

AK Supported Housing Limited

# A K Supported Housing Outreach Service

## 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 ●

# Summary of findings

## Overall summary

The announced inspection took place on the 1 September 2016.

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 3 people who used the service.

The service demonstrated good leadership. 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 understood their responsibilities and how to keep people safe. People's safety was ensured and support was provided in a way that intended to promote people's health and wellbeing. A robust recruitment process was in place and staff were employed upon completion of appropriate checks.

Staff were supported to obtain current knowledge and skills which ensured they provided continuous effective care. Effective and safe systems were in place regarding the management of medicines.

Support staff provided support effectively to develop people's confidence and independence. People's rights were also protected because management and staff understood the framework of the Mental Capacity Act 2005 (MCA). The registered manager knew how to apply such measures appropriately.

Staff supported people to receive healthcare services when required. Staff also worked with a range of external services, such as social workers, Police and GPs, to ensure care and support was delivered as requested by professionals.

People were supported in a person centred way by staff who understood their roles in relation to encouraging independence whilst mitigating potential risks. Staff were respectful and caring towards people ensuring privacy and dignity was valued. People were supported to increase independence and avoid social isolation.

The service had quality assurance systems in place however the registered manager identified that improvements to the robustness of systems could be made to drive service improvements. Although systems were in place to make sure that people's views were gathered, analysis and action plans had not been created to make effective use of people's views.

## 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.

People felt safe being supported in their own homes. Risk assessments were implemented appropriately to ensure the safety of people.

Systems were in place which ensured people were supported and prompted to take their medications safely.

A robust and effective recruitment process was in place.

### Is the service effective?

Good ●

The service was effective.

Staff were supported to complete regular training, which enabled them to apply knowledge to support people effectively.

People were supported to maintain their independence with their dietary needs to ensure people's health and wellbeing.

People were supported to attend healthcare appointments.

### Is the service caring?

Good ●

The service was caring.

Staff treated people kindly and respectfully.

Staff knew people well and positive relationships had been created between them.

People were supported to express their views about the care provided.

### Is the service responsive?

Good ●

The service was responsive.

Support workers provided personalised care responsive to people's needs.

Care plans contained all relevant information needed to meet people's needs and were reviewed appropriately with the involvement of people.

Complaints were responded to appropriately and systems were being developed to facilitate service improvement.

### **Is the service well-led?**

The service was consistently well-led.

Quality assurance systems were in place but being developed to improve robustness and drive improvements.

There were systems in place to seek the views of people who used the service. Support workers were also able to express their views and input into service development.

Staff felt supported within their roles and good leadership was demonstrated which promoted a high standard of support for people.

**Good** ●

# A K Supported Housing Outreach Service

## **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 AK Supported Housing Outreach Service on 1 September 2016 and the inspection was announced. The provider was given 48 hours' notice because the service provides a domiciliary care service and we needed to ensure that someone would be available. The inspection was carried out by one inspector.

Before the inspection we reviewed previous reports and notifications that are held on the Care Quality Commission (CQC) database. Notifications are important events that the service has to let the CQC know about by law.

We spoke with two people, three members of staff and the registered manager. We observed interactions between staff and people. We looked at management records including two 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.

## Is the service safe?

### Our findings

Staff knew how to protect people from harm and people told us they felt safe using the service. One person said, "When they are here I feel safe, yes of course, I know them well." Support workers described to us how people may be at risk of different types of harm or abuse and what they could do to protect people. Staff knew they could contact outside authorities such as the Care Quality Commission (CQC) and social services. One support worker told us that they had not had any reason to raise safeguarding concerns for the people currently within the service; however they had very good knowledge of what actions to be taken hypothetically. Safeguarding training was up to date for support workers. The registered manager told us sensitive information in confidence about the importance of keeping people and members of public safe and what external authorities they liaised with in order to keep all parties safe. We were assured that the registered manager and staff had a good understanding of their responsibility to safeguard people.

Support workers had the information they needed to support people safely. Key workers were responsible for updating support plans and risk assessments. The support plans had current knowledge of the person, current risks and practical approaches to keep people safe when they made choices involving risk. Risk assessments and practical approaches to keep people safe had been discussed with people and appropriate persons and documented in care records to allow staff to manage risks appropriately. For example, in one person's care records we saw assessments which identified the risks of poor mental health and subsequent social isolation. This documentation displayed how to support people as much as possible, whilst their freedom was respected to make their own choices.

