

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 Supportive Housing Outreach is a domiciliary care service, supporting people with mental health support needs in their own home.

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. At the time of inspection, one person was receiving personal care within the service.

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

One person told us they felt safe at the service. Risk plans were in place specifically to support the person's well-being and safety. There was enough staff to meet the person's needs. Medicines were managed safely. Recruitment practices made sure appropriate checks were carried out before staff started working at the service.

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 had completed training to perform their roles effectively and felt supported in their roles.

Staff were caring and worked with the person to encourage their independence. Staff respected the person and encouraged them to be involved in activities that interested them.

The person using the service was involved in the care planning process and reviews of their care. A complaints process was in place. There were systems in place to monitor the quality of the service, which included regular audits and feedback from the person using the service and staff.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 28 August 2020).

### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 4 April 2022 and ended on 11 April 2022. We visited the location's office 6 April 2022.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with one person that used the service. We spoke with 2 staff members and the registered manager. We observed a staff meeting and reviewed a range of records. This included one person's care records and risk assessments. We looked at two staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including training records and quality assurance records.

#### After the inspection

We contacted three professionals who have knowledge of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The person using the service told us they felt safe, they said, "I do feel safe, I feel very safe."
- Staff knew how to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if they needed to. A staff member said, "I would make the manager aware, who I know would go to the director, if I was not happy, I would escalate to CQC." A professional said, "I agree they [staff] provide safe care and are always proactive to ask for more support from our team. There is always staff in their units when we visit our clients which makes me think they are a safe unit."

Assessing risk, safety monitoring and management

- Risk management plans were in place which provided staff with the control measures needed to be taken to help minimise risks to the person using the service.
- Risk assessments were reviewed in a form of a progress report to ensure they remained up to date and met the person's needs in reducing the risk.

Staffing and recruitment

- There were enough staff available to meet the individual needs of the person who used the service. A staff member told us, "I do think there are enough staff, we can call on people if we need help."
- The provider carried out the necessary recruitment checks to make sure staff were suitable to work in the care sector.

Using medicines safely

- Risk assessments and protocols were in place to ensure medicines were managed safely.
- Records we viewed showed all documentation was kept up to date which confirmed the person was receiving their medicines as prescribed. Medicines were stored safely and locked away in the office.

Preventing and controlling infection

- The service had an infection prevention and control policy which provided guidance to staff on infection control including COVID-19.
- Shared accommodation looked clean and uncluttered. Cleaning schedules were followed to ensure all areas including high risk touchpoints were cleaned regularly.
- Staff completed environmental checks for fire, water temperatures and food safety to keep people safe from harm.

### Learning lessons when things go wrong

- The service had systems in place to monitor incidents and accidents so action could be taken to promote people's safety.
- During the staff meeting we observed discussions with staff about risk, health and safety matters and medicines.

# 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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- The person using the service was involved in their assessments and made choices about how they wanted to receive their care.
- Support plans were detailed and contained information relevant to the care and support they needed.

Staff support: induction, training, skills and experience

- All staff received regular training to ensure their knowledge and skills remained current.
- One of the managers took responsibility to monitor staff members' training progress and completion. A staff member said, "The training is good and does help us to meet people's needs."
- Staff told us they felt supported and received supervision regularly. One staff member said, "We have supervision and staff meetings. They do listen to us."

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

- The person that used the service was encouraged to be involved in shopping and food preparation. Staff provided support when needed.
- One person told us, "I go shopping, the food is lovely. They do not tell me what to eat, I choose what I want to eat."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had positive working relationships with a range of outside professionals to support them in the provision of effective care and support. A professional told us, "On interacting with their staff they seem to be knowledgeable and professional."

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 MCA 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.

We checked whether the service was working within the principles of the MCA.

- Staff understood the principles of the Mental Capacity Act (2005) and understood it was not right to make choices for people when they could make choices for themselves. Support plans were signed by people that used the service.
- Staff received training on the MCA and there were policies and procedures for them to follow.
- The registered manager worked with professionals if decision were required if people's best interests.

# 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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The person was positive about the service provided. They told us, "I like it here, the staff do nice things for me and there is always someone to talk to." A professional said, "In my view staff seem passionate about their work and are always advocating for their clients to receive appropriate support from our service. They also arrange holidays for clients which we have received good feedback from our clients."
- The registered manager and staff recognised the importance of supporting people respectfully and without discrimination and judgment.

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

- The person was supported to communicate their views. There were regular surveys completed.
- Meetings were held with people living in the service where they could put forward their opinions on aspects of the service.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and privacy. Staff understood the importance of treating people as individuals. We observed staff knocking on people's doors and asking their permission before entering. A person told us, "Staff do respect my privacy, they knock on the door."
- The ethos of the service was to support people where possible to get back to living independently. A staff member said, "The best thing is seeing people grow and move to their own flats. Our main aim is supporting people to get back to independent living."
- Friends and families were able to visit.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The support plan had appropriate information about the person's preferences for their support and contained guidance for staff on how to support the person that used the service safely.
- Staff were knowledgeable about the person's needs. They communicated effectively with each other about people's progress. We observed a staff meeting which was used to share information.
- Progress reports were completed regularly and shared with professionals involved in the person's care and treatment. Partnership working meant any changes in need could be quickly identified so the right support or treatment could be made available for people to promote their health and wellbeing. A professional said, "Staff participate in our care programme approach (CPA) meetings, giving feedback to the progress of their clients. They escort clients to outpatient appointments and give feedback to doctors."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service was meeting the Accessible Information Standards as they assessed, recorded and shared information regarding people's communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported the person to access the local community.
- One person required support from staff and told us, "I go shopping, I have loads to do." Staff added the person attends Zumba sessions and visited a local stable regularly.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. They had not received any recent complaints about the service. Previous records confirmed complaints had been responded to appropriately.

End of life care and support

- At the time of our inspection nobody at the service received end of life care. Staff asked people about their end of life wishes and preferences.

# 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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The person using the service, staff and a professional gave positive feedback about the leadership of the service. One person said, "I am really happy here. They keep it very nice and clean." A staff member told us, "I love it here and enjoy working with staff and clients." A professional said, "Overall I feel the service is managed well. I find we are able to work in good partnership and any challenges we may face, jointly we are able find ways to manage them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their responsibilities in relation to duty of candour. Duty of candour requires providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important reportable events. The manager was aware of their responsibilities and had systems in place to report appropriately to CQC.

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

- The service had appropriate quality assurance and auditing systems in place designed to drive improvements in performance and to maintain effective oversight.
- The registered manager understood their responsibilities to notify CQC and other relevant authorities of any incidents which took place that affected people who used the service.

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

- The person, staff and professionals were involved in the service, and able to give feedback. Surveys were completed regularly, and we saw the feedback from the last survey was very positive.
- Staff received annual appraisals, regular supervision and there were staff meetings that covered priorities such as training, PPE, and medicines.

Continuous learning and improving care: Working in partnership with others

- The service worked in partnership with health and social care professionals to improve outcomes for

people.

- The registered manager and staff undertook regular training to help drive learning and continuous improvements at the service. The registered manager and management team were also very visible in the service to observe practice to ensure people's needs are met.