

West Kent Housing Association

West Kent Housing Association

Inspection report

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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 

Overall summary

The inspection was announced and was carried out on 05 August 2015 by one inspector.

West Kent Housing Association provides housing to people throughout Kent. The supported living service regulated by the Care Quality Commission is part of Lifeways, a support arm of the organisation, providing care and support to people in their own homes to promote their independence.

There was 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.

Summary of findings

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to report any concerns.

Risk assessments were centred on the needs of the individual. They included clear measures to reduce identified risks and guidance for staff to follow to make sure people were protected from harm. Accidents and incidents were recorded and monitored to identify how risks of recurrence could be reduced.

There were enough qualified, skilled and experienced staff to meet people's needs. Staffing levels were calculated according to people's changing needs. The provider followed safe recruitment practices.

Staff knew each person well and understood how to meet their support needs. People told us, "X [support worker] knows me well, and I do what I want to do." Each person's needs and personal preferences had been assessed before support was provided and were regularly reviewed. This ensured that the staff could provide care in a way that met people's particular needs and wishes.

Staff had completed the training they needed to care for people in a safe way. They had the opportunity to receive further training specific to the needs of the people they supported. All members of care staff received regular one to one supervision sessions and were scheduled for an annual appraisal to ensure they were supporting people based on their needs.

All care staff and management were knowledgeable in the principles of the Mental Capacity Act 2005 (MCA) and the requirements of the legislation.

Staff sought and obtained people's consent before they provided support. When people declined, their wishes were respected and staff reported this to the manager so that people's refusals were recorded and monitored.

People told us that staff communicated effectively with them, responded to their needs promptly and treated them with kindness and respect. People were satisfied with how their support was delivered.

Clear information about the service, the management, the facilities, and how to complain was provided to people. Information was available in a format that met people's needs.

People's privacy was respected and people were supported in a way that respected their dignity and independence.

People were referred to health care professionals when needed and in a timely way. Personal records included people's individual support plans, likes and dislikes and preferred activities. The staff promoted people's independence and encouraged them to do as much as possible for themselves.

People's individual assessments and care plans were reviewed regularly with their participation. People's support plans were updated when their needs changed to make sure they received the support they needed.

The provider took account of people's comments and suggestions. People's views were sought and acted upon. The provider sent questionnaires regularly to people to obtain their feedback on the quality of the service. The results were analysed and action was taken in response to people's views.

Staff told us they felt valued under the manager's leadership. The manager notified the Care Quality Commission of any significant events that affected people or the service. Quality assurance audits were carried out to identify how the service could improve and remedial action was taken when necessary.

Summary of findings

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 safe.

Staff were trained in the safeguarding of vulnerable adults and were knowledgeable about recognising the signs of abuse.

Risk assessments were centred on the needs of the individuals and there were sufficient staff on duty to safely meet people's needs.

Thorough staff recruitment procedures were followed in practice.

Good



Is the service effective?

The service was effective.

All staff had completed the training they required to effectively meet people's needs.

The provider was meeting the requirements of the Mental Capacity Act 2005.

People were referred to healthcare professionals promptly when required.

Good



Is the service caring?

The service was caring.

Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness and respect.

Information was provided to people about the service and how to complain. People were involved in the planning of their support.

Staff respected people's privacy and promoted people's independence. They encouraged people to do as much for themselves as possible.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed before support was provided. People's support plans were personalised to reflect their wishes and what was important to them. Support plans and risk assessments were reviewed and updated when people's needs changed.

People knew how to complain and people's views were listened to and acted upon.

Good



Is the service well-led?

The service was well led.

There was an open and positive culture which focussed on people. The manager sought people and staff's feedback and welcomed their suggestions for improvement.

Staff had confidence in the manager's response when they had any concerns.

Good



Summary of findings

There was an effective system of quality assurance in place. The manager and the provider carried out audits to identify where improvements to the service could be made.

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.

