

AK Supported Housing Limited Whitehall House

Inspection report

40 Whitehall Lane
Grays
Essex
RM17 6SS

Tel: 01375407054

Date of inspection visit:
08 November 2018

Date of publication:
15 February 2019

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

This inspection took place on the 8 November 2018 and was unannounced. The inspection team consisted of one inspector. The previous inspection to the service was in March 2016 and the service was rated 'Good' overall.

Whitehall House is registered to provide personal care and accommodation for two people with learning disabilities, who may be on the autistic spectrum or have mental ill health. The service is located in Grays, Essex. Each person has a single room and there is a communal bathroom, kitchen, dining room and lounge. There is a rearended garden at the back of the house with level access. At the time of our inspection, there were two people using the service.

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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

The service was safe. The service's recruitment process ensured that appropriate checks were carried out before staff commenced employment. There were sufficient staff on duty to meet the needs of people and keep them safe from potential harm or abuse. People's health and wellbeing needs were assessed and reviewed to minimise risk to their health. People's medicine was managed well and records of administration were kept up to date.

The service was effective. People were cared for and supported by staff who had received training to support people and to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to health and social care services were made when required.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed decisions.

The service was responsive. Records we viewed showed people and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and also when there was a change in care needs. People were supported to follow their interests and participate in social activities. The

service responded to complaints in a timely manner.

The service was well-led. Staff and people spoke very highly of the registered manager and the provider who were very supportive and worked hard to provide an exceptional service. The service had systems in place to monitor and provide good care and these were reviewed on a regular basis.

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.

Whitehall House

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.

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The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection, we reviewed this and other information we held about the service, we looked at the previous inspection report and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the registered manager and one person using the service. We reviewed two people's care files. We also looked at quality monitoring, audit information, policies held at the service, and staff support records.

Is the service safe?

Our findings

People using the service informed us that they felt safe living in the service and found all staff to be very supportive.

We looked at the safeguarding records, which contained all the policies and procedures that inform staff on the different types of abuse, how to raise a safeguarding concern or alert with the local authority and what actions staff should take to safeguard people using the service. Staff knew that they should contact the local safeguarding team and the Care Quality Commission (CQC) if they had any concerns of potential abuse. Since our last inspection, there had been no reported incidents of abuse.

Staff had the information they needed to ensure people's safety. Each person had risk assessments that were regularly reviewed in order to document current risks and the practical approaches needed to keep people safe and how each person would be supported without affecting their freedom.

There were sufficient numbers of staff on duty to meet people's assessed needs. The registered manager adjusted staffing numbers as required to support people's needs, such as when people accessed the community, additional staff were deployed to support them at these times. A sample of staffing rotas that we looked at reflected sufficient staffing levels at all times.

The provider continued to have robust recruitment processes in place, which showed that staff employed, had the appropriate checks to ensure that they were suitable to work with vulnerable people. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

We looked at two people's medicine records and found that people received their medicine as prescribed and regular medication reviews were instigated by the registered manager as needed. We found staff knowledgeable about people's medicines and the effect they may have on the person. All staff working in the service had received training in medication administration.

The service had a robust cleaning schedule in place. The manager informed us that every member of staff was allocated time during each shift to carry out cleaning within the service. We reviewed the cleaning schedules and found all highlighted areas on the schedule had been carried out. People's rooms and communal areas were clean and tidy.

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills they needed to provide continuous good care. Staff received on-going training in the essential elements of delivering care. The staff training files showed us that staff received reminders from the head office of training that was required or due.

Staff received an induction into the service before starting work and documentation on staff files confirmed this. The induction allowed new staff to get to understand their role and responsibilities and to get to know the people they were supporting. Upon completion of their training, staff then 'shadowed' the registered manager or another member of staff. 'Shadowing' is a form of training which involves a member of staff observing a more experienced member of staff over a period.

Staff told us they received regular one-to-one supervision from the registered manager. The registered manager told us they received supervision from the registered provider. Supervisions were used as an opportunity to discuss the staff members training and development and ascertain if staff were meeting the aims and objectives that had been set from the previous supervision. One staff member added, "We have regular meetings as staff and with the manager, this ensures that we are all communicating effectively about how to best care for people." Staff added that they had regular team meetings, and the meetings were open and gave staff the opportunity to raise any issues they may have. Staff also informed us that they received a yearly appraisal, which was used to assess their progress over the year.

