when I first came they arranged a doctor for me as well”. We saw visits from healthcare professionals were recorded in the

person’s support plan along with any information needed for staff. Support plans showed people’s current health needs and support records were reviewed and updated. This ensured people’s most up-to-date support needs were met. For example when a person’s needs had changed, the support plan detailed this. It also detailed how much assistance the recovery workers needed to offer the person as well as information about the daily tasks they were able to undertake alone or with support.

Is the service caring?

Our findings

People told us they found the staff very caring and supportive to the mental well being. One person told us “The staff come across caring and friendly, you see the same faces”. Another person told us “Staff are caring, there is a regular support team and occasionally bank staff which are all nice”.

One healthcare professional told us “The staff seem to take great pride in their work, talking passionately about their roles. This helps to create a caring service with dedicated, responsive enthusiastic staff”.

There was a friendly and homely atmosphere. People were comfortable interacting with one another. The interactions we saw between people living at the service and staff were caring and supportive. For example we saw one member of staff talking to a group of people who were organising a local walk and encouraging them. The group went out alone for the walk discussing with each other where they were going.

The service embraced that people were fully supported in living their own life's and were independent as possible. The people told us how they were cared and supported in and out of the service to live their lives. They all had a keyworker they met with regularly who listened and supported them with experiences and choices. Support plans were created or updated after these meetings. One person told us how they enjoyed going to a local shop on their own and how this had helped them with their independence and confidence.

People said their privacy and dignity was respected. We were told that staff always knocked on people's doors before entering. We saw a member of staff knock on a person's door before they entered and heard them ask if they could come into their room to speak to them. One member of staff told us “It is so important that people have their own space and privacy, we always ask if we can enter their room if we need to”.

Staff we spoke with showed a caring and compassionate attitude to the people who lived at the service. One told us “It is amazing when you see people come along way with their recovery from mental ill health. We have success stories where people have learnt or regained living skills and are on the road to becoming independent in the future and not needing the support”. Another told us “We support people to build their confidence and encourage them with outside activities such as shopping, going for a walk and living skills”.

People were involved in making decisions about their care and support. People told us they were aware of their support plans and recovery approach which was used, so that people were encouraged to take responsibility for their own health and wellbeing and had input into them regularly. We saw evidence that care and support plans were personalised to the individual to facilitate individualised care. Support plans were reviewed regularly or when a person's care needs changed. Reviews involved the person, their keyworker and health care professionals if required. This encouraged people to give feedback on their progress and the support they received and what support they required and set any goals they had on their road to recovery.

Throughout the inspection staff took time to talk with people and respond to people's questions. People told us they were encouraged to be independent and were supported by caring staff. They were able to make choices about their day to day lives and staff respected their choices. This involved people wanting to go out into the community to go shopping alone or for a walk to build confidence and independence.

The service had information about local advocacy services and had made sure advocacy was available to people. This meant people were able to discuss issues or important decisions with people outside the home. This was addressed in keyworker meetings with the person on what support they felt they required.

Is the service responsive?

Our findings

People had access to activities and could choose what they wanted to do. One person told us “I enjoy cooking and baking”. Another person told us “We recently have started up a walking group, some of us plan where we are going with a map it is really good”.

One health professional told us “There has been good collaborative working in us all working on the care and support plan for my client with clear objectives, goals and time lines in which to achieve them. My client has settled in well and has a good experience in terms of feeling safe and secure and supported. He seems more relaxed and is engaging well”.

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. People told us of the activities they liked to do which included shopping, walking and cooking. Each person had a personal timetable for the week. These detailed what activities they were involved in and for one person this included volunteering at a local charity shop. Some people needed and preferred a structured plan whilst others benefitted a more flexible approach.

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

Support plans included information on maintaining people’s health, their daily routines and how to support them. These plans showed how people wanted to be supported. Staff had access to the support plans which

enabled them to provide support in line with the individual’s wishes and preferences. Staff told us the importance of involving people in their care and recovery plans. One told us “We empower people to take the lead in their recovery and support them where needed”. One support plan contained a cooking assessment for a person who wanted to develop cookery skills. This detailed the support the person required and an evaluation on their progress.

Each person was treated as an individual. Staff got to know the person and the support they then provided was built around their unique needs. People told us there were no restrictions in place and they felt their care and support was designed to meet their specific requirements. Staff told us people did not always want to accept the support offered. Staff checked whether the person understood the implications of rejecting the support and respected their right to choose.

Keyworker monthly reviews took place for each person and support records were updated and reviewed. This included discussing personal goals with each person and responding to any changes in their needs. One person told us “I meet with my keyworker all the time, they help me to help myself to gain confidence”.

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 support 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. We observed one handover where staff discussed a person’s well-being and they decided on regular checks of that person to see how they were feeling for the rest of the day.

People living at the service said they could talk with staff if they were not happy with something. They said they felt listened to and that their concerns would always be addressed. There was a complaints procedure and any complaints made were recorded and addressed in line with this policy.

Is the service well-led?

Our findings

One healthcare professional told us “I have been impressed with the manager who has been very responsive by both phone and email and also has a good presence at the service. She has clearly managed to influence her staff with her positive, outcome focussed recovery approach”.

The service had a calm and relaxing atmosphere where people had freedom to choose what they would like to do. People spoke positively about how the registered manager and staff were approachable and all felt communication in the service was very good. One person told us how they felt the service was well managed and had a positive atmosphere.

The location of the registered manager’s office made it easy for people, visitors and staff to speak with them. We observed people and staff approaching the registered manager throughout the day to ask questions or chat to them. They took time to listen to people and provided support where needed. On one occasion a person asked them if they could cook something. The registered manager discussed this with the person and made suggestions on what they could do, the person left happy and was looking forward to going into the kitchen.

There was a commitment to listening to people’s views and making changes to the service in accordance with people’s comments and suggestions. People told us they could discuss concerns at the house meetings every Thursday or with their keyworker anytime. The provider was in the process of devising and sending out a satisfaction survey for the year.

People were supported and involved in the running of the service through regular meetings chaired by the registered manager and staff. Minutes from these meetings showed a range of issues had been discussed such as food choices and what ideas people had on group activities. People told us how staff listened to them and acted on their ideas and comments made. One person told us how they discussed

about a walking group with the staff. They have now arranged and go out for regular walks with other people from the service and walk around surrounding areas with a map.

Systems were in place to allow staff to communicate effectively with their manager. These included regular staff meetings. Minutes of these meetings showed best practice was discussed in order to drive quality improvement. At a recent meeting the improvement on staffs training needs had been discussed. The provider showed what they had put in place to ensure further training and development would be available to staff.

Staff told us that they felt supported by their manager and were able to raise any concerns. They were confident any concerns would be listened and responded to. One member of staff told us “My manager is great, she is really helpful and works closely with us to give support and guidance”.

Regular audits of the quality and safety of the service were carried out by the registered manager and provider. Action plans were developed where needed to address any issues identified during the audits. One audit identified improvements were required to fire safety. In response, a damaged door was being replaced to achieve compliance with the audit.

We spoke with the registered manager who was passionate about the service. They told us “We empower and motivate people. We support them to achieve their goals in improving their mental well-being. This includes supporting people in daily routines, living skills and socialising. We have had one person who has improved so much and are close to living independently and another who had never gone out on public transport before and is now confident to travel on trains and buses”. They also told us how they worked closely with the local mental health and community recovery teams to ensure everyone received the support and treatment they needed.