

West Kent Housing Association

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Inspection report

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Date of inspection visit:
06 September 2017

Date of publication:
28 September 2017

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

West Kent housing association is a supported living service. They provide care and support to people with mental health needs or learning disabilities in their own homes. At the time of inspection the service was supporting 13 people with the regulated activity of personal care.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People were supported by staff who knew them well and who had taken time to build positive trusting relationships with them. Staff understood their responsibility in keeping people safe and worked with people to develop skills which helped them to protect themselves and stay safe.

People were involved in managing their own risks. Staff gave them the support and information they needed to choose how risks were managed and how much involvement staff should have. People were supported to make their own decisions and remain as independent as possible. Staff supported people in the least restrictive way possible.

People told us that the staff who supported them understood their needs and always listened to them. People planned their own care and were able to plan the time or focus of their support at short notice. They could use their time with staff to carry out tasks, undertake activities or have emotional support. Staff often stayed with people over their allotted time if people were distressed or needed extra support. Staff treated people with respect and asked people before they carried out any tasks or support. Staff supported people to access local services and to understand their options.

People were supported when they needed to be, such with attending local groups, visiting the vet for a pet or trying new activities. Staff encouraged people to celebrate any achievements no matter how small. A health and social care professional told us the service was very effective in engaging people who often did not want support initially. Staff worked closely with other professionals involved in people's support. They made people aware if they were going to share information, and the reasons why the information needed to be shared. People were supported to attend health appointments when required. Some people had been encouraged to engage with health professionals such as GPs or dentists following long periods when they had been reluctant to attend appointments. Most people supported by the service did not have any support with preparing meals. Staff had begun preparing meals for one person who was reluctant to eat, in order to encourage them to stay healthy. Staff did not administer medicines to anyone they supported. However, they did speak to people about their medicines. Staff reminded people to take them and re-order them as required.

The service was run by a registered manager who provided support for people as part of their role. Staff told us the registered manager was very accessible. They told us the fact the registered manager still supported people meant they understood the challenges of their role and could offer advice and support. People were supported by staff who were recruited safely, although staff who had worked at the service for over 12 years did not have a reference on their file. Records showed references had been received but they had been

archived. The provider agreed to try and locate the missing documents. People were supported by staff who had the right training and experience to meet their needs.

The provider and registered manager welcomed and sought feedback from people, staff and stakeholders on a regular basis through meetings and surveys. The service had a complaints policy in an accessible format which people had been given a copy of. No complaints had been received in the last 12 months. Regular audits of the quality of the service were completed. Any issues identified formed part of an action plan; this also recorded when any shortfalls were resolved and any learning.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

West Kent Housing Association

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 6 September 2017 and was announced. The provider was given 48 hours' notice because the location provides a supported living service. We needed to be sure that someone would be in the office and that people were given notice in case they wanted to speak with us. The inspection was carried out by one inspector.

Before our inspection we looked at notifications that were sent to us by the registered manager and the local authority to inform us of significant changes and events. We also reviewed our previous inspection report, and the Provider Information Return (PIR) that the registered manager had completed. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

During the inspection we spoke with two people who received care from the service. We spoke with the registered manager and the provider. After the inspection we spoke with a health and social care professional and two care staff. We looked at eight people's care plans and the associated risk assessments and guidance. We looked at a range of other records including all five staff recruitment files, the staff induction records, training and supervision schedules, and quality assurance surveys and audits. The service was last inspected in August 2015 where there were no concerns identified and the service achieved an overall rating of "good."

Is the service safe?

Our findings

People told us that staff supported them to feel safe and helped them develop skills to stay safe when staff were not around.

Staff told us, "You know people well and you know the risks related to them. We work hard to help people understand the best way to stay safe. We work as a team to minimise the risks to people."

People supported by the service had complex histories and support needs. This could lead to them being in situations where they were at risk of harm. Staff spent time with people explaining how their choices impacted on their safety. They also supported people to contact the police or other agencies for additional support and to understand their legal rights. Staff had received training in safeguarding people and there was a policy in place which staff could access online which mirrored the local authority safeguarding policy. Staff told us, "If I am worried about someone I would raise it straight away, if they are in immediate risk I would contact the police or their mental health support. With other concerns I would speak to my manager or local social services."

Staff worked with people to plan how they could manage risks. People's risk assessments covered areas such as mental health relapse, self-neglect, sexual health, losing weight and difficult relationships. Risk assessments gave staff clear guidance about what they should do to help people manage these risks and who they should contact if they were concerned. When people could become distressed or agitated, risk assessments gave staff the details of things which could trigger people's anxiety and the best way to support them whilst upset. Risk assessments were reviewed regularly and updated as required. The registered manager also completed risk assessments of people's environment to minimise the risk to staff.

