

MK Supported Housing Limited

# MK Supported Housing Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

### About the service

MK Supported Housing Limited is a small residential home providing care and support for people with a learning disability or autistic spectrum disorder, mental health and physical health needs. At the time of inspection, they were providing personal care to two people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

There was a lack of effective oversight and governance in place to enable the provider and registered manager to assess, monitor and improve the quality and safety of the service. Systems and audits had not resulted in timely action to improve the service in the areas needed.

The provider had not ensured appropriate procedures and risk management plans were in place where people's behaviour posed a risk to themselves and others. The provider's policy of no physical intervention had left people and staff vulnerable to harm when people were distressed, and risks associated with their behaviour increased. People did have suitable risk assessments and risk management plans in place for other areas of their lives and these were followed by staff.

Improvements were required to the storage of medicines and medicines recording. People did receive their medicines as prescribed and staff were trained in medicines administration and had their competency regularly checked.

The arrangements in place for food safety had not been consistently implemented as food was not always stored safely. The environment was clean and well maintained and suitable for people's needs.

The provider and registered manager took prompt action to rectify all the areas of concern identified during the inspection.

There were enough staff to meet people's care and support needs and to ensure people were as active as they wanted to be. Staff mostly received the training they needed to provide people's support appropriately and safely. The provider had not implemented the Care Certificate for staff new to care but recognised the need to do this. Staff were provided with supervision and were well supported by the provider.

There was no end of life care being delivered at the time of the inspection. However, the provider's policies

required further development to detail the support that staff would provide to people in preparing for the end of their life.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's needs, and wishes were met by staff who knew them well. People were treated as individuals and were valued and respected. Staff ensured that people's privacy and dignity was protected and spent time getting to know people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider actively sought feedback from people, their families and staff to continually look at ways to improve the service and was receptive to ideas and suggestions.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 6 September 2018). The service remains rated requires improvement. This service has been rated requires improvement for two consecutive inspections. At the last inspection the provider was in breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough, improvement had not been made and the provider was still in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to the governance and safety of the service. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-led findings below.

**Requires Improvement** ●

# MK Supported Housing Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type:

MK Supported Housing Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We contacted health and social care commissioners for feedback about the service. Health and social care commissioners commission care from the provider and monitor the care and support that people receive. We used all this information to plan our inspection.

During the inspection, we spoke with one person who used the service and one person's relative. We also spoke with one social care professional, two members of support staff, the registered manager and a director of the organisation.

We looked at various records, including care records for two people. We also examined records in relation to the management of the service such as quality assurance checks, staff training and supervision records, safeguarding information and information about complaints management.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely; Preventing and controlling infection

- The provider had not ensured appropriate procedures and risk management plans were in place where people's behaviour may pose a risk to themselves and others.
- The provider had a policy of no physical intervention when people displayed behaviours of concern. However, staff were supporting some people who were known to display behaviour that posed a risk to themselves and others. An incident had occurred where contrary to the provider's policy staff had physically intervened to prevent a person from harming themselves and staff.
- Staff had not been provided with sufficient guidance about what they should do if people's behaviour escalated. Risk assessments and care plans did not contain appropriate information to inform staff what they should do if the planned response for reducing people's distress was not effective.
- Improvements were required to medicines management. Some medicines were not safely stored in line with legislation. (The Misuse of Drugs Act 1971 places controls on certain medicines) Storage for these medicines did not meet the requirements of the British Safety Standard.
- Medicines administration records (MAR) charts were not always fully completed. We saw MAR charts for prescribed creams did not contain the directions of where the creams were to be applied. Handwritten entries on MAR charts were not always signed and did not contain information about the route by which the medicine was to be given.
- People were at risk of infection as food was not always safely stored. Opened food such as cooked jacket potatoes and condiments in the fridge had not been labelled with the date they were cooked or opened and the use by date.
- Staff were recording the fridge temperatures regularly; however, we saw on several occasions these were outside the safe range. The provider had bought a new fridge, however the temperatures continued to be recorded outside of the safe range with no record of what action was taken to reduce the risk.