The inspection was carried out on 05 August 2015 and was an announced inspection. Notice of the inspection was given because we needed to be sure that the manager, staff and tenants we needed to speak with were available.

The inspection was carried out by one inspector. Eight tenants received support from the independent living service at the time of our inspection. They were supported by two support workers.

Before our inspection we looked at further records that were sent to us by the registered manager or social services to inform us of any significant changes and events. We reviewed our previous inspection reports.

We spoke with three people to gather their feedback. We also spoke with the registered manager and two members of staff. We accompanied support workers when they visited two people's homes to provide support, with people's consent.

We consulted one local authority case manager and one psychiatric community nurse who oversaw people's welfare while they received support from the service. We obtained their feedback about their experience of the service.

We looked at records that included five people's support plans, reviews and risk assessments. We consulted two staff files, staff rotas, staff training records, satisfaction surveys, quality assurance checks, audits and sampled the service's policies and procedures.

At the last inspection on 31 October 2013 no concerns were found.

Is the service safe?

Our findings

People told us that they felt safe when staff provided support. People told us, “I feel safe with X [support worker]” and, “If we have a problem they always help.”

There were sufficient staff on duty to meet people’s needs. There were two support workers deployed to visit tenants in their homes. The registered manager told us, “We have enough staff to ensure people’s needs are met and our workers have time to spend with each tenant”. A care worker told us, “We spend one to one with each person without being rushed”. This ensured that staffing provision met people’s need for the continuity of their support.

The registered manager reviewed the support needs for people whenever their needs changed to determine the staffing levels needed and increased the number of staff accordingly. They told us, “We look at the hours tenants want and need, and we provide support in relation to that; If needs increase we increase the support to meet them.” Additionally, the registered manager covered staff when they were absent. They said, “This way I maintain a connection with each tenant who use our service and gather their feedback.” When the registered manager was not available, bank staff were employed to cover staff absence. This ensured there were enough staff to meet people’s needs.

People were supported to manage their own medicines. For example, they were accompanied to their G.P. for reviews of medicines and blood tests when appropriate. Dosset boxes were provided when tenants needed support with organising the administration of their medicines. Dosset boxes are containers which divide medicines in daily dosage.

Staff were trained in recognising the signs of abuse and knew how to refer to the local authority if they had any concerns. Staff training records confirmed that their training in the safeguarding of adults was annual and up to date. Staff had made appropriate referrals to the local authority when they had been concerned about people’s safety and had participated in safeguarding case conferences. The members of staff we spoke with demonstrated their knowledge of the procedures to follow to report abuse. One member of staff said, “I have referred tenants twice when possible abuse was taking place in the

community”. There was a safeguarding lead in the West Kent Housing Association office that provided guidance and advice when needed to all staff, including staff from the supported living service.

Recruitment procedures included interview records, checking employment references and carrying out Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff had a criminal record or were barred from working with people who may be at risk in the community. Gaps in employment history were explained. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. They were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

Risk assessments were centred on the needs of the individual. They included clear measures to reduce the risks to people and appropriate guidance for staff. For example, a risk assessment had been carried out for a person who was at risk of experiencing anti-social behaviour in their home. The need to help people obtain new locks for their front door, to ensure people had emergency contact numbers stored in their phone and to provide daily reassurance had been identified. Further risk assessments identified when staff needed to work in pair and apply the service’s ‘lone worker’ policy procedures. Staff followed the relevant guidance in practice.

Accidents and incidents were recorded and monitored daily by the registered manager. The registered manager audited all accidents and incidents monthly to check whether there were any common triggers that could be further avoided. They told us, “We have had very few incidents so far, mainly minor incidents sustained by staff which we log and review at our quarterly health and safety meeting.”

The provider ensured that the office premises were secure. Access to the premises was secured with an entry pad system. Fire drills were practised monthly and all fire protection equipment was regularly serviced and maintained. Evacuation plans were clearly displayed in the office. All staff were trained in fire awareness.

Is the service safe?

