AK Supported Housing Limited

Falcon House

Inspection report

9 Falcon Avenue
Grays
Essex, RM17 6SB
Tel: 01375 378813

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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 unannounced inspection took place on the 21 September 2015.

Falcon House provides accommodation and support for up to four persons who have enduring mental health needs.

The service is required to and did have a registered manager. 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.

Staff delivered support effectively and care was provided in a way that intended to promote people's independence and wellbeing, whilst people's safety was ensured. Staff were recruited and employed upon completion of appropriate checks as part of a robust recruitment process. Sufficient members of staff enabled peoples individual needs to be met adequately. Qualified staff dispensed medications and monitored people's health satisfactorily.

Staff understood their responsibilities and how to keep people safe. People's rights were also protected because

Summary of findings

management and staff understood the framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Management applied such measures appropriately.

People were given support and advice regarding purchasing and cooking food, which allowed an informed choice to be made by each individual. Staff and managers ensured access to healthcare services were readily available to people and worked with a range of health professionals, such as social workers, community mental health nurses and GPs, to implement care and support plans.

Staff were respectful and compassionate towards people ensuring privacy and dignity was valued. People were supported in a person centred way by staff who understood their roles in relation to encouraging independence whilst mitigating potential risks. People were supported to identify their own interests and pursue them with the assistance of staff. These person centred activities took place within the service as well as in the community.

Systems were in place to make sure that people's views were gathered. These included regular meetings, direct interactions with people and questionnaires being distributed to people, relatives and healthcare professionals. The service was assisted to run effectively by the use of quality monitoring audits the manager carried out which identified any improvements needed. A complaints procedure was in place and has been used appropriately by management.

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.

People felt safe living at the service. People's autonomy and safety was supported using risk assessments. Plans were implemented to ensure peoples safety.

The recruitment process was effective in recruiting skilled staff after appropriate checks had been carried out. Staffing levels are adequate to meet the needs of the people.

Medicines were dispensed safely.

Good

Is the service effective?
The service was effective.

Management and staff had good knowledge of legislative frameworks i.e. Mental Capacity Act 2005 to ensure people's rights were protected.

Staff received an initial induction. On-going support was offered to staff who attended various training courses which enabled them to apply knowledge to support people effectively.

Access to healthcare professionals was available when required.

Good

Is the service caring?
The service was caring.

Staff treated people kindly and respected people's privacy.

Positive caring relationships were created between people and staff, who had got to know each other well and responded to each other appropriately.

Good

Is the service responsive?
The service was responsive.

Care plans contained all relevant information needed to meet people's needs.

People were being supported to identify and carry out their own person centred interests.

Complaints were responded to in a timely manner.

Good

Is the service well-led?
The service was well-led.

Staff respected and aligned themselves with the management's values. Support and guidance were provided to promote a high standard of care for people.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Good

Falcon 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.

We inspected Falcon House on the 21 September 2015 and the inspection was unannounced. The inspection was carried out by two inspectors.

Before the inspection we reviewed previous reports, recent information from the local authority and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law.

We spoke with three people, two members of staff, the registered manager and the provider. We observed interactions between staff and people. We looked at management records including samples of rotas, four people's individual support plans, risk assessments and daily records of care and support given. We looked at three staff recruitment and support files, training records and quality assurance information. We also reviewed three people's medical administration record (MAR) sheets.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "Last week when at a meeting, my nerves got the better of me; I made my way straight home because I feel safe here."

Staff knew how to keep people safe and protect them from harm. Staff were able to identify how people may be at risk of different types of harm or abuse and what they could do to protect them. The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities such as the Care Quality Commission (CQC) and social services. A quick reference flow chart was displayed on the wall of the office for staff to follow if they needed to raise a safeguarding concern. Also the registered manager told us that safeguarding was part of the standard agenda discussed in staff meetings which take place every two months. One member of staff said, "If I had a concern I would report it to my care team manager, or the provider is always available 24/7. If needed I would go to the CQC as you are guaranteed a response in good time." The manager had a good understanding of their responsibility to safeguard people and dealt with safeguarding concerns appropriately. An example was given of how they had involved a person's family and their care co-ordinator to ensure financial matters were being managed appropriately and the person was safeguarded.

