

Channel Homes (UK) Limited

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Inspection report

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Date of inspection visit:
13 April 2016
14 April 2016

Date of publication:
13 May 2016

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

The inspection took place on 13 & 14 April 2016, we gave the registered manager short notice of our inspection to ensure that the office was staffed when we arrived, and to make arrangements for us to meet the person in receipt of the regulated activity of personal care. The Provider Information Return (PIR) informed us that this supported living service supports 18 people with learning disabilities some of who have other needs. At inspection the registered manager informed us that of the 18 people in receipt of the service only one actually received minimal 'personal care' support; our inspection therefore was only able to reflect the service this person received and how their needs were being met.

Formal systems to assess and monitor service quality were not in place and although feedback from staff, professionals and the person indicated they thought the registered manager provided effective leadership, undertook spot checks and kept a close eye on how the service was running the lack of quality monitoring system meant the registered manager could not provide assurance that all aspects of their service were operating well. As a director of the company the registered manager had a dual role and she had a visible presence within the service supporting shifts as and when required; she undertook informal monitoring of service quality but there was an absence of recording to show what was checked, what shortfalls were found and how these had been addressed. The views of staff and all people using the service were sought and acted upon but not on a regular basis.

External stakeholders commented positively about the service stating that it was well led, provided an excellent service to improve outcomes and independence for people and that the service communicated well with them.

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

The person receiving the regulated activity spoke positively about the scheme and the availability of a staff member 24 hours per day except during the day on Sundays. Since moving to the service they said they that they had grown in confidence because of the support they received from staff. They had choices about who worked with them, and how they wanted to use their allocated staff time. They had their own door key and staff entered only by invitation respecting the person's privacy, dignity and right to a private life. Staff supported the person to take care of their own health and prompted and supervised them to access healthcare as required.

Staff said they were happy in their roles and felt well supported; they had opportunities to meet with the registered manager individually and participated in comprehensive handovers each day. Staff retention was good. A previous inspection had highlighted shortfalls in the documentation gathered around staff

recruitment the registered manager had made improvements to ensure files of longstanding staff members better meet the requirements of the regulations. People using the service were involved in the recruitment of new staff and their feedback about prospective candidates was valued and taken into consideration.

The previous inspection highlighted shortfalls in the training and annual appraisal of staff. The registered manager had taken action to address this. This inspection found staff were provided with an appropriate level of training and induction to inform and understand how to meet the needs of people using the service. A system had been implemented for the annual appraisal of staff.

Staff knew how to keep the person safe and the actions they needed to take in the event of an emergency, accident or safeguarding event. The person's support plan was individualised and guided staff in providing the appropriate level of support, where risks were highlighted these were recorded and the measures for reducing risk levels. The person stored, and administered their medicines but sometimes needed staff support to administer a prescribed cream.

We observed staff interaction with the person to be warm and caring, with humour and patience. The person was comfortable to meet with us and a staff member who they clearly welcomed into their home, they chatted happily with staff sharing information with us about the support they received.

The person was supported by an established and, motivated staff team. The person and staff said that there were enough staff to enable flexible support of the person's individual needs.

The person had capacity but was protected from decisions being taken without their involvement because staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and were working to its principles and this legislation should be interpreted in their daily support and practice.

The person in receipt of the regulated activity said they were confident of being able to raise concerns if they were unhappy with the service they received. The service sought people's views from time to time to inform service development.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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 were involved in the selection of new staff and improvements to the content of staff files meant the registered manager was able to demonstrate the recruitment process was safe. Systems were in place to help people manage their medicines safely.

There were enough staff available to support the person appropriately and safely. Risks were appropriately assessed and measures implemented to protect the person from harm.

Staff knew how to keep the person safe and what actions to take in response to safeguarding issues, emergency events or incidents and accidents that occurred.

Is the service effective?

Good 

The service was effective

Staff received training appropriate to their role. They felt well supported and had opportunities to meet with their manager to talk about their training and development, but this was not always recorded.

The person guided staff in how they wanted to use staff time and staff consulted them about their everyday care and support needs.

Staff were provided with appropriate guidance to help them support the person when they became anxious. Staff supported the person with their dietary and health needs.

Is the service caring?

Good 

The service was caring

The person was supported by caring staff who knew their needs, preferences, and character well.

Staff involved the person appropriately in making decisions and supported them to develop their independence skills

Staff practices protected the person's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive

The persons support plan and other records were focused on their individual needs, aspirations and wishes.