Assessments of tenants' environment and a fire risk assessment were carried out in their homes before the staff started to provide support. This included gas and electricity safety checks, appliances and any possible trip hazards. Additionally, domestic staff who kept people's homes clean checked fire exits and the lighting to ensure these were functional in case of emergencies. They completed checklists and reported repairs that needed to be done to a dedicated department who ensured these were carried out. During a visit to a person's home, the support worker checked that a gas engineer was scheduled to replace a

person's boiler and a locksmith to install new locks. Upon departure, people were reminded to lock their doors when necessary. This meant that tenants could be confident that staff considered their safety effectively.

The provider had an appropriate business contingency plan that addressed possible emergencies such as extreme weather and epidemics. There was an out of hour's system to respond to people, managed by office staff in rotation. This had been used to ensure people's safety when out of hours staff had called emergency services appropriately on a person's behalf.

Is the service effective?

Our findings

People's needs were assessed, recorded and communicated to staff effectively. The staff followed specific instructions to meet individual needs. People's comments were very positive about the service's effectiveness and efficiency. People told us, "X [support worker] looks after me very well, she knows what I need" and, "If there is something I am worried about, I know X [Support worker] will help me sort it out."

Staff had appropriate training and experience to support people with their individual needs. Staff confirmed they had received a comprehensive induction and had demonstrated their competence before they had been allowed to work on their own. Records showed that all essential training was provided annually, was current and that staff had the opportunity to receive further training specific for the needs of people they supported. This included mental health, domestic violence awareness and autism. Staff were supported to gain qualifications relevant to their role. A support worker had expressed the wish to receive advanced training in mental health and had been encouraged to research and submit an application for a course that interested them for approval. The registered manager was planning to secure funding and provide this training.

The staff we spoke with were knowledgeable about the specific needs of each person they supported. A member of staff described to us how they met a person's need for reassurance. The ways to provide this specific support were included in the person's support plan and daily records indicated these were used in practice.

All members of support staff received monthly one to one supervision sessions or sooner if needed. All staff were scheduled for an annual appraisal. Two members of staff told us, "We are very well supported and can discuss anything with the registered manager" and "This is a very responsible job; we need to discuss it regularly during supervision and reflect on how we did, how we progress with people, and how we could do better." Informal supervision was available as the registered manager operated an 'open door' policy. We observed staff consulted the registered manager and updated her on people's wellbeing when they visited the office.

We discussed the requirements of the Mental Capacity Act (MCA) 2005 with the registered manager and a support worker. They demonstrated a good understanding of the process to follow when people did not have the mental capacity required to make certain decisions. Staff were trained in the principles of the MCA and were knowledgeable about the requirements of the legislation. A support worker told us, "We must be clear and provide options so that tenants can make informed decisions but we must respect whatever decisions they make because this is their right." A system was in place to assess people's mental capacity for specific decisions; however this had not been warranted since our last inspection.

Staff sought and obtained people's consent before they supported them. We observed them to be respectful of tenants' plans for the day and offering support only when this was requested and appropriate. Ongoing refusals of support with activities of daily living were monitored by the registered manager to identify whether further assessments of their needs and wishes were needed.

Staff used specific communication methods with people when necessary. For example, one person preferred texting the staff on their mobile phones rather than meeting face to face. Another person needed time to express themselves and another person took time to answer when they were spoken with. The two support workers were aware of these methods and used them in practice. The communication methods were clearly written in people's support plan and staff followed the guidance effectively.

Tenants prepared their own meals and staff offered advice and support with shopping or transport when appropriate. Staff advised or prompted people about healthy eating. A person with diabetes was reminded of recommended food to promote their health. They were accompanied by staff for check-ups and appointments with a 'diabetes nurse'. Staff were vigilant about a person's health and appetite when they had an eating disorder. Another person was reminded to drink plenty of fluids throughout the day when the weather was hot. We observed staff and tenant conversing with appropriate humour about healthy eating and the adverse effects of smoking.