People had access to healthcare professionals as required and we saw this recorded in people's care records. We noted people were supported to attend any hospital appointments as scheduled. Where required, people were supported with access to their GP, mental health professionals and community mental health services. In addition, people were supported to access dental care and vision tests in the community.

People's bedrooms were decorated to each individual's personal preference. The registered manager expressed that staff continued to encourage and support people to develop and sustain their aspirations.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Is the service caring?

Our findings

Staff told us they interacted with people in a respectful manner. Our observations showed staff to be kind, caring and they were supporting people in a compassionate way.

People and their relatives were actively involved in making decisions about their care and support. The registered manager informed us the service regularly reviewed people's support plans with each individual, their family and healthcare professionals, where possible, and changes were made if required. On reviewing people's care and support plans, we found them to be detailed and covered people's preferences of care.

The service used a key worker system in which people had a named staff member who took care of their support needs and was responsible for reviewing the person's care needs; this also ensured that people's diverse needs were being met and respected.

People's independence was promoted by a staff team that knew them well. Staff informed us that people's well-being and dignity was very important to them such as ensuring that people were well presented which was an important part of their supporting role.

People were supported and encouraged to access advocacy services. The mental capacity assessments relating to people's capacity to make decisions about moving on had indicated that some people required the services of an Independent Mental Capacity Advocate (IMCA). Advocates attended people's review meetings if the person wanted them to. The registered manager gave us examples of when the service had involved an advocate, such as a person in the service who did not have family or friends to support with annual reviews and support planning. Advocates were mostly involved in decisions in changes to the care being provided. People were given the opportunity to attend self-advocacy groups if they wanted to.

Is the service responsive?

Our findings

People's care and support needs were well understood by the staff working in the service. This was reflected in detailed support plans and individual risk assessments, and in the attitude and care of people by the staff. Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, including friendships with each other, interests and meals.

Each person had a support plan in place. Support plans included photographs of the person being supported with some aspects of their care so that staff could see how the person preferred their care to be delivered. These were fully person centred and gave detailed guidance for staff so that staff could consistently deliver the care and support the person needed and in the way the person preferred. People's strengths and levels of independence were identified and appropriate social and leisure activities planned.

We found people's support plans contained clear information with regards to people's end of life care arrangements. This showed that the service was being proactive in ensuring that appropriate arrangements were in place should they be required.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained to them they would try to either deal with it or notify the registered manager to address the issue. The registered manager gave an example of a complaint they had received and how they had followed the required policies and procedures to resolve the matter.

Is the service well-led?

Our findings

The registered manager was visible within the service. We were informed that in their absence, people were supported by staff that looked after the service and kept them up-dated of all the changes and concerns. The registered manager had a very good knowledge of people living in the service and their relatives.

People benefited from a staff team that felt supported by the registered manager. Staff said this helped them to assist and help people to maintain their independence and showed that the people were being well cared for by staff who were well supported in undertaking their role. One staff member told us, "The manager is very supportive there is never a day that goes by that I have felt like I haven't got anyone to talk to." Staff had handover meetings each shift and there was a communication book in use, which staff used to provide important information about people's wellbeing during each shift. The communication book was available to all staff on duty and acted as a point of reference for staff who had been off duty.

The registered manager told us that their aim was to support both the person and their family to ensure they felt at home and happy living at the service. The registered manager informed us that they held meetings with relatives and people using the service as this gave the service an opportunity to identify specific areas of improvement and gave relatives an opportunity to give feedback to staff.

There were a number of effective monitoring systems in place. Regular audits had taken place such as for health and safety, medicine, falls, infection control and call bells. The registered manager carried out a monthly manager's audit where they checked care plans, activities, management and the administration of the service. Actions arising from the audit were detailed in the report and included expected dates of completion and these were then checked at the next monthly audit. Records we held about the service confirmed that notifications had been sent to CQC as required by the regulations.

The registered manager informed that the service was continuously using past and present incidents as learning experiences for both staff and people using the service.

The registered manager met with other health professionals to plan and discuss people's on-going support within the service and looked at ways on how to improve people's quality of life. They used the information they gathered to make changes to people's support plans. Staff used a range of means to involve people in planning their care, such as trying different ways of delivering care and watching people's responses to their care. People's needs were discussed with them and a support plan put in place before they came to live at the service.