We found no evidence that people had been harmed however, the safety of the service was not effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. Policies and procedures for physical intervention had already been reviewed and training to help staff manage escalating behaviour in a professional and safe manner was booked but had not yet been delivered. Medicines procedures were reviewed, and new medicines storage sourced. Food safety procedures were addressed with staff and new fridge thermometers provided.

- Suitable risk assessments and risk management plans were in place for most areas of people's lives. For example, risks posed by health conditions and social activities.
- Risk assessments for many aspects of people's home environment were in place, for example fire and falls risks. Staff undertook regular checks in the home to make sure it was safe for people and staff to use. This included checks of water temperatures to make sure they were within the safe range.
- Medicines were administered by staff that were trained to do so and had their competency regularly checked. Medicines stock and records were monitored, and audits were in place to ensure compliance. Any discrepancies identified in audits were followed up with staff to improve practice.
- Some medicines were only required when needed. Protocols were in place to ensure these medicines were used appropriately.
- The home was clean and well maintained. Staff had the appropriate personal protective equipment to prevent the spread of infection. For example, staff wore disposable gloves and aprons when providing support with personal care.

#### Staffing and recruitment

- People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place, which were consistently followed.
- There were sufficient numbers of staff at the service to support people safely. We received positive feedback about staffing levels and saw there were enough staff on duty to meet people's needs during the inspection.

#### Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from abuse and staff knew the potential signs to look for that could indicate abuse. Staff understood their responsibility to raise safeguarding concerns. One member of staff spoke about their safeguarding training and said, "I learned a lot, we have a responsibility and duty of care to people."
- A safeguarding policy was in place and available to people and staff. This contained the information people needed.

#### Learning lessons when things go wrong

- Staff knew how to report accidents and incidents.
- The registered manager reviewed these to identify themes, trends, learning and actions required to reduce risk to people. We saw that records of incidents would benefit from increased detail to enable more thorough analysis. The provider had recognised that staff required training in incident recording and was arranging this training at the time of inspection.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant 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 fully assessed before any care was agreed and delivered.
- The provider visited the person and their family if appropriate to discuss their needs and expectations of the service. They also used information from health and social care professionals already involved in people's care to plan their support. We received positive feedback from a social care professional involved in one person's move to the home about the way their transition had been managed by the provider.
- Support plans were implemented based on the findings of the assessment and regularly reviewed and updated to ensure support was provided in the most appropriate way.

Staff support: induction, training, skills and experience

- Staff received induction training that involved shadowing experienced staff and covered areas such as; safeguarding, health and safety, dignity and respect and diversity and human rights. However, the induction package did not follow the principles of the Care Certificate. The Care Certificate is a set of standards that ensure staff new to care receive appropriate induction and training. We discussed this with the registered manager who agreed to implement the Care Certificate for staff new to care.
- Staff had training to meet the specific needs of the people they supported. For example, training in epilepsy.
- Staff received regular supervision and were happy with the support they received from the registered manager. One member of staff said, "It's helpful, I can raise any concerns or anything I need to talk about to do with the people we support and they [registered manager] are helpful."

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

- People received support to eat and drink enough to maintain a balanced diet and stay healthy.
- A social care professional involved in the care of one person told us, "[Person's name] has a good diet, they like the food and are eating well."
- Information was recorded in care plans as to what support people required in relation to eating and drinking and whether people had any specific requirements. Where people were at risk of weight loss they received the support, they needed to meet their nutritional needs.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support:

- People received support to meet their health needs. Staff knew people well and were vigilant to changes in their health,

- Staff worked closely with people and other care professionals involved in their support. Regular reviews were held to ensure people's health care was provided in the most appropriate way and any changes to health needs were met. A health care professional involved in one person's care had attended a team meeting to speak to staff about the best way to support the person's mental health needs.
- Records showed that staff supported people to access health and social care professionals such as the GP and dentist and supported people to follow their advice.