People were involved in the regular monitoring of their health and were supported to register with healthcare professionals. When staff had concerns about people's health this was reported to the office, documented and

Is the service effective?

acted upon. A person who experienced anxiety and a depressive state had been referred to a specialised mental health team with their consent. A person who needed equipment and aids in their home to keep them safe had

been referred to an occupational therapist. Staff called G.P.s. with people's consent if they found they were unwell. This system ensured the delivery of people's support responded to their health needs and wishes.

Is the service caring?

Our findings

People told us they were satisfied with the way staff supported them. When asked how they found the support staff provided, people's comments included, "We are very pleased", "It is really good", "X [support worker] is like my best friend I do not know how I would cope without her."

Positive caring relationships were developed with people. Staff told us they valued the tenants they visited and spent time talking with them while they provided support. One member of staff said, "It is quite a privilege to work with people who give us their trust." Another member of staff told us, "This job is all about supporting people to live the way they want." A psychiatric community nurse who oversaw people's welfare while they received support from the service told us, "The staff are very caring and professional."

Staff were made aware of people's likes and dislikes to ensure the support they provided was informed by people's preferences. For example, a person was fond of animals and had experienced a loss of a beloved pet. Staff were aware of this and were mindful of the person's grief, talking with them with empathy and kindness.

Information was provided to people about the services available and how to complain. A brochure that included information about what to expect from the service was given to people before care started and was available in a larger print, braille or in a CD form, to assist people with visual or hearing impairment. Additional information about supported housing schemes was provided for people. This included contact details of local services such as health care professionals, chemists, shops, services and churches of different faith. Contact details of who to call during emergencies or out of hours were stored in people's mobile phones when they consented to this.

Explanations were provided by staff to people appropriately. For example, a support worker explained to a person the reason for their next health care appointment with sensitivity. The person was reminded to schedule it in their diary and asked whether they wished to be accompanied. This caring approach ensured people were involved in planning their support.

The service held information about advocacy services and followed guidance that was provided by the local authority. A system for referring people to advocates was in place. An advocate can help people express their views when no one else is available to assist them. An advocate had been representing a person's views at a multi-disciplinary meeting.

People's privacy was respected and people were supported needs in a way that respected their dignity. Staff waited to be invited in people's homes and were respectful of boundaries. A support worker told us, "We are guests in their homes; if we have to use a key we still always warn people we are at their front door." The staff had received training in respecting people's privacy, dignity and confidentiality. This meant that people were assured that they were cared for by staff who respected confidentiality and discretion.

The staff promoted people's independence and encouraged people to do as much as possible for themselves. The service held a policy on 'Autonomy' which addressed people's choice and right to freedom about maintaining independent living. The policy was applied by staff in practice. Some people received support during outings, such as going shopping, going for walks or 'for a drive' of their choice, or simply for companionship. All the people we spoke with told us they were encouraged to do as much for themselves as they wished. For example, they were encouraged to report themselves any repairs that needed to be done to their homes. People told us, "When I need to ring people for example about a bill I am worried about, or something that needs to be fixed, X [support worker] calls them, get the right person on the phone then hands over the phone back to me so I can talk with them myself" and, "We go together to garden centres, cafés, anywhere I want to go really, it is up to me." Staff told us, "We would be doing a disservice to people if we did not boost their confidence; we encourage them to locate their own resources, be as independent as possible and develop areas they are good at."

Is the service responsive?

Our findings

People received care that was responsive to their individual needs. People told us, “X [support worker] knows me well, and I do what I want to do” and, “We go where I want and when I want.”

The registered manager carried out people’s needs and risk assessments before the support was provided. This included people’s daily living skills, mental health, social network and relationships that were important to them. As soon as support began, these assessments were developed into individualised support plans. The registered manager told us, “Within two weeks we have a thorough support plan that takes account of people’s personalities, individual requirements, likes, dislikes and preference.” The staff were made aware of people’s support plans to ensure they were knowledgeable about people’s particular needs before they provided support. For example, they helped people manage their finance when necessary, supporting people to address debts, improve budget management skills and negotiate repayment plans. A member of staff told us, “We simply respond to needs and to what people want; we inform each other in the team straight away if anything changes.”