The person had opportunities to learn new skills, participate in education or sheltered work placements and varied activities within the local community according to their interests.

Staff sought the person's views about the service. The person understood how to complain, and felt informed and confident of doing so.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led

The person and staff liked the registered manager and found her approachable and accessible; however systems for monitoring and assessing service quality were mostly informal and needed to be developed.

The registered manager was always available for advice; staff felt supported and listened to.

Professionals and staff told us the service was well managed and the registered manager provided good leadership.

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Detailed findings

Background to this inspection

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

This inspection took place on 13 & 14 April 2016. The provider was given 48 hours' notice because the location provides a supported living service and we wanted to ensure the registered manager would be there.

The inspection was carried out by one inspector. Prior to the inspection we reviewed the records we held about the service, including the details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are reports of important events that the provider is required by law to inform us about.

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 improvements they plan to make. We looked at the information provided in the PIR and used this to help us plan the inspection. Prior to this inspection we contacted local authority representatives from commissioning, the community learning disability team (CLDT) and a variety of care managers, we received feedback from three social care professionals about the service.

During the inspection we spoke with three staff, the registered manager and the only person currently receiving the regulated activity of personal care. We visited their flat and spoke with them about the support they received.

We reviewed the support plan and associated records for the person in receipt of the regulated activity 'personal care', including their risk assessments. We examined a sample of other records to do with the operation of the service including staff recruitment, training, and supervision records, complaints, and various monitoring and audit tools.

Is the service safe?

Our findings

The person we met told us that they liked where they lived, and they felt safer in this service because there was always a staff member they could call, and staff available to support them every day.

Systems were in place to enable anyone using the service who wanted to be actively involved in the recruitment of new staff, which they met and gave feedback on. Previously we identified shortfalls in the recruitment process that ensured suitable staff were employed. Since then the registered manager had taken steps to improve the documentation they held about individual staff and their action plan made clear they would ensure all new staff documentation met the needs of the regulation. We checked three recruitment records of long serving staff and found these contained the appropriate range of records including an employer reference, criminal records check, evidence of personal identity, and in two out of three a medical health statement, application forms and interview records were also in place with evidence of full employment histories and reasons for leaving previous care roles.

The person receiving the regulated activity was supported by staff to manage their medicines. We have not commented on wider medicine arrangements affecting people not receiving the regulated activity but have pointed out improvements to practice to the registered manager where this was evident. Staff prompted the person in receipt of personal care to ensure their medicines were taken at the right times and consistently.

This was a 24 hour service. The person we met said they found it reassuring that when they were feeling anxious they could contact the staff member on duty to talk with them. The number of staff on duty was dictated by people's assessed needs and activity schedule for the day. Sometimes additional staffing was incorporated into the rota to support evening and weekend activities. Staff said usually people were supported on an individual basis and everyone could get to the local shops on their own, but most irrespective of whether they received the regulated activity or not and had limited social circles using staff support time for company as much as a need for the support. Staff said there were always enough staff and that the availability of staff meant they could always respond to sudden changes in people's planned activities.

Agency staff were never used and any gaps in shift were covered from within the staff team, in conversation staff showed a deep commitment to ensuring people had support from staff they knew, they often took control of organising cover arrangements in the event of staffing emergencies and in protecting the registered manager from having to come in out of hours unless absolutely necessary. The staff team was experienced, proactive and motivated to ensure that people received the appropriate support sometimes providing hours of support beyond the level they are funded for if necessary. Staff gave examples where they had organised staff cover amongst themselves rather than bother the registered manager when she was off, although she was on call.

People were protected from harm because staff had received an appropriate range of training and understood how to identify and respond to incidents of abuse, emergency events or accidents and incidents. Staff actively promoted peoples' rights to make decisions for themselves and protecting their

rights. Staff knew how to raise concerns through the whistleblowing and safeguarding processes. They were confident that any concerns they raised would be acted upon by the registered manager in a timely way to protect people from harm. Staff understood what key agencies in the community they could report concerns to if they needed to. Incidents of discrimination were uncommon and the availability of staff support meant the risk of people having negative experiences was significantly lowered.

The person we met was able to lead an active lifestyle because risks were appropriately assessed. Staff showed that they understood people's risks. We saw that individual risks had been identified around the persons daily activities and health for example, in respect of money management, employment and training, daily life skills, independent travel; they showed that the least restrictive measures were recorded and implemented to reduce the level of risk.