#### 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 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.

- The provider had a good understanding of the MCA and care plans consistently referenced people's ability to make their own decisions.
- Care staff had received training in MCA and understood the importance of seeking consent from people and supporting people in the least restrictive way possible. One staff member described their approach to supporting people saying, "At the end of the day, what they choose is the most important thing."
- Mental capacity assessments and best interest decisions had been completed for decisions that people were unable to make for themselves. For one person the capacity assessment related to more than one decision, we discussed this with the registered manager and it was amended.
- We saw that DoLS applications had been made for people who had restrictions made on their freedom. These had not yet been authorised and the provider was monitoring this.
- We saw that one person's support plans were signed on their behalf by a relative. The provider was unsure whether the person's relative had the legal authority in place to do this. They told us, and records showed the relative had consistently represented the person in meetings with multidisciplinary professionals and commissioners. The registered manager told us they would review the systems in place to ensure they have evidence that anyone providing consent to the support they provided on behalf of a person had the legal authority to do so.

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

- The home was suitable and accessible to the people living there. The layout of the building ensured that the environment offered plenty of personal space. People had taken part in decorating their rooms and this had been done to their personal taste and preference.
- The provider had carried out a schedule of refurbishment since the last inspection which included a new bathroom and kitchen and refurbishment and redecoration of communal areas.
- Some improvement had been made to the garden since the last inspection and staff supported people living in the home to take part in gardening activities. Further work was planned to make this a more pleasant space for people to use.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by a small team of staff that were kind and caring. People and staff enjoyed each other's company. One person's relative told us, "[Person's name] is so happy there and they [staff] are very good with [person's name]."
- We saw people's support was not rushed and staff had time to provide emotional support to people and reassure them when they were anxious.
- Care plans included information about people's cultural preferences, values and beliefs, and any religious and spiritual needs. This information was used to help meet all of people's care needs.

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

- Systems were in place to ensure people were involved in the planning of their care as much as they were able. Regular review meetings took place to discuss any changes to support needs.
- The registered manager and staff understood the importance of involving people in decision making. We saw that people had regular meetings with their keyworker staff to discuss their care and support.
- The registered manager was knowledgeable about advocacy and gave examples of how people had been supported to access advocacy services when needed.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- Staff recognised the importance of confidentiality and people's personal information was stored securely.
- People's independence was promoted, and staff worked with them to enable them to achieve their goals.
- We saw that people's independence and access to different experiences had improved while they had been supported by the provider. For example, access to voluntary work and outside activities that helped people to improve their skills and independence.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We received positive feedback about the service and the way people's support was provided. One person's relative said, "[Person's name] is doing very well there, I'm very happy." A social care professional involved in another person's care said, "The staffing is very consistent, [person's name] has male staff which they prefer, and they get to do lots of social activities."
- People received their support from dedicated teams of staff who knew them well and supported them to live their life as they chose.
- People had care plans which detailed the care and support people wanted and needed; this ensured that staff had the information they required to provide consistent support for people. For example, care plans contained information on people's social interests and the things that caused them anxiety.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was made available to people in the format that met their needs and people's care plans contained information about people's communication needs. For example, pictorial information was provided to support one person improve their sleep pattern.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain contact with their family. Staff accompanied people on visits with family members where additional support was needed.
- Staff understood the importance of enabling people to pursue their interests and meet their social needs. During the inspection people told us about the activities they took part in and enjoyed. One person spoke with enthusiasm about the work they did at a local supported employment scheme.
- We saw photos of people enjoying many varied activities including; holidays, discos, horse riding and theme parks. The provider had recently joined a national heritage charity to give people more opportunities to visit new places.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were unhappy and wished to make a complaint.
- People and staff were confident that if they did have a complaint they would be listened to and the issue

addressed.

- There was a complaints procedure in place. The provider had received no complaints since the last inspection.