People’s support was planned taking account of their preferences and what was important to them, such as the goals they wished to achieve. Support plans were developed with people’s involvement and included specific requests from people about how and when they wished to have their care provided. For example, they chose the days and specific times when they wished to be supported. A person had wished to change their daily support hours to one day per week and this had been accommodated. This responsive approach meant that people could be confident that their wishes were respected in practice.

People’s individual assessments and support plans were reviewed every six months or sooner if people’s needs changed. For example, if people experienced significant changes in their moods and behaviour. People were involved in the reviews of their support plans which were updated appropriately to reflect any changes. The registered manager had implemented a system where

people could evaluate their progress in ten domains. These included ‘taking responsibility’, ‘managing tenancy’, ‘meaningful use of time’ and ‘emotional health’. The system was a visual diagram in the shape of a star and enabled people to monitor their progress.

The provider had a complaints policy and procedure that had been updated in January 2015. People were made aware of the complaint procedures to follow as this was provided at the start of their support. However no complaints had been lodged with the service since our last inspection.

Staff escorted people to provide discreet practical and morale support when they were going out in the community. They provided transport when this had been agreed during the planning of their care. This meant that people had access to all facilities in the local community, such as colleges, leisure centres, garden centres, parks, tea rooms, pubs and shopping malls. A person was accompanied to the zoo. Another person was supported with working for a charity organisation. Another person was helped with researching courses at a local college. Their support worker helped them fill in application forms, prepare for interviews and plan their use of public transport. A West Kent Housing community scheme “West Kent Extra” organised fun days and cleaning up days in the neighbourhood, where tenants could meet each other and join in activities. A bi-yearly newsletter was provided to people that included articles, updates, opportunities and advice about their community. This ensured people’s social isolation was reduced.

People’s views were sought and acted upon. People’s feedback was sought and recorded when their support plans were reviewed and through a satisfaction survey every six months. Surveys were provided in pictorial format when necessary to ensure all people participated if they wished. The last survey had been completed in June 2015 and indicated people were very satisfied with the support they received. People’s comments included, “Very happy”, “They do everything we need”, “Staff are great” and, “I do have a say in my support plan and I am very happy as it is.” No shortfall had been identified in the support that was provided.

Is the service well-led?

Our findings

Our discussions with people, the registered manager and staff showed us that there was an open and positive culture that focussed on people. A local authority case manager who oversaw people's wellbeing in the community told us, "The service is very organised and they provide effective support where it is needed; the manager is well aware of each person's needs."

Members of staff were welcome to come into the office to speak with the management team at any time and we saw that they approached them in the office several times during the day. Members of staff confirmed that they had confidence in the management. They told us they found the manager "Very supportive", "Very efficient and approachable" and, "Really understanding of what our job involves as she is doing it herself when we need cover."

Staff had easy access to the policies and procedures that were adapted specifically for the service. They were continually reviewed and updated by the registered manager. Attention was paid to changes ahead of new legislation that could affect the service. Policies included a statement of what the service aimed to achieve, what this meant in practice and how this related to staff specific training. All staff signed to evidence they had been informed when updates had taken place. This system ensured that the staff were aware of procedures to follow and of the standards of work expected of them to provide safe, effective and responsive support for people.

The registered manager had set up a tenants group that met every three to six months when new policies and procedures were shown to people. People had the opportunity to comment on the wording and to confirm whether the policies were easy to understand.

The registered manager spoke to us about their vision and values about the service. They told us, "The best persons to run the service are the tenants themselves; we support individuals to have a fulfilled life as independent as possible and aspire to their goals and dreams; we help make their journey stress-free and we support them with maintaining their wellbeing and living their lives as they want to live it." The registered manager inspired the staff to

follow this philosophy of care. A member of staff told us, "Our whole team share the same values; this is obvious in our daily conversations with the manager and during team meetings."