Incidents and accidents were rare with only one recorded incident in the previous twelve months. In discussion staff showed they understood the process for reporting accidents and incidents and took appropriate action where necessary to safeguard the person from harm and ensure they received the right support. Staff said they brought accident and incident information to the attention of the registered manager who confirmed these would be the subject of scrutiny to ensure the right action had been taken to protect the person.

Is the service effective?

Our findings

The person told us that staff always asked them about the support they needed. They said staff explained information to them. "They help me to understand information and explain things to me". "They help me with food shopping and with cooking my meals" "They help me when I am emotional". External stakeholders from the local authority told us "I have a client who has some outreach hours from Channel Homes, from my client's perspective they provide a very good service, my client has some mental health issues and the support workers are very adept at working in a person centred way."

At the previous inspection we highlighted concerns that staff did not receive an appropriate level of training and had not received a regular appraisal of their performance and development, the registered manager took action to make improvements. A staff training programme was now in place that ensured staff received training relevant to their support role for example fire training, first aid, infection control, food hygiene, safeguarding, and staff were reminded when updates were due by the registered manager. In discussion staff showed themselves to be experienced and knowledgeable about the needs of people with learning disabilities, they had completed the vocational qualification Learning Disability Awards Framework (LDAF) they had a clear understanding of their role, and they were confident in their knowledge and understanding of the person's needs. Staff worked well as a team and were able to highlight their training and development needs to the registered manager; they were confident specialist training requests would be supported and had been in the past. Staff spoke positively about having time to discuss issues related to their support of people and what worked well and what needed improving, with their peers and also with the registered manager at daily staff handovers/and one to one meetings. Staff received an annual appraisal of their work performance to ensure they were meeting expectations for their role.

The person received the support they needed to make choices about food and to take an active role as possible in shopping and food preparation. They met weekly with a staff member to plan and discuss meals for the week. Staff said this was to help plan what shopping to buy and the person's schedule for the week recorded what meals they liked and wanted to cook for themselves which showed they enjoyed a varied diet. The meal plan for the week was flexible and could be changed on the day if the person wanted something else. The person was not assessed as at nutritional risk and did not need to follow a specialist diet. Staff said that they encouraged and promoted healthy eating for the person and for other people on the scheme but respected people's decisions to sometimes make unwise decisions about food choices.

The registered manager and staff had received training on the Mental Capacity Act (MCA) 2005, to help them understand how to assess and support people's capacity to make decisions around their every day care and treatment. The MCA provides the legal framework to assess people's capacity to make specific decisions at a certain time. Staff assumed people had the capacity to make everyday decisions for themselves; they understood that sometimes people might not understand information they received about some important care or treatment decisions or the consequences of such decisions. The person we met with had capacity but confirmed staff sought their consent to support them with their weekly activities.

The registered manager made clear it was not their role to share information with relatives unless a person

had given permission for this to happen either at review or in other circumstances, although they recognised this could sometimes be a contentious issue for some relatives.

The person we met in receipt of the regulated activity was able to communicate their needs clearly. Information was available in easy read formats if required and each person had a tenancy folder that provided them with information about the conditions of their tenancy including how to complain. A staff member was observed encouraging and supporting the person to engage with the inspection process and to respond to things we wanted to know about the service they received. Staff were very clear about their role and only supported people with their identified needs around for example, budgeting, cooking, understanding forms and correspondence, making use of community facilities the registered manager acknowledged that much of the support staff provided was one of providing company.

The person we met told us that they were supported to go to routine healthcare appointments and staff said any outcomes from these were documented in the persons daily reports; any changes needed to support provided were documented in their support plan.

There had been no new staff for some years when the induction training programme in place had historically comprised mainly of orientation to the service, the signing of policies and procedures and ensured that new staff shadowed more experienced staff and familiarised themselves with peoples routines to better understand their needs. The present registered manager was aware of the new Care certificate and prepared to implement this on the recruitment of new staff in future.

Previously we had identified that staff training was not well structured and not up to date, since then the registered manager had taken action to provide a programme of mandatory training for example, safeguarding, fire, first aid, infection control, medicines and mental capacity to ensure staff had the right knowledge, training and skills to fulfil their roles effectively and offer the appropriate support to the person receiving the regulated activity. Staff told us that they could access specialist training if this was relevant to their role and would be supported to do so by the registered manager. Some training for example health conditions like epilepsy were also provided but were not required by the person we met. Records showed staff were up to date with their training and were kept informed of when training needed to be renewed to ensure they kept their practice updated and meet people's needs.

