

MK Supported Housing Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

MK Supported Housing Limited is a care home providing personal care to up to 4 people with learning disabilities and autism. At the time of the inspection, 4 people were living at the service.

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

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 received safe care and felt safe within the service. Staff we spoke with understood safeguarding procedures and felt confident their concerns would be listened to and followed up. Relatives we spoke with told us they felt their family members were safely supported within the service. Risk assessments were in place to manage risks within people's lives.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out. Staffing levels were sufficient and consistent within the home, and people got the support they needed from staff promptly.

Medicines were stored and administered safely, and staff were trained to support people effectively. Staff were supervised well and felt confident in their roles.

The service was clean, and staff understood infection control procedures and followed them.

Audits of the service were detailed and any issues found were addressed promptly. Staff felt well supported by the manager, and were motivated to provide good care to 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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 19 October 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out a comprehensive inspection of this service on 2 September 2019. Two breaches of legal

requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for MK Supported Housing Limited on our website at www.cqc.org.uk.

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.
Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well led.
Details are in our safe findings below.

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The service did not have manager registered with the Care Quality Commission, but they did have a manager in post that was going through the registration process. 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

This inspection was announced shortly before it took place. This was to obtain information around Covid 19 within the service before entering the premises.

What we did before the 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.

During the inspection

We spoke with two people who used the service. We spoke with two members of care staff, the manager, and the director. After the inspection we spoke with two relatives of people using the service by phone.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 now improved to Good.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Systems and processes to safeguard people from the risk of abuse

- Staff had good knowledge of the types of abuse people could be subjected to. They understood their responsibilities in keeping people safe. Staff had confidence the management team would deal with any concerns raised.
- People who lived at the service were safe, and the systems and processes in place supported staff to keep people safe. A relative of a person using the service told us "It's very safe. It's the best place that [name] has lived.

Assessing risk, safety monitoring and management

- Risk assessments in people's care plans documented the risks that were present in their lives, and supported staff to work safely with people. This included plans in how to support people who may display behaviour which challenges. Staff were trained to safely support people to manage behaviours in the least restrictive way possible.
- Staff and managers understood the ongoing needs of people, and were continuing to develop training within this area, to ensure peoples' needs were met.

Staffing and recruitment

- The provider had ensured staff were safely recruited by undertaking pre-employment and identity checks. These included a Disclosure and Barring Service check which helped to support safer recruitment decisions.
- Agency staff were used at times alongside permanent staff, although these were consistent staff members known to people who use the service.
- Staffing levels were suitable to keep people safe. People had staff assigned to them for specific one to one support at various times, to ensure they could remain safe and receive the care they needed. One relative said, "There are plenty of staff, [name] always has someone with them."

Using medicines safely

- Medicines were stored and administered safely. Medication administration records (MAR) in use were completed accurately.

- Protocols were in place to manage medicines that were required on an 'as and when' basis. Staff understood the procedures and approaches required to people's support, to ensure medicines were taken appropriately.
- Audits and checks were in place to ensure any mistakes would be found and acted upon. Relatives we spoke with told us they felt their family members medicines were managed effectively by the staff.

Preventing and controlling infection

- The building was clean and tidy and cleaned regularly. Touch points were regularly wiped down to reduce the risk of infection.
- The provider was managing the spread of infection adequately during the Covid 19 pandemic. Appropriate procedures were in place to manage infection control, including staff using PPE appropriately. Staff knew how to support people who may be isolating with the virus, and told us they had all the PPE, support and guidance to do so effectively if and when required.
- People and relatives confirmed that staff always used the appropriate PPE, and were happy they were being protected as much as was possible.
- Outdoor areas were used to enable relatives to visit people whilst observing infection control guidelines correctly.

Learning lessons when things go wrong

- The provider regularly reviewed information when things did not work well or when there were shortfalls in the service and shared the learning with staff. Audits and team meetings were used effectively to document and communicate learning.

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 now improved to Good.

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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- The service had a positive and open atmosphere. A relative told us, "The current management is very good, much improved." Another relative said, "It is a very well run service, I am always kept informed of what's going on."
- The staff we spoke with told us they were confident in their roles, and had the support they needed from the management team. Staff and managers were flexible in their approach to ensure good outcomes for people.

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

- The provider had reported any concerns to families and the local authority in a timely manner to enable appropriate, additional support to be provided if needed.
- Staff and the manager maintained records of accidents and incidents. Information and learning were shared with staff to reduce the likelihood of recurrence.
- Management and staff were clear about their roles and responsibilities.

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

- The provider had systems in place to obtain feedback from people using the service, relatives, and staff. One relative told us, "I was asked to feedback formally, and I am always asked my opinion and kept informed." Opportunities to feedback were presented to people in an easy read format when they required it.
- Staff told us they were kept informed regularly. One staff member said, "It is a small home, we work alongside the manager, and we have regular meetings to handover information."
- The daily approach that staff took with people ensured they were always included in making decisions as

much as they were able to. Staff treated people as individuals and understood and respected their individual characteristics.

Continuous learning and improving care

- Audits across all areas of the service were conducted to ensure quality remained high, and mistakes and errors were found quickly and acted on. For example, a regular check on the environment and cleaning carried out when needed.
- The managers we spoke with were receptive to feedback throughout the inspection, and were open and honest with their approach.

Working in partnership with others

- Staff and management regularly worked in partnership with outside health and social care professionals to make sure people got the support they needed. This included regular contact with people's funding authority as they were admitted in to the service.
- Many activities and outside services that people normally attended had been cancelled or postponed due to Covid 19. People were still able to go out with staff support regularly, and staff had a good knowledge of places in the community that people enjoyed.