

Sussex Oakleaf Housing Association Limited

Sussex Oakleaf Housing Association Limited - 26 Shakespeare Road

Inspection report

26 Shakespeare Road
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Date of inspection visit:
06 March 2019

Date of publication:
02 April 2019

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 - 26 Shakespeare Road is registered to provide accommodation and personal care for up to eight people with mental health needs. At the time of the inspection there were seven people living at the home.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

At the last inspection the service was rated as Good. The inspection report was published on 13 August 2016. At this inspection we found the service remained Good.

People's experience of using this service:

- People and their relatives said the staff provided a good standard of care. For example, a relative told us, "The quality of staff is terrific. They look after people really well." People said they liked the staff and described them as both friendly and respectful. People said they were consulted about their care. Each person had their own bedroom with an en-suite bathroom and three of these also had a kitchen area. People said they liked their living space, which staff helped them to keep clean and tidy.
- The provider had plans to close the service by the end of June 2019 as part of a planned change to its service structure. At the time of the inspection the provider had not yet submitted an application to remove the location from CQC's registration. Staff were working with social services' funding authorities, relatives and people themselves to secure new accommodation which met people's wishes.
- We observed staff were skilled in communicating with people effectively. People were supported by staff who were kind and attentive. Staff demonstrated they promoted values of independence and choice for people.
- People said there was a choice of food at each meal. We observed people helping themselves to breakfast. People helped prepare meals for the residents. People confirmed there were a range of activities, which they could choose to take part in.
- Staff were well trained and supervised. Staff said they felt supported and worked well as a team.
- The home was homely and comfortable. Carpets in communal areas were stained and worn and in need of replacement. Some areas of the home were showing signs of wear and tear. The provider was aware of this but was not implementing any plans to address this due to the imminent closure of the home.
- The service was well managed and there was a culture of valuing and involving people and staff in decision

making. A range of audits were used to monitor the quality and safety of the services provided. People said the staff and management were approachable. Residents' meetings were held on a regular basis where agenda items included discussions about the home and food. Surveys were also used to monitor the views of people and relatives.

Follow up: We will review the service in line with our methodology for 'Good' services.

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 has remained Good.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service has remained Good.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service has remained Good.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service has remained Good.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service has remained Good.

Details are in our Well-Led findings below.

Sussex Oakleaf Housing Association Limited - 26 Shakespeare Road

Detailed findings

Background to this inspection

The 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 was 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.

Inspection team: The inspection was carried out by one inspector.

Service and service type: The service is a care home which provides personal care and accommodation for up to eight people.

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: The inspection was unannounced.

What we did: Before the inspection we checked information that we held about the service provider. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke to five people who lived at the home. We spent time observing people and

staff together in different parts of the home. We spoke with two staff, which included the assistant manager. We spoke with the registered manager and the provider's Head of Residential Care and Housing who is the provider's nominated individual. We also had contact with the local authority commissioning team who gave us feedback on the service.

We looked at the following records:

- care plans and associated records for three people
- records of medicines administered to people
- the provider's internal checks and audits
- training records, supervision and recruitment records for staff
- staff rotas
- accidents and incidents reports
- records relating to the health and safety of the premises
- policies and procedures.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe at the home. For example, when we asked someone if they felt safe at the home they replied, "Oh yes. Very safe."
- Staff were trained in safeguarding procedures and had a good knowledge of the procedures for identifying and reporting any suspected abuse.
- People's vulnerability to possible abuse was assessed and care plans were in place to reduce any risks; these were of a good standard.
- The provider had policies and procedures for safeguarding people.
- The provider liaised with the social services safeguarding team regarding any concerns and investigations about people's safety and welfare.

Assessing risk, safety monitoring and management

- Individual risks for people were assessed and risk assessments detailed actions for staff to take to reduce any identified risks to people.
- The risks assessments and care plans covered mental health, such as indicators when people may be becoming unwell, or, for self- neglect and any self- harm. Risks were also assessed for activities such as cooking.
- Health and safety in the home was monitored and checked. Equipment such as the fire safety equipment, fire alarms, electrical wiring and electrical appliances was serviced by suitably qualified persons. Risks of legionnaires' disease was checked by a contractor. Each person had a personal evacuation plan so staff knew how to support people to evacuate the premises in the event of an emergency.

Staffing and recruitment

- Sufficient numbers of staff were provided to meet people's needs. At least two care staff were on duty from 8.30am to 8.30pm each day. There was also a 'middle shift' of one staff member plus the hours worked by the registered manager and assistant manager. Night time staff consisted of one staff member on a 'sleep in' duty.
- There were arrangements for staff to contact an out of hours manager. Staff were trained in procedures for safe working when alone.
- People said there were enough staff who were available to support them when they needed.
- Staff also confirmed there were enough staff to meet people's needs.
- The assistant manager maintained a staff duty roster so staff cover was organised and monitored. This showed staffing was organised and provided at the planned levels.
- Checks were made that newly appointed staff were suitable to work in a care setting. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made

regarding the suitability of individual staff to work with people in a care setting.