The persons records contained details of health appointments they were supported by staff to attend with various health professionals for specialist and routine healthcare checks including hospital appointments, clinic appointments, dentists, GP and nurse appointments, the person was supported by staff to be involved in requesting appointments if needed.

The person told us that they sometimes could become anxious and emotional but felt that with staff support since moving to the scheme they had become more resilient at managing these episodes, because staff knew how to manage these incidents and talk with them about their anxieties.

Is the service caring?

Our findings

External professionals told us "The provider is an enthusiastic advocate of his service users and service in his dealings with us". In conversation people showed that they liked the staff that supported them, but had clear favourites, and could make active choices about who supported them with specific activities; where possible their choice was respected.

People told us about the things staff supported them with that enriched their lives, and gave them a greater sense of living independently for example attending educational classes, support with finding voluntary work and learning new skills to maximise their potential for independence.

Staff showed that they were knowledgeable about the person and what was happening in their daily life. Observations showed that there was a good rapport between staff and people, with some laughter, warmth and humour in their interactions.

The person told us they sometimes had friends visits or come for dinner. They said they had regular contact with their family. The person did not use an advocate but the registered manager had used advocacy for other people on the scheme and was aware of how to make referrals for advocacy.

The person we met was able to attend to most of their day to day needs with minimal supervision and prompting from staff. The person required minor personal care support, and requested support from staff as and when they help with applying a medication. This was delivered in the privacy of the persons own home by female staff in accordance with their preference to maintain their dignity. Written records by staff about the delivery of this personal care support reflected appropriate attitudes and behaviours towards the person.

Staff told us that they promoted and encouraged the person's independence but specific goals were not set and people progressed and learned new skills at their own pace. This made the transition for people from their family home or another residential setting to independent living that much easier, because they had not been overwhelmed with things they must know and learn as soon as they moved in.

The person was responsible for undertaking all their own domestic tasks including their laundry, shopping and cleaning with supervision and prompting by staff, each person was allocated a set number of support hours each week that could be used flexibly by them and were utilised differently the more independent they became.

People were central to the support offered by staff and were consulted about all aspects of their support, staff respect for them as individuals was embedded in the Statement of Purpose which makes clear that the service aim and objectives is to give 'People with learning disabilities Rights, Independence, Inclusion, Choice and Control over their own lives'.

The established staff team provided people with stability and continuity, experienced staff described how

they worked with people on an individual basis and knew how each person communicated their wishes or made known their anxieties.

Is the service responsive?

Our findings

The person told us that staff helped them with anxieties and concerns they had in their daily life, these were not specific complaints but they felt confident of talking with staff about any concerns they might have. An external care professional told us about how the service user worked with the person they represented they told us "They (staff) call at times that are more convenient for him and try very hard to motivate him, they have a good knowledge of their service users and their needs and actively support these, helping to improve independence and outcomes for people."

At inspection only one person was currently receiving the regulated activity; previously other people had received personal care but they had developed their independence skills or found alternative means to support their personal care needs. The service was established to provide adults with learning disabilities opportunities to live independently with support and to take control of their lives. The service took people from home, or from other forms of accommodation or failed placements in other independent living projects, they were very selective about who they took and whether they met the criteria for the service. Self referrals could be made to the service but funding had to be agreed via a care manager. An assessment of the persons needs was undertaken. Prospective service users were given opportunities to visit; the prospective person would be discussed within the staff team and decisions made as to whether their needs could be met. The person receiving the regulated activity told us about why they had moved to the service and confirmed they had visited prior to moving there. Pre-admission information had been gathered from the person, their relative and other relevant people to inform the decision to admit them onto the scheme.

Each week the person sat down with a staff member and went through what they wanted to do that week. This could be flexible and the person could use their support hours how they wished. They did have some set activities that they had chosen to do for example a regular voluntary work commitment, the person told us this was something they particularly wanted to do and it was something they enjoyed. Around these commitments other activities were arranged and could involve shopping with staff, cooking meals, time spent keeping their flat clean, going out to events that they would need support and company with.

Staffing was sufficiently flexible and responsive that the person could if they wanted and with appropriate planning arrange for support to attend an evening activity or a weekend activity. This meant that everyone received the right amount of support to do what they wanted.