People were supported to live in a safe environment. People told us the service had supported them to move from supported accommodation into their own independent flats. The registered manager explained how they fully supported people to ensure the flats they moved into were adequate and utilities were safe and in place to meet their needs. One person told us, "They [support workers] supported me to get this flat, but they also help me keep it clean too."

An effective system was in place for safe staff recruitment. The 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 support worker told us, "It was the longest interview I had ever had, but I fully understood what was expected of me and what I could expect from them. I don't want to work anywhere else."

There were sufficient, suitable staff employed to keep people safe and meet their needs. The registered manager explained factors involved that ensured people were able to be supported flexibly by adequate numbers of support staff. For example, people's flats were all within walking distance of the various locations where their support workers were based. People and support workers all told us that they communicated daily about who was going to support and at what time. The people we spoke to were happy with these arrangements and told us that the support workers were always on time and stayed for as long as

they were needed.

Medication management in the service was safe. People at the service self-medicated which was indicated in support records. Where prompting was required, daily records showed that the prompting was carried out via telephone. We were satisfied that the registered manager had robust systems and processes in place which ensured people received their medications safely.

## Is the service effective?

### Our findings

Staff were supported to obtain the knowledge and skills which ensured they provided continuous effective care. The registered manager explained how he recruited support workers with different backgrounds and skill mixes in order for them to draw upon each other's skills and build upon their skills together. A social worker told us, "The support staff have a good mix of skills, some more able to do written reports whilst others have a better rapport with certain clients which works well, providing a good holistic service."

People received effective care from staff who had completed nationally recognised qualifications in Health and Social Care. Staff were also supported to increase and keep their knowledge current by attending monthly classroom based training days with external training services. The registered manager told us, "I feel it is important to invest in the training of my staff so they are confident to apply current skills and knowledge." One support worker told us, "We all had mandatory training when we started work here, but we also have refresher training once a month. This month was on the Mental Health Act." Another support worker told us, "We are given additional training as well, relatable to the people we support. The last one I did was Drug and Alcohol Misuse." The registered manager had delegated the responsibility of managing staff training to a senior support worker. They had successfully implemented a matrix to ensure all staff had and continued to receive relevant training.

Support workers received appropriate formal supervision which was documented in staff files we saw. Supervision was carried out every two months and discussed progress in their role, development opportunities and any support required. One support worker told us, "[Registered manager's name] always tells us if we feel we are under pressure come and see them and they will help sort it out. I do feel supported." The registered manager told us that supervision was carried out formally for senior support workers every three months and informally every week. This demonstrated that support staff had the support, knowledge and skills to carry out their roles effectively.

Support workers received an induction into the service before starting work. We saw records of support workers induction process in staff files. The induction period allowed staff to build knowledge of the company, policies and procedures and gain skills to carry out their role with confidence and care. They completed mandatory training and got to know their role and the people they were supporting by shadowing experienced members of staff. Staff consistently told us they felt they were given enough time to learn people's needs by reading their personal support records, meeting them and understanding how they needed to support each individual. Staff told us they were given continuity in the people they provided care to which allowed them to build trust with people and carry out their role effectively as they were able to identify and communicate any changes required immediately.

Consent to support and treatment was always sought. Support plans were signed by people agreeing to the support provided. We also saw care workers politely ask for permission to carry out a task before they did it.

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. The registered manager had an extensive background regarding mental illness and was aware of the Mental Capacity Act 2005 and explained what they would do if people needed to have assessments of their capacity and how they would involve necessary authorities with this. The registered manager was also familiar with other legislation and plans had been put in place which supported people to adhere to specific requirements. This told us people's rights were protected.

People were supported with their dietary needs. Support plans and risk assessments were in place where necessary which supported people to maintain their independence with nutrition. We observed one support worker ask a person if they needed to go to the shops to replenish their food stores. They were supported to achieve this task straight away. The person told us that support staff encouraged them to eat healthily. A support worker told us how they had worked to gain the trust of one person with anxieties surrounding cooking, they told us, "Now [person's name] is confident to use the cooker and cook for themselves. It's those things that really make a difference to people's lives."

