

AK Supported Housing Limited

A K Supported Housing Outreach Service

Inspection report

5 Falcon Avenue
Grays
Essex
RM17 6SB

Tel: 01375461991

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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 ●

Summary of findings

Overall summary

About the service

AK Supported Housing Outreach Service provides support to people in their own homes who experience mental health problems. At the time of inspection there were three people who used the service.

People using the service lived in individual rooms and had access to communal facilities within the location.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

There were suitable numbers of staff to keep people safe and meet their needs. Staff were appropriately recruited prior to commencing employment. Safeguarding concerns, incidents or accidents were thoroughly investigated and recorded. Medicines were well managed and staff took steps to prevent the spread of infection.

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. Staff received appropriate induction, supervision and support in their roles. People's healthcare needs were promptly met and staff supported them with any nutritional needs.

People were well cared for by a staff team that were passionate about their roles. People were supported to be as independent as possible, and were treated with dignity and respect.

Care records detailed people's preferences, and the provider offered a range of activities for them to participate in. People were supported to express their end of life wishes where necessary. Staff received appropriate induction, supervision and support in their roles. People's healthcare needs were promptly met and staff supported them with any nutritional needs.

The registered manager involved staff, people and relatives in the development of the service. Quality checks were routinely undertaken to monitor and improve care delivery. The provider worked alongside other agencies to meet people's needs.

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

Rating at last inspection

This service was rated good at the last inspection on the 1 September 2016. (Published on the 20 September 2016.)

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

A K Supported Housing Outreach Service

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

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

Before the inspection we reviewed information we had received about the service. This included details about incidents the provider must tell us about, such as any serious injuries to people. The provider also completed a provider information return. This is information we require providers to send us at least once

annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection we spoke with three people using the service, two staff members and the registered manager. We reviewed a range of records including parts of three people's care and support plans and reviews, risk assessments, staff recruitment and training records. We also reviewed records used in managing the service for example policies and procedures monitoring records and minutes of meetings.

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 Good. At this inspection this key question has now remained the same.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using service, one person told us, "The service and support I get has helped to remain safe whilst living here and also I have had a lot of support to be more confident when I am in the community and staff have shown me ways to keep myself safe when I am in town. This could be in ways like always make sure I am aware of who is around me when I am taking money out of my wallet."
- Staff had a very good knowledge of how to keep people safe and protect them from any potential harm. Staff were able to show how people may be at risk of harm or abuse and how they would go about protecting them and ensuring their safety. Staff told us that they would escalate their concerns to the manager.

Assessing risk, safety monitoring and management

- We found each person's risk assessments were kept up to date and any changes to the level of risk were communicated to all the staff working in the service by means of staff handover and encouragement from the registered manager for staff to read and review changes in care plans, which was accessible to all staff.

Staffing and recruitment

- The registered manager and staff told us that there was enough staff to meet people's needs however; added staffing support was deployed as and when required. For example, when people went into the community for days out, appointments or work more staff were deployed to ensure the safety of all the people inside and outside the service at the time. Records we viewed confirmed this.
- The provider had a robust recruitment process in place, which showed that staff employed had the proper checks to ensure that they were suitable to work with vulnerable people.

Using medicines safely

- The service prompted people to take their medication and records we viewed showed that all documentation was kept up to date. People's medication was locked away in the office when it was not in use.

Preventing and controlling infection

- We found that people using the service were being cared for in a safe and clean environment.

Learning lessons when things go wrong

- The registered manager informed the service was always looking at learning from past experiences and

utilising them to provide a better service to all the people using the service.

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 Good. At this inspection, this key question has remained the same.

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 assessed when they were referred to the service. Care plans were person centred and showed an integrated approach to assessment and care planning. All areas of the person's life were considered and planned for as needed.

Staff support: induction, training, skills and experience

- Staff completed an induction and mandatory training when first employed by the provider. New staff completed shadowing shifts with established care staff.
- Staff received regular supervisions with their line manager or lead coordinator. The registered manager informed us the service was in the process of introducing a new support system for staff to include staff's wellbeing. A supervision record for one staff member showed they had expressed having some difficulties but there was no record of how the service was supporting them in this matter.

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

- People told us staff knew people well and supported them where needed to cook and to complete food shopping. Staff supported people with their nutritional needs in line with their care plan.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked very well with other organisations to ensure people got the right support to maintain their health and wellbeing.