Using medicines safely

- Medicines were safely managed.
- Staff were trained in handling and supporting people to take their medicines which involved an assessment and observation of their competency to do so.
- The provider had policies and procedures regarding the handling and administration of medicines.
- Medicines were safely stored.
- Staff completed a record of their signature each time they supported someone to take their medicines.
- People told us the staff supported them with their medicines.

Preventing and controlling infection

- On the day of the inspection the home was found to be clean with the exception of stained and worn carpet in communal areas, which the provider had also identified in their audit checks. There were no plans to replace the carpet due to the pending close of the home.
- Staff were trained in food hygiene and infection control.
- The Food Standards Agency had inspected the kitchen in 2017 and awarded the service a 'good' rating of four out of 5.

Learning lessons when things go wrong

- The provider looked into any incidents or near misses and made changes were made to ensure lessons were learned. For example, where incidents had occurred there was a record of these being looked into and corresponding action to prevent or reduce a reoccurrence.

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.

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's needs were assessed and reviewed at regular intervals.
- The provider had links with organisations such as local authority forums and training courses regarding updates on various aspects of care. The provider confirmed they subscribed to bulletins from organisations such as the Health and Safety Executive regarding current procedures for providing effective care.
- The provider had policy commitments regarding equality and diversity and staff received training in this. Staff demonstrated their commitment to ensuring people were treated equally irrespective of any disability.

Staff support: induction, training, skills and experience

- Staff had the knowledge, skills and experience to support people effectively.
- People and their relatives said staff were skilled and provided effective care. For example, one person said, "The staff really try their best." Another person said the staff were, "excellent" and knowledgeable." A relative said, "They are a dedicated staff team. They put themselves out to help people."
- Staff were observed to have a good knowledge of people's needs when they spoke with them, and provided support with people's mental health symptoms.
- Newly appointed staff received an induction which they said prepared them for their job.
- There were records of staff induction and an induction programme for newly appointed staff.
- There was a programme of training for staff including courses considered mandatory for their job such as emergency first aid, moving and handling, food safety, fire safety, mental health awareness. Staff also attended additional training, such as in personality disorder, suicide intervention skills and conflict and aggression.
- Staff said they worked well as a team and communicated well.
- Regular supervision was provided to each staff member which was recorded.
- Staff said they were supported in their work.

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

- People were supported to eat and drink and to maintain a balanced diet.
- People's needs were assessed regarding food and drink.
- People could help themselves to food and were supported to prepare meals.
- The meals were discussed at the house meetings and people were consulted about choices of meals.
- People's weight was monitored and showed people maintained a stable weight.
- People told us they liked the food and there was always a choice.
- Fresh produce such as fruit and vegetables were available for people to help themselves to.

Staff working with other agencies to provide consistent, effective, timely care.

- The staff worked well with other agencies to ensure people received coordinated care. These included health and social care agencies such as social services, GP and community health care services.
- There were records to show staff attended multi-agency care planning meetings coordinated by mental health services, called the Care Programme Approach (CPA). The staff maintained their own records of these meetings as they said they were not always supplied with a copy of the CPA meeting records.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives and had access to a range of healthcare professionals and services.
- Health care needs were assessed and monitored. Care records showed people attended health care checks with their GP, the optician and other health care specialists.

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

- The premises were homely.
- Each person had their own bedroom which they said they liked. People had brought their own possessions to personalise their own space.
- Communal areas consisted of a lounge with an adjoining kitchen-dining area. People were observed using these areas to make food, chat to each other and to watch television.
- There were no adaptations made regarding access for those with mobility needs as people were independently mobile.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People said they were consulted about their care and records showed people had agreed to their care and support.
- each person at the home had capacity to consent to their care.
- Staff were trained in the MCA and knew the principles of the legislation and how it applied to their work.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People said the staff were friendly and treated them well. For example, one person said, "The staff speak to us nicely. They treat us with respect."
- A relative told us the staff were respectful to both people and to relatives.
- The provider's 'Vision, Mission and Values' of valuing everyone's contribution and of treating everyone as individuals was displayed in the home. Staff demonstrated they promoted these values of promoting independence and person-centred care.
- Staff training included mental health and compassion and people said they were helped when they were upset.
- Care plans showed full consideration had been made on supporting people with kindness and humanity. For example, a care plan said, the person, 'responded to warm, compassionate interaction.'
- Staff said it was important to have a positive working relationship with people and a relative said this evident in the way staff interacted with people. For example, a relative said the staff treated people like a member of their own family.
- We observed staff and people together. The staff spoke to people with respect and kindness.

Supporting people to express their views and be involved in making decisions about their care

- People said they were consulted about their care. For example, one person told us, "The staff sit down with me and discuss my care and what I want." Another person said they attended care reviews with staff, which was used in devising their care plan.
- A relative also said there was good communication with the staff and they were involved in recent care reviews at the home.
- Staff said they consulted people and that people were always involved in decisions about their care.
- Care records showed people were involved in decisions about how they were supported and had signed their care plans and reviews to acknowledge their agreement.