People were supported by staff who were recruited safely and there were enough staff to meet people's needs. People were supported with an allocated number of support hours each week; the service had employed enough staff to cover these hours as part of their contract. Staff were allocated support hours for specific people each week. Written references were obtained and checks were carried out to make sure staff were of good character and were suitable to work with people. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Two staff that had been in post for over 12 years did not have references stored in their files. HR records showed that the references had been received and they had been archived. We discussed this shortfall with the provider who agreed to try and locate the missing references. The registered manager shared details of the required documentation to meet regulation with the human resources department on the day of the inspection to prevent this from reoccurring.

People did not receive any support with the administration of medicines. Staff did speak to people about taking their medicines safely and checked with people if they were taking them regularly. Some people were prompted by staff to re-order their medicines as needed.

Is the service effective?

Our findings

People told us they were supported by staff who "knew what they were doing" and understood their needs. One person told us, "The staff encourage me to make my own choices, we talk about all the options and what might happen. But it is down to me at the end and they support that."

Staff told us, "We get people to think about what actions they can take to change things. We know people will make decisions we feel are unwise but they are entitled to do that. We just look at the risks attached and talk to them about how they can minimise them."

People were supported by staff who received the training and support to carry out their role. All of the staff had many years of experience of supporting people with complex needs in their own homes. Staff were encouraged to support each other in relation to areas where they had more experience such as domestic violence or involvement with the criminal justice system. All staff were completing or had finished the Care Certificate, which is an identified set of standards that care workers work through based on their competency. Part of team meetings was dedicated to working through the competencies required. Staff completed basic training such as safeguarding and health and safety alongside more specific training related to people's needs, which included mental health training and domestic violence support. Staff had regular one to one meetings with the registered manager where they discussed any concerns they had about the people they supported, any training they needed and their performance.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Staff could tell us about the principles of the Mental Capacity Act (MCA) 2005 and how it related to their role. No one currently being supported by the service had required a formal capacity assessment or has any restrictions placed on their liberty. The capacity of people who lived at the service had been assumed, in line with MCA code of practice. Staff told us that if they felt people's mental health was impacting on their decision making, they would encourage them to delay the decision until they were feeling better. People told us that the staff who supported them always asked their consent before helping them and that they were "totally in control" of their own life and support.

Staff spoke to people about what they were eating and if they had enough food to last until the next visit. One person supported by the service had become reluctant to eat so staff had begun preparing one meal a day for them to encourage them to eat. Another person had wanted to lose weight so staff supported them to attend a local slimming club and understand the diet they had chosen. One person could be reluctant to go food shopping so staff suggested they went to a local supermarket for a coffee and cake then they could 'grab a few bits.' The person agreed and told us they were looking forward to the trip.

People were supported to attend health appointments if needed. Staff linked closely with health professionals such as local mental health teams and GPs to share information. Some people were reluctant to attend appointments with medical professionals. Staff acknowledged the anxiety this caused people and worked with them in order to minimise this and build their confidence. One person who had not seen a dentist in over ten years had recently visited one with staff support. Some people were supported to stop smoking or access sexual health services.

Is the service caring?

Our findings

People told us they liked the staff who supported them and that they had built good relationships with them. Some people had been supported by the same team for a number of years which they told us was very important to them. One person said, "I know I don't have to explain if I am having a bad day, they know me well and they understand. It helps when my other workers (from other agencies) change. The staff who come and support me can talk to them so I don't have to go over things again."

Some people supported by the service had experienced trauma in their lives and had very complex histories. One person said, "I recently had a terrible time and [staff] stayed with me and held my hand, she didn't have to. It meant her spending all day with me and going from place to place. She was just there, it made me feel better." Another person told us the support they received from staff had enabled them to return to education. They said, "I just get the support I needed to deal with things. I like the fact I chose how much support I need. My support has reduced as I have become more confident."

Staff told us they would often spend over the allotted time with people if they were upset or anxious. Staff told us, "We bring compassion to people and empathy. I really try to look at things from their point of view." Another staff member said, "We treat the people we support with complete respect, we just want to see them living the life they want whilst being safe and happy."

Staff celebrated people's achievements no matter how small. Some people could neglect themselves and be reluctant to shower or brush their teeth. Staff told us how when they managed to support people to undertake these tasks or change their clothes and how they ensured they gave people lots of praise. Staff said, "To most people it is a small thing but for the people we can support it can feel like a mountain they have to climb. It is important to let them know you realise how hard that was for them and how well they have done. We will often offer to go out for a coffee to celebrate."