People were supported to attend healthcare appointments. The registered manager had systems in place which continuously monitored people's individual appointments. They told us that they identify appropriate support workers to attend appointments with people and that they are organised in advance to mitigate against missed appointments and/or a lack of staff for other people. One person told us, "[Support worker's name] will always come to my appointments with me, I trust them." Details of medical and health appointments were recorded in people's support records and daily communication records. Progress reports were also written six monthly by key workers which ensured health care professionals were updated effectively regarding people's progress.

## Is the service caring?

### Our findings

Support workers had developed positive relationships with people using the service. People told us they really liked the staff who supported them. One person told us, "I know [care worker's name] well, they used to support me when I lived in the supported living service." When we visited another person they told us, "I know I can call the house anytime I need to and they say I can just come along for a cup of tea and a chat." We saw thoughtful, jovial and kind interactions from support workers towards people.

Support workers had also created positive relationships between each other and we saw how they all communicated with one another to meet people's needs. One care worker told us, "We really do work as a team well." We saw open and respectful relations between care workers.

People and their homes were treated respectfully and with kindness. One person told us, "They are always respectful when they come to my home." Support workers we spoke with understood the significance of offering and respecting people's choice. We saw in one person's support records conversations that had been had between the person and support staff to ensure they supported them in the correct way during a religious period. The support workers had good knowledge of the people and their backgrounds. We saw the respectful nature of support workers and the positive relationships that had been developed.

The registered manager and support workers encouraged people to express their views. People told us that the registered manager and staff listened to their needs and helped them with anything they might need. One person told us, "They [support worker's] are always polite and they actually listen to me." Another person told us how they had requested to only be supported by support workers of the same sex. This request was accommodated consistently. Additionally they were slowly being supported to receive support from a male support worker who they trusted. The registered manager also told us that regular meetings with each person were held to discuss the service that was being provided to them. We saw the documentation that was produced from these meetings and people confirmed that they had sufficient meetings to express their views. We saw people and care workers were really relaxed in each other's company.

The registered manager told us that no one currently had a need for advocacy services. However they had advocacy services information displayed and readily available to help people's voice be represented effectively if the need arose. People were supported to maintain healthy relationships with their friends and family. One person told us, "I've got a space of my own now that I can entertain friends and family whenever I want. They [support worker's] supported me to get to this point."

## Is the service responsive?

### Our findings

People received personalised support that was responsive to their needs. People who used the AK Supported Housing Outreach Service could only gain access to it if they had previously been supported in AK Supported Living Services. Additionally the registered manager organised multi-disciplinary meetings in order to discuss whether the Outreach Service was appropriate for an individual and if so the best way for transition to be carried out.

We saw in people's support files their schedules of transition that allowed people to live between their home in supported living services and their new independent flat until they felt secure enough to remain in the flat permanently. One person told us, "I could've moved in a bit earlier but I stayed at the supported living a bit longer until I was ready to move in, then they carried on supporting me here."

The registered manager confidently spoke of how they were able to consistently deliver a person centred service. They explained that they felt the best way to facilitate successful transition from supported living services into independent living was to keep the number of people low that they supported in the outreach service at any one time. Additionally one support worker explained that because people had lived within their other supported living services, support workers were so familiar with people's specific needs they could facilitate such an important transition in people's lives. One person told us, "Because I knew [support worker's name] from No. 5 they have been able to help me settle in to my new home. It's really helpful knowing the people so well."

People's and relatives' support needs were well understood by the service. This was reflected in detailed person centred support plans and individual risk assessments specific to the person. Although support plans were not kept in each person's house we visited, the people were aware of their support plans. One person expressed to us how they would like a copy in their house to familiarise themselves with recent changes. The registered manager responded immediately and had a copy of the support plan delivered that same day.

People's care records contained information stating exactly how they were to be supported each day of the week and for how long. One person's care records also contained information on their Preferred Priorities of Care to ensure support workers understood people's person centred wishes surrounding end of life care. We also saw in support records how people were supported to use tools to maintain their mental health and wellbeing. Such as 'relapse prevention' techniques and the recovery star; a tool used for people to discuss different areas of their lives with support workers and how they wish to develop personally.