Supporting people to live healthier lives, access healthcare services and support

- The provider had developed good working relationships with various healthcare professionals and other services to support people. The registered manager provided an example whereby a member of staff had gone to a local hospital to support a person living in the community. As a result the person received the care and treatment they needed and were able to return into the community.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People were supported by staff who had received MCA training and demonstrated an understanding of the legal framework. Staff asked for consent from people before providing care and support and recognised the importance of people making choices and staying in control of their lives. Care plans showed consideration had been given to decision making and people's capacity to make decisions for themselves.

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 the same.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People spoke positively and warmly about their service and its staff as well as the support they received.
- All staff had received training on equality and diversity and this was discussed as part of their induction. The staff team were committed to ensuring people's equality and diversity needs and people being treated equally.
- People's diverse needs in relation to their culture, religion and sexuality were identified in their care plans and plans were in place to meet these needs.

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

- People told us staff listened to them and supported them to express their views about their care.
- The service had developed close links with an advocacy service. People were encouraged to use this to help support them with some decisions.
- People were given information about the service in the form of a service user guide.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with kindness, dignity, respect and consideration. For example, respecting people's spaces (bedrooms) regardless of the person being in their room or not.

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 the same.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- The service offered personalised care to meet people's full support needs. Staff knew the people they supported well, their background, personal preferences, communication styles and history of their life experiences. People's needs were recorded in a care plan, which was regularly reviewed to make sure it reflected their current needs.
- Every person we spoke to was very positive about the service experienced and their lives had been changed by the support they were receiving. One person told us, "This type of support has a family feel to it and I feel more part of the community."
- Support focused on empowering people to have choices, learn new skills, being integrated into the community. This reduced the risk of isolation and low self-esteem. For example, encouraging people to go on day trips and to access further education and employment.
- Staff understood the Accessible Information Standard. This standard sets out a specific, approach to finding, recording, flagging, sharing and meeting the information and communication support needs of people who use services.

People's communication needs were identified, assessed and recorded in their care plans and Staff told us how they recognised the body language or signs people might use to communicate.

- People were supported to use technology to maintain contact with friends and family and friends.

Improving care quality in response to complaints or concerns

- People told us they would speak with the registered manager if they were unhappy about anything. They knew they could make a complaint and told us they had never needed to do so. The complaints process was included in the service user guide.
- Staff also told us they had never needed to complain but were aware of the provider's complaints process.
- The registered manager told us there had been no complaints. However, if any complaints were received, these would be considered for any learning and improvements needed.

End of life care and support

- People were supported and enabled to choose the kind of care they wanted for at this stage of their lives.

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 Good. At this inspection, this key question has remained the same.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service had a positive enabling culture focused on person centred care and achieving the best outcomes for people.
- Staff were positive about the way the service was run. They told us the registered manager and staff were helpful, dedicated, thorough and always supportive. A staff member we spoke to informed us, "This is a fantastic service and really demonstrates what true care means, and I can best describe it by saying sharing is caring."
- The registered manager understood the responsibilities of their role including what they were required to notify CQC about. They informed us, "Were required we would send in a notification if necessary, we also know to speak to the CQC contact centre if we have any questions."

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

- Staff understood their role and responsibilities. They were aware of the procedures and policies they needed to follow and what information they needed to share with the service.
- The quality of the service was checked through regular monitoring visits carried out by the registered manager. Records showed the visits covered a full range of people's care needs including checks on medicines and finance records. Actions identified for staff to complete were followed up at the next visit to ensure they had been addressed.

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

- People, their families where appropriate and staff's views about the service were sought through a range of methods including visits, telephone feedback, reviews and surveys. The surveys were in a picture and easy to understand format to make them accessible and easily understood.
- People knew the registered manager well and told us they frequently asked them what they thought of the service. One person told also, "I have met the registered manager she was very nice to me and I know I can talk to her about anything."

Continuous learning and improving care

- The registered manager looked to try to improve and promote the service. A staff member said that the culture of the team was, "To support each other and to learn and grow." They had started to introduce some improvements to the monitoring of the service through an unannounced visit and to update the policies,

procedures and handbooks since the last inspection, to ensure they remained current and easily understood.

- Staff support forums were held during the year to provide an opportunity for staff to meet and share useful information and consider areas of practice.

Working in partnership with others

- Staff worked closely with health and social care professionals to ensure people's changing needs were addressed and people and staff received the support they needed.
- The registered manager also attended people's yearly reviews to make sure there was good communication and important information were shared.