People could communicate with staff via text messaging if they did not feel able to speak. Staff also used texts to touch base with people and check they were ok. People planned their support with staff. One person had to take their pet for a vet appointment. They agreed with staff they would book an appointment with the vet on a certain day and staff agreed they would fit their support around this.

People were supported to maintain and develop friendships. Staff also worked with people to develop their confidence and understanding of 'healthy relationships.' People were supported to access support services related to managing relationships and to develop self-esteem.

Records relating to people were kept securely in a secure office. Staff used tablets (portable computer devices) to access people's care plans and record their interactions. People were aware of this and could ask to see the information held if they wished. Staff understood the need for confidentiality and spoke clearly to people about any information they could not keep confidential due to risk.

Is the service responsive?

Our findings

People told us staff were responsive to their needs. One person said, "I plan my support with staff. I arrange when they are coming and what we are doing. They always come when they are supposed to so I don't have to worry about that." Another person said, "One of my staff's car broke down on the way to see me, things happen they called straight away and I could chose to wait for them or have someone else come."

When people were thinking about using the service the registered manager and one of the team who would be supporting them would meet them. When appropriate people's relatives, mental health workers or local authority case managers were involved. The person's needs were assessed and a plan of how they wish to use their support hours was put together to form the basis of their care plan. Once the service started the member of the team would introduce the person to the rest of the team one by one before they supported them independently.

People could access their care plans and were offered a copy to keep in their homes. Most people did not want a copy but knew they could access the information on the staff tablets if they wanted to. People's care plans gave details of their life histories, what they could do for themselves and the support they needed. They also highlighted people's likes and dislikes and goals. People's time of support could be planned in advance or on the day based on their preferences. Staff were flexible and understood that people's plans changed based on their mood or health. When people's needs changed or fluctuated due to their health, staff contacted the registered manager to discuss the best way to support people. If required the registered manager would link in with other health professionals to ensure people had the support they needed. Staff would often stay with people over their allotted support time to support them if they were in crisis. If changes to people's needs were long term their care plan would be reviewed with them and updated.

People were supported to access activities they enjoyed or try new things. On person wanted to try horse riding, and staff worked with the person over a long period of time, initially visiting some local stables to meet horses, then walking alongside them before trying to ride. The person had achieved their goal and now rode horses on a regular basis. Other people were supported to try new forms of exercise such as swimming; staff would support the person for the first few visits and provide transport until the person was confident to be independent.

There was a complaint policy in place and people had been given an accessible version with the contact details of the registered manager and the provider. No complaints had been received in the past 12 months. People told us they knew who to speak to if they were unhappy about their support. People had contacted the registered manager to give compliments about the staff who supported them.

Is the service well-led?

Our findings

People told us they knew who the registered manager was and that they could always talk to them. Staff told us the registered manager was very supportive and always available.

The service had a registered manager in post. 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 told us they felt valued and that they had a voice in the development of the service. The registered manager told us, "We are such a small team it makes it easier to involve all the staff, but also essential for the staff to feel part of things." The values of the service were to support people living the life they wanted and achieving their goals. The people we spoke with told us that was "what the staff did."

The registered manager was supported by the provider and worked closely with their line manager to improve the service. The registered manager was in the process of completing a level five qualification in health and social care. Staff told us they felt very supported and could access additional training if needed. The registered manager was happy to seek advice from other professionals if required. The registered manager supported people as part of their role; they also covered for other staff absences if needed. Staff told us, "It really helps that the manager still supports people. It means we really feel like a team and she really understands what we are doing. Sometimes our job can have an emotional impact and she understands that. We can talk to her about the positives and the frustrations."

The provider and registered manager carried out regular checks to monitor the quality of the service. The registered manager reviewed the visit records staff completed and care plans on a monthly basis. Any learning opportunities or ideas for improvement were discussed with the staff member in their one to one meeting and also raised in staff meetings. The provider and registered manager had an action plan in place which was added to with outcomes of any audits, surveys, learning or feedback from external professionals. When issues were resolved this was recorded. As a result of a recent audit people were being offered the opportunity to take part in some training to enable them to be involved in interviewing potential staff.

People and staff had annual surveys sent to them to annually. The results were analysed and a report was issued of the outcome. Some people were offered the opportunity to meet with the provider's independent engagement team to give feedback verbally. Comments from people included, 'They helped me get a job,' 'I know all the team and they all help out and cover' and 'They are very flexible and accommodating. They are reliable and always make time for me.'

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception and their office. Their section of the provider's website was currently being constructed and we

saw evidence that their rating was to be included.