The persons support plan was focused on their individual needs, wishes and aspirations. They were clear and easy to follow and described the areas that the person required prompting and supervision with and also minimal personal care input. Staff used strategies of giving time and talking through situations and problems with the person which had been successful in helping them reduce their anxiety levels. The persons support plan detailed the level of support they needed dependent on chosen activities, or when anxiety levels were high when at home or in the community. The persons support took into account their own level of ability and skills, with the person taking a more active role in maintaining their home and undertaking personal and household domestic tasks.

The person told us that they went through their support plan with the registered manager and also staff; they attended annual reviews of their placement with their relative and a care manager. Records showed that relatives were invited to attend and contribute to annual reviews.

The person told us that they felt confident in raising any concerns they might have with staff at any time, and felt able to ring the out of hours on call number for staff if they were feeling anxious or concerned about something, they said they felt listened to and that staff helped resolve any concerns they had. These were not usually concerns related to the service but to other anxieties the person had which staff helped them to address. There was a complaints procedure and this was in a suitable format for people to use and understand. Formal complaints were rare and none had been received since the last inspection.

Is the service well-led?

Our findings

A care professional told us "I am always able to contact the manager, if she is not available she will always ring me back, she facilitates reviews with my client. I have always found Channel Homes to be an excellent service which is well led". Another external professional told us "The provider has attended forums and meetings organised through Supporting People". They told us that they assessed the service as meeting their minimum standards and their quality assessments had raised no concerns.

The registered manager undertook unannounced pop ins to the service as part of the checks she made to check that the service was operating safely. She checked medicine managements and records and staff undertook flat checks every week. The registered manager was responsible for updating support plans every six months or when changes occurred as necessary. The registered manager was a visible presence and actively involved and informed about every aspect of the service and the provider visited on occasion but many of the checks they undertook were informal and unrecorded, shortfalls were addressed but there was no record of what was checked and what action was taken to address identified shortfalls.

The provider visited on occasion to undertake premises checks and spoke with staff and people using the service they came into contact with; this enabled the person receiving the regulated activity and others on the scheme to give direct feedback about their experiences to the provider who could discuss these matters with the registered manager if necessary but these visits and interactions were not recorded. There was a failure to implement an established system of assessment and monitoring of the service to ensure standards were maintained. This is a breach of Regulation 17 (1) (2) (a) of the Health and social Care Act 2008 (Regulated Activities) Regulation's 2014.

The person we met during the inspection showed that they were happy with the support they received to live independently. Staff morale was high, and they felt supported, and valued. Staff spoke positively about working for the organisation and the registered manager was held in high regard by staff. Comments included: "It's a really nice place to work, we all get on well and communication is good."

The person we met knew the registered manager well; she was a familiar figure to them and understood their needs well. We observed them seeking the registered manager for advice and support during the course of the inspection, other people were also observed approaching the registered manager for support if other staff were busy working with other people. Observations showed that the person and others liked the registered manager and felt comfortable in talking with her about their day to day activities and experiences.

There was a flat management structure with just a registered manager and a team of support staff. The registered manager said that whilst they had previously tried to introduce a senior post between her and the support staff, this was not popular with the team who were all equally experienced; staff felt able to take equal responsibility for dealing with any day to day issues that occurred without the need to refer to the registered manager. The registered manager had confidence in staff ability to understand what issues it was appropriate for them to deal with and when they should be referring this on to herself. Staff said the

registered manager was approachable and they always felt able to ask her for advice or guidance; she was always available out of hours if staff needed to contact her but in her absence the provider could also be contacted by telephone for advice and guidance. Staff felt these arrangements worked well.

Incidents and accidents to people using the service were rare. The system was in place that any incidents or accidents that occurred were referred to the registered manager. The registered manager understood the need to analyse and scrutinise incidents and accidents if they occurred in any quantity for trends or patterns that may raise concerns, and take appropriate action to reduce the level of risks.

The registered manager understood her responsibilities to inform the Care Quality Commission of any incidents or events they were required by law to tell us about, but nothing had occurred since the last inspection that warranted such a notification.

Staff had access to policies and procedures for the service and said that when changes happened to any of this information they were notified and directed usually through the staff communication book what they needed to read to update their knowledge and keep their practice current.

The majority of records viewed were very detailed, clear, reviewed and maintained to a good standard. Information was clear and readily available and specific and thorough guidelines were in place where required. The language used within records reflected a positive and professional attitude towards people

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
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was a failure to implement an established system of assessment and monitoring of the service to ensure standards were maintained. Regulation 17 (1) (2) (a).</p>