Staff had the information they needed to support people safely. Support plans and risk assessments had been recently reviewed in order to document current knowledge of the person, current risks and practical approaches to keep people safe when they are making choices involving risk. For example, in one person's support plan we saw risk assessments enabling the person to pursue a particular practical interest with potential risks. This documentation displayed how to support the person and respected their freedom. Where people had history of harm to themselves, this was documented in their support plans with likely or known factors which may have been associated with this risk and how to manage them. In turn, staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. We saw other risk assessments covering areas such as supporting people in the community safely, managing their medication and supporting their personal care.

People were cared for in a safe environment. The provider employed maintenance staff for general repairs at the service. Staff had emergency numbers to contact in the event of such things as plumbing or electrical emergencies. There was also a policy in place should the service need to be evacuated and emergency contingency management implemented. Staff were trained in first aid. If there was a medical emergency staff knew to call the emergency services. Staff also received training on how to respond to fire alerts at the service. One member of staff said, "We have a fire drill every six months and in a fire we have different exits available and ensure we all congregate outside our premises along the road."

There were sufficient staff on duty to meet people's assessed needs. The manager adjusted staffing numbers as required to support people dependent on need, for example if people required support when going out. The manager employed four permanent members of staff and if required used regular bank staff. One member of staff said, "We have regular staff here, sometimes if someone is sick we use bank staff, but not often…and the bank staff we use work between all our services so they are familiar with the people that live here." The sample of rotas that we looked at reflected sufficient staffing levels.

An effective system was in place for safe staff recruitment. This recruitment procedure included processing applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. 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). One member of staff told us, "I saw the job advertised on the job centre website, so I called the manager and came in for an interview, I was asked lots of questions on dignity and confidentiality."

People received their medications as prescribed. Senior staff who had received training in medication administration and management, dispensed medicines to people. We observed a person asking staff for their medication. In turn staff checked medication administration records before they dispensed the medication and they also spoke with the person about their medication. We found staff knowledgeable about people's medicines and the effect they have on the person. For example, understanding how to monitor someone on a

Good

Is the service safe?

new prescription medication and noting any adverse or unusual side effects. This helped to ensure medicines were administered in a person centred way. We reviewed medication administration records and found these to be in good order. Medication was clearly prescribed and reviewed by each person's General Practitioner (GP). The service carried out regular audits of the medication. This assured us that the service was checking people received medication safely.

Good

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide continuous good care. One person commented, "I think the staff are well trained."

All permanent staff had completed nationally recognised qualifications in Health and Social Care and one member of staff was being supported to advance to higher levels, in line with their colleagues. Staff received on-going training in the essential elements of delivering care and one member of staff said, "I receive an email from our main office reminding me when my training updates are due, so all my training is up to date." Another member of staff told us, "I have completed lots of training here in house and from the council including, first aid, medication management and safeguarding."

Staff felt supported at the service and one member of staff reported how much they valued the on-going support and patience of the registered manager. Staff received an induction into the service before starting work. Staff files indicated that all staff had received an induction. The induction allowed new staff to get to know their role and the people they were supporting. Additionally, the induction incorporated training such as values and attitudes; person centred planning, death, dying and bereavement, medication, infection control, health and safety and developing relationships. Upon completion of their training staff then worked 'shadowing' more experienced staff. One member of staff said, "When I started I spent the first 10 days getting to know people, going through support plans and policies and completing an induction form, before I did my first shift." Supervision was discussed with staff who corroborated the manager's remarks that supervision occurs every two months to ensure best practice. One member of staff said, "We have supervision every couple of months, I had mine on Friday and we have staff meetings to discuss clients care." Staff also received yearly appraisals.

The Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) governs decision-making on behalf of adults who may not be able to make particular decisions because they do not have capacity to do so. Therefore we looked at whether the provider had considered the MCA and DoLS in relation to how important decisions were made on behalf of the people using the service. The registered manager confirmed that people were not subject to continuous care and supervision and did have capacity to consent to such arrangements. Subsequently there were not any current deprivation of liberty safeguards in place and people's freedom was not being inappropriately restricted. The manager and staff had a good understanding of the Mental Capacity Act and confirmed his awareness of how to make an application if it is deemed necessary. An example was provided regarding concerns staff had in relation to a person's potential lack of capacity and in turn a potential danger to themselves. Applications were made and the person was deemed to have capacity and the person continued to be supported by staff with choices involving risk.

People had enough to eat and drink and appeared well nourished. Support plans contained risk assessments regarding dietary and healthy eating specific to individuals' needs and identified the importance of monitoring weight and encouragement of consuming healthier foods. Support plans also contained the monthly weight monitoring records; no gaps or adverse changes were identified in the monitoring records. Staff supported people to be independent with the purchasing of their food. One member of staff said, "We support people with their shopping by explaining the options and reasoning behind healthier food, we advise them so they can make an informed choice." Staff also supported people to be independent with the preparation of their food. One person stated, "Cooking was one of my main trades, I worked as a chef, so I cook all my own meals." They added, "I eat when I'm hungry, I don't have set times and I can choose what to eat when I want." Where appropriate people were allocated a budget weekly to buy their own food. We observed a person ask the registered manager for part of his budget in order to buy food items. The registered manager responded to the person's request promptly, respectfully and discussed purchases that would be made by the person. People also had their own allocated space in the kitchen cupboards, fridges and freezers.

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. When required people liaised with their GP, mental health professionals and community mental health services, in addition people were supported to obtain dental care and vision tests in the community. One person said, "I see my CPN at least once a month and

Good

Is the service effective?

GP around every six months but I will need a review as I've started new medications." The registered manager and care plans supported this statement. Furthermore, discussions were observed between the person and the registered manager outlining how the new medications were making them feel. The registered manager expressed how important those discussions were in order to monitor health together. On the day of the inspection we saw two people being accompanied to appointments for blood tests as part of their continued healthcare monitoring.

Good

Is the service caring?

Our findings

Staff had positive relationships with people. People told us they liked living at the service. One person said, "It is good here everything is fine, it's a good place, everything is calm." Another said, "I like to sit in my room and listen to sport on the radio or watch it on the telly…other times I like to walk to the shop and buy a paper to get some fresh air." People were supported to be as independent as they chose to be. People and staff were really relaxed in each other's company. There was free flowing conversation and exchanges about how they planned to spend their day, endorsing people's well-being. Independence was promoted and people and staff respected each other's choices, for example wanting privacy. One person chose to sleep in until mid-morning. We observed a member of staff who knocked on the person's door, without entering, and asked if they were ok or needed anything. The person responded that they were ok and didn't require anything. The interaction was a display of respecting people's privacy whilst ensuring their safety and wellbeing.

Staff knew people well, their preferences for care and their personal histories. One member of staff said, "Different people prefer different members of staff, it's human nature, but you must learn each of their specific needs to be able to care for each of them well." This demonstrated that staff understood how to care for and support people as individuals. One example involved a person who needed full attention when they were speaking otherwise it would promote anxiety and challenging behaviour within them. People told us that they had a key worker; this was a named member of staff that worked alongside them to make sure their needs were being met. People were aware of their support plans and had weekly meetings with their key worker to identify any needs or wants they may have, along with their overall well-being. Details of these regular weekly meetings were verified within the support plans.

People were supported and encouraged to maintain relationships with their friends and family, this included supporting trips home and into the community. One person had just returned from abroad where they had been to visit their family. One person confirmed people's relatives and friends could visit whenever they wanted, "My dad comes here for dinner sometimes and I go out to visit my brothers a lot." Daily notes confirmed this. People were asked to respect others space and privacy at the service when entertaining visitors.

Good

Is the service responsive?

Our findings

People's care and support needs were well understood by the service. This was reflected in detailed support plans and individual risk assessments also in the attitude and care of staff towards people. 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. Staff expressed that, "We are trying to achieve and promote peoples independence, some people have spent long periods in hospital and we support people to be able to integrate back into the community."