#### End of life care and support

- The service provides support to younger adults. There was no end of life care being delivered at the time of the inspection.
- The provider's policies required further development to detail the support that staff would provide to people in preparing for the end of their life. This would ensure staff were aware of people's preferences and needs; for example, in relation to their spiritual or cultural needs. Following the inspection, the registered manager implemented an end of life care policy.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to implement effective quality assurance systems to monitor the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

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

- The leadership and governance in place had not always ensured regulatory requirements were met.
- The provider had added a service user band of children 13-18 years old to their registration and prior to the inspection had provided support to one person under the age of 18. However, they had not ensured policies and procedures for recruitment, safeguarding and training were updated to reflect this change. At the time of inspection, they were not providing care to anyone under the age of 18 and decided to apply to remove this service user band. However, action had not been taken in a timely way to ensure all people using the service were provided with appropriate, safe support.
- The provider is registered with the Care Quality Commission (CQC) to provide accommodation and personal care. We reviewed the provider's web site before the inspection and saw domiciliary care was advertised. The provider was not registered for the regulated activity of personal care that is required to provide domiciliary care. They assured us that this was an error and they had never provided domiciliary care.
- The provider had not ensured appropriate systems and policies were in place to ensure staff were able to respond in a safe way when people's behaviour posed a risk to themselves and others.
- Audit tools being used were not always effective. Audits covering medicines and food safety had not identified the concerns found at this inspection.
- Action was not always taken to ensure that areas identified as requiring improvement, were acted upon in a timely manner. The provider was aware that an electrical safety audit had identified concerns with the safety of the electrical installation at the service. Insufficient action was taken until these concerns were raised during the inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the service was effectively managed. This placed people at risk of harm. This was a

breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They created an action plan describing the actions they would take to improve the service and we saw that many of these actions had been completed. They confirmed a second electrical safety audit had been carried out, which identified no concerns with the electrical safety of the premises. They removed the reference to the provision of domiciliary care from the location's web site.

- The provider and registered manager had regular contact with people, their relatives and staff and had a good overview of people's support needs. The registered manager audited people's care records every month, producing a monthly overview and implementing any actions required.
- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to by the registered manager. They received regular support and told us the registered manager and provider were accessible to them. One member of staff said, "There's lots of support and guidance." Another member of staff told us, "I have enough access to the manager and I can just call them if I need to."
- During the inspection we observed the registered manager and provider working with people and staff and saw they had an in depth understanding of people's current situation and support needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and registered manager were committed to providing a responsive, personalised service to people. The feedback we received from people, relatives, professionals involved in people's care and staff during the inspection was positive.
- A social care professional commented on the improvements they had seen in the outcomes for one person since they moved to the service. They told us, "[Person's name's] behaviours have dramatically reduced, and this is due to staff working consistently with them and motivating them to be active."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the requirements under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The provider notified CQC and other agencies of any incidents which took place that affected people who used the service.
- Staff knew how to 'whistle-blow' and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- Formal surveys were in place and people were able to provide feedback on the service at any time and this was acted upon. For example, in one survey a person's relative described how they had raised a concern verbally with one of the directors and had been pleased this had been dealt with quickly and effectively.
- Surveys were presented in a way suitable to people's communication needs. For example, we saw pictorial surveys that had been completed.
- Staff feedback was collated during supervisions and meetings. We saw minutes of staff meetings where staff were provided with updates to practice and were able to contribute to the running of the service.

#### Continuous learning and improving care

- The provider and registered manager recognised that improvements continued to be needed and had begun to take the action needed to improve the service.
- The provider was supporting the development of the registered manager and they were completing a level five qualification in care management and leadership.

#### Working in partnership with others

- The registered manager worked closely with local healthcare commissioners and community projects for people with learning disabilities to ensure the service developed and people received safe appropriate care.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured appropriate procedures and risk management plans were in place where people's behaviour may pose a risk to themselves and others.</p> <p>Improvements were required to medicines management.</p> <p>People were at risk of infection as food was not always safely stored.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was a lack of effective oversight and governance in place to enable the provider and registered manager to assess, monitor and improve the quality and safety of the service.</p> <p>Systems and audits had not resulted in timely action to improve the service in the areas needed.</p>