Staff told us they felt valued and supported by the registered manager and the provider. They told us, "This is a great place to work", "I love this job and the team I work with" and, "The manager is always concerned about staff safety and she makes sure we follow the lone worker policy." A game where staff were able to depict colleagues and managers anonymously had been practised at a team meeting. Comments from staff that described the registered manager included, "Full of strength and very supportive; busy; so committed to her work, an inspiration; always helpful; amazing."

Staff were encouraged to make suggestions about how to improve the service. All the staff we spoke with told us they were encouraged to discuss practice issues during monthly team meetings and were invited to comment on how the service was run. At the end of team meetings, staff were able to fill a dedicated form where they could raise any issues they may have, anonymously if they wished. These forms were gathered and analysed by the registered manager. However, minutes of team meetings confirmed staff were actively involved and consulted. A member of staff told us, "We communicate very well directly with management and we are listened to." A member of staff had suggested an area to be transformed in a lounge where people could use a computer and this had been implemented. Another member of staff had participated in the design of a new computerised system. New information was promptly distributed to staff by emails and text messages on their mobile phones. We observed the management team sharing and discussing ideas and saw that people were placed at the heart of the service.

Management meetings took place every six months with the registered manager, the support services manager and other managers of sister services. Additionally the provider carried out a monthly team brief for the whole organisation. A yearly strategy meeting was held by the provider to discuss how the service could develop further and maintain good standards of practice. Monthly team meetings took place and staff were invited to contribute to the agenda. These meetings were recorded and confirmed that a wide range of issues concerning the running of the service were discussed, such as new legislation, staff

Is the service well-led?

turnover, and how to improve the service that is delivered to people. The registered manager held a 'skills sharing' meeting with the staff to discuss their work in practice. They told us, "This is a great opportunity for the staff to exchange views and perspectives and learn from each other."

A system of quality assurance checks was in place and implemented. The way that staff provided care for people was monitored through regular checks that recorded staff performance. No shortfalls had been identified. Audits were carried out to monitor the quality of the service and identify how the service could improve. These included regular audits of documentation to ensure that all care plans and risk assessments were appropriately completed and maintained. All staff training was monitored to check they attended scheduled training and refresher courses. The registered manager held quarterly meetings about health and safety with the provider where accidents and incidents were discussed to identify how to minimise future risk of recurrence. The provider held a business continuity plan that was updated every six months.

Satisfaction surveys were audited by the manager to identify how the service could improve. The forms that tenants completed included enquiries such as, 'What would you like us to do that we do not do?' and, 'Would you like more input?'. One person had replied 'Yes' and this had been followed up without delay by the registered manager.

The registered manager had carried out improvements in the way the service was run. For example, they had introduced an 'outcome star system' for people to carry out

self-assessments. This showed people visually how they fared in the past and how they were progressing towards their goals. This provided an opportunity for people to measure and compare their progress and regain confidence in their potential. The registered manager told us, "This is a picture in the shape of a star that is used as a measurement tool but is also symbolic of goals and what they can aspire to achieve; because our tenants like to use this, this has now replaced a previous system of self-appraisal which was not effective."

The registered manager consistently notified the Care Quality Commission of any significant events that affected people or the service. Records indicated the manager took part in safeguarding meetings with the local authority when appropriate to discuss how to keep tenants safe, and kept them involved in decisions concerning their safety and welfare.

The registered manager participated in bi-annual forums with other managers of similar services to exchange views and information that may benefit the service. They also attended monthly local authority meetings about 'Supporting People' services to meet other managers and discuss updates of legislation that may affect their practice.

People's records were kept securely. Archived records were labelled, dated and stored in a dedicated space. They were kept for the length of time according to requirements and were disposed of safely. All computerised data was password protected to ensure only authorised staff could access these records. The computerised data was backed-up by external systems to ensure vital information about people could be retrieved promptly.

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.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.