Before people came to live at the service their needs were assessed to see if they could be met by the service. Support plans contained completed pre-admission induction programme forms and people signed residents service contracts. The manager or provider met with other health professionals to plan and discuss people's transfer to the service. This process ensured that medications were organised prior to the transfer date thereby avoiding any omitting of medicines. People and their relatives were encouraged to spend time at the service to see if it was suitable and if they would like to live there. People's needs were discussed with them and a support plan put in place before they came to live at the service. People's diversity was respected. For example, cultural and language needs were actively considered as part of one person's care plan which contained key phrases to allow staff the opportunity to communicate with the person in their native language. Furthermore, the person conveyed that they had a computer in their room to continue improving their language skills. Consideration of the matching of staff to people was also documented in the care plans we saw.

Support plans included information that was specific to the individual. Each support plan included information about the person's health, medication and preferences. There was information about how to best support people if they were showing symptoms that might suggest their mental health was deteriorating. We saw from records that people's comments were recorded on their care plan when reviewed and their support needs were discussed with their key worker weekly. The support plan was regularly updated with relevant information if care needs changed. This told us that the care provided by staff was current and relevant to people's needs.

People's strengths and levels of independence were identified and appropriate activities planned for people. One person had been supported to save for and purchased a moped. Also people were being supported to attend creative classes and/or classes with a view to discover work opportunities. People sometimes chose not to continue with activities once commenced for various reasons. The manager expressed that staff continued to encourage and support people to develop and sustain their aspirations.

The service had a conservatory which contained a pool table. One person stated, "I play pool in here, I asked for the table and I got it." Another person added, "When the weather is nice we take the pool table out into the garden and play out there, to enjoy the sun." The pool table is a catalyst that provides a meaningful activity enabling people to spend time together. Additionally it also prompted people to make use of the garden area.

The manager 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 either try and deal with it or notify the manager or person in charge, to address the issue. The manager gave an example of a complaint he had received and how he had followed the required policies and procedures to resolve the matter. One person reported that they felt they could approach the manager or any member of staff with any complaints or issues they have, "There is always staff and the manager is around a lot, we can always speak to him if we need to."

Good

Is the service well-led?

Our findings

The service had a registered manager in place and the manager and provider were very visible within the service. The management team passionately expressed a vision of providing a service which enables and empowers people with mental illness to be supported towards independence as much as possible. The Manager told us, “We wish to infuse our passion about what we do into our staff.” Staff did share the same vision as the manager. One member of staff told us, “We try and support people to be able to live independently in their own flat.”

The ethos to enhance the wellbeing of the people that live in the service was put into practice by value based training and a robust induction process. Staff felt very supported by the manager, one member of staff said, “They are always available anytime, the provider will come in at any time if you need support.” Staff received regular supervision from the manager and a yearly appraisal, which is documented within staff files. Staff received positive feedback, encouragement and motivation from their manager. One member of staff said, “He is the best manager, if you need help or support you can go to him. He teaches things you don’t understand and even if you’re slow to learn he is patient and helps you until you know it. He just wants us to be comfortable so we perform our jobs well.” Staff’s opinion of management demonstrated a culture which supports staff with an open door policy.

People were actively involved in improving the service they received. Management displayed good leadership with the monitoring and auditing of the service and responsiveness to any concerns raised. The manager gathered people’s views on the service not only through regular meetings each month, but on a daily basis through their interactions with people. The manager also used questionnaires yearly to gain feedback on the services from people, relatives, and other health professionals. They used information from these questionnaires to see if any improvements or changes were needed at the service. This showed that the management listened to people’s views and responded accordingly, to improve their experience at the service. The registered manager reported that a requirement has been identified for people to understand the complaints procedure better and stated that issues such as this are discussed at the residents meetings to make improvements.

The manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example they carried out regular audits on people’s support files, medication management and the environment. The manager was very keen to deliver a high standard of care to people and they used the quality monitoring processes to keep the service under review and to drive any improvements. Annual quality audits were undertaken in June every year. Residents meetings also took place every two months to listen and learn from people’s experiences. The registered manager expressed that, “Building good relationships is key, if people come and see me, I will listen, I am there for them. I expect my staff to make people feel comfortable and that they can speak openly.”