The registered manager told us care plans were reviewed every three months or when a change in need arose. Support workers also told us they updated the registered manager if they identified a change in support was needed. One person told us, "I feel confident here and I started to feel like I was having too much support each day, so a meeting was arranged to reduce the time so I can do my own activities." We saw in people's support records that support plans were reviewed and updated where necessary and agreed by the people and other appropriate persons, where necessary. One person told us, "I sign my support plan whenever we have a meeting for a change to be made." People told us how their hours of support provision

had decreased due to their improvement of health.

The registered manager and support workers supported people to gain and maintain their independence. One person excitedly told us, "They [support worker's] come round and have a chat with me, they listen to me and help with whatever I need help with. They supported me to sort out all my benefits and I now have my motorbike learner plates too." People were also supported to socialise within the community, another person told us how support workers aided them to use public transport supporting them to attend voluntary work placements. We were assured the service supported people to maintain their independence and avoid social isolation.

The registered manager had policies and procedures in place for receiving and dealing with complaints and concerns. Staff knew about the complaints procedure and to direct complaints to management. People understood and felt comfortable about how to make a complaint although consistently told us they were very happy with the support being provided and did not have any complaints. Complaints were documented and dealt with appropriately and in a timely manner. The registered manager told us how they were going to facilitate improvements to the service by developing the complaints system to incorporate learning logs. This would enable the registered manager to further learn from people's experiences and implement change.

## Is the service well-led?

### Our findings

The service had a registered manager in place. The registered manager had successfully achieved an open culture within the service. People and support workers consistently told us how the registered manager made themselves available to meet people's needs as soon as possible. One person told us, "You saw for yourself I get on with [registered manager's name] really well. He is really supportive." Support workers and people approached the registered manager with ease and we saw regular and consistent friendly interactions which indicated an open and positive culture.

The registered manager advised us that they had not produced an annual report of quality assurance for the Outreach Service as they do with their registered supported living services. The registered manager expressed their confidence in the systems and processes in place to support people in the advancement of their independence. However they had identified that the development of robust monthly audits would allow them to produce an annual report and action plan which would aid them to drive improvements in specific areas of the service.

Regular meetings and questionnaires were used to gain feedback from people on the services provided. Negative feedback had been responded to immediately, but the majority of feedback from these interventions was positive; however the data gathered had not been analysed further to help drive improvement. The registered manager reported that findings from questionnaires distributed to people, relatives and other stakeholders could be analysed further and action plans produced as part of the on-going improvements to quality assurance systems. Nevertheless people told us they had regular meetings with the registered manager and key workers who felt them to be approachable and responsive to their needs. We also observed that people knew them well and were accustomed to their presence.

The registered manager gathered staff's views on the service through informal daily interactions as well as staff meetings held every two months. Minutes of the meetings we saw documented how support workers were able to express their views to help improve the service they provided.

The registered manager demonstrated good leadership and had clearly created a workforce that was supportive of his vision. One support worker told us, "[Registered manager's name] is the best manager I've ever had, you can contact them day or night and they are so supportive." Another support worker told us, "[Registered manager's name] gives me constructive and positive feedback, when I came back from annual leave [registered manager's name] told me to keep doing what I was doing because my team of staff were performing so well." The registered manager expressed to us that they remained directly involved in the outreach service, opposed to appointing managers as was the case with the supported living services. They explained they wished to be involved and oversee developments of people transitioning back into the community safely. They told us, "I get a great deal of satisfaction from helping people become independent."

The registered manager had strong links with the community. They explained to us the importance of open and clear communication with people and community authorities. This ensured risks were minimised as

much as possible and people achieved a smooth transition into independent living.

The service delivered high quality care. The principle aim and objective of AK Supported Housing Outreach Service was to provide a service to people that helped improve their lives and created growth and better living. This principle was put into practice by recruiting and retaining staff who had received a robust induction process and continued training to apply their knowledge to provide a person centred service. Staff we spoke with had high regard of the registered manager and one support worker told us, "[Registered manager's name] is very experienced and knowledgeable, I feel the service is managed extremely well." The registered manager valued their staff in return and told us how well his teams communicate to meet people's individual needs every day. This demonstrated a positive culture with an open door policy.