Respecting and promoting people's privacy, dignity and independence

- People said they were encouraged to be independent, such as in cooking, going out alone and in developing educational or occupational activities.
- The provider told us the staff worked collaboratively with people, including constant communication to ensure people are 'part of something, not having things done to/for them.' People confirmed staff helped them to maintain their accommodation and independence, including help with their finances.
- People had their own accommodation with their own key so they could exercise privacy and

independence. Staff were observed to respect people's privacy by knocking on bedroom doors before entering.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was responsive to their needs. People were involved and consulted in their assessment and review of their care needs.

- At the time of the inspection one person was in the process of having their placement reviewed along with professionals, staff and relatives.

- Care plans were detailed and covered a range of care and social needs. For example, details of mental health needs were recorded as well as physical care needs.

- The care plans included the setting of objectives, actions and timescales devised with people.

- Each person had a weekly programme of routines and activities to support them. These were agreed and signed by people.

- People said they had opportunities to pursue hobbies and interests as well as independent living skills.

People said they were able to choose how they spent their time and said they enjoyed shopping with staff or on their own, playing games in the house such as karaoke and skittles.

- Trips out were organised. An activities folder was maintained which showed people attended events such as car boot sales, keep fit and art classes. A relative said there were frequent activities. We observed people watching television, making themselves food and discussing going out to eat together.

- We looked at how the service was meeting the requirements of the Accessible Information Standard (AIS) as required by the Health and Social Care Act 2012. This requires service providers to ensure those people with disability, impairment and/or sensory loss have information provided in an accessible format and are supported with communication. People's communication needs were assessed and we observed staff knew people's communication needs and were skilled in talking to people who had mental health needs. The registered manager told us information could be made available for people who had communication needs. The provider was not aware of the AIS and said they would review this.

Improving care quality in response to complaints or concerns

- People's complaints and concerns were listened to and responded to improve the quality of care.

People said they knew what to do if they had a complaint. For example, people said they could raise any issues at the house meetings. One person, said they had raised a complaint which was looked into and resolved to their satisfaction.

- The complaints policy displayed in the home.

The provider informed us there had been two complaints in the last 12 months. There was a record of these being acknowledged, plus a record of the investigation and a response to the complainant.

End of life care and support

- There were no people in receipt of end of life care at the time of the inspection.
- People's preferred future arrangements regarding end of life care were recorded in the care plans, if they wished to discuss this.

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.

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The provider was aware of the duty of candour policy and the need to be open and transparent when dealing with any complaints or concerns. The provider promoted a culture of openness and said, 'honest communication is encouraged between staff, clients, family members and other professionals.'
- Staff said they worked well as a team and were supportive to each other as well as committed to ensuring people got the right care.
- There was a system of delegation so a member of staff with responsibility for coordinating care was on duty at all times. Out of hours management support was available and staff were able to summon assistance easily by the use of an alert device.
- The service promoted person-centred care, which was demonstrated by the staff who treated people as individuals who they valued and respected. This was also confirmed by people and their relatives.
- Staff were trained in equality and diversity and demonstrated they were committed to the values of treating people equally irrespective of any age or disability.

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

- Staff said they were supported by the management team. There were systems and processes to support staff to develop their skills and for promoting staff well-being.
- The provider had been open and transparent with people, their relatives and staff regarding the closure of the home. There was a plan with timescales for people and involved parties to be consulted regarding alternative accommodation for people.
- A range of quality audits and health and safety checks were carried out. These included health and safety checks with improvement plans where needed. Checks were made by the provider regarding compliance with CQC key lines of enquiry (KLOEs).
- Audit checks were carried out on the safe management of medicines, staff records, care plans and the safety of people's finances.

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

- The provider used quality assurance survey questionnaires to obtain the views of people and their relatives about the standard of care and activities. People and their relatives confirmed they had completed survey

questionnaires. The feedback from the surveys was positive.

- People told us they were able express their views at house meetings and said they also used a suggestions box. Records of the house meetings with a feedback form for people to complete if they wished were on display.
- Relatives and people said there was a good communication with the staff and provider. The provider produced a house magazine every three month with information about the service.
- Regular staff meetings were held and staff told us they could raise any concerns at these where any issues were listened to and acted on.
- Staff views were also represented at the provider's staff form meetings, where matters affecting the service and staff were discussed.
- The rating given at the last inspection was on display in the hall.

Continuous learning and improving care

- The provider's management team were in the process of closing the home over the coming months and were liaising with the CQC regarding the correction procedures for cancelling their registration of the service.
- The local authority commissioning team stated the provider was working with them and with people and their families, regarding people moving into new accommodation.
- Accidents and incidents were reviewed and recorded. These showed action was taken to prevent any possible reoccurrence.

Working in partnership with others

- The provider worked well with other organisations. This included the local authority and health services. This included hospital and community mental health services regarding people's care and treatment.
- The provider had links with the local authority regarding current practice and staff training.