

# AK Supported Housing Limited

# Whitehall House

## Inspection report

40 Whitehall Lane  
Grays  
Essex  
RM17 6SS

Tel: 01375407054

Date of inspection visit:  
02 March 2016

Date of publication:  
06 April 2016

## 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

We inspected this service on 2 March 2016. The inspection was unannounced.

Whitehall House is registered to provide accommodation and care for up to two adults with mental health issues. There were two people living at the service when we inspected it.

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

The service provided good care and support to people to enable them to acquire the skills, within a safe environment, to live more independently.

People told us the service was a safe place to live and that there were sufficient staff available to meet their needs. The provider had robust recruitment procedures in place which ensured staff were recruited safely. Staff received appropriate training which ensured staff had the right skills to meet people's needs.

There were safe systems in place for receiving, administering and disposing of medicines. People received their medication as prescribed.

Staff understood the risks and signs of potential abuse and the relevant safeguarding processes to follow. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed.

Care plans accurately reflected people's care and support needs and people received appropriate support to have their social care needs met.

People told us that if they had any concerns or complaints they would discuss these with staff and felt they would be listened to and acted upon.

There was an effective system in place to regularly assess and monitor the quality of the service provided. The registered manager was able to demonstrate how they measured and analysed the care and support provided to people, and how this ensured that the service was operating safely and was continually improving to meet people's needs.

## 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.

There were sufficient staffing levels to safely meet the needs of people.

People were protected from the risk of harm. Staff had received safeguarding training and knew how to keep people safe.

There were systems in place to manage medicines and people were supported to take their prescribed medication safely.

Good ●

### Is the service effective?

The service was effective.

Staff received effective support and training to enable them to fulfil their role.

People were supported to maintain good health and wellbeing and had access to appropriate healthcare services.

Good ●

### Is the service caring?

The service was caring.

Staff knew people well and had a good understanding of people's care and support needs.

Staff treated people with dignity and respect.

Good ●

### Is the service responsive?

The service was responsive.

People's care plans were person centred and contained all relevant information needed to meet people's assessed needs.

People were supported to pursue their social interests.

There were systems in place to deal with people's concerns or complaints.

Good ●

## Is the service well-led?

The service was well led.

Staff felt valued and were provided with support and guidance.

Feedback from people was positive.

There were effective quality assurance systems in place to ensure the service maintained its standards.

Good 

# Whitehall House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 2 March 2016 and was unannounced. The inspection team consisted of one inspector.

Prior to the inspection we reviewed all the information we held about the service including the local authority's monitoring report and statutory notifications we had received about the service. Notifications are changes, events or incidents that the provider is legally obliged to send us.

During our inspection we spoke with two people who used the service, one member of staff, the registered manager and the provider.

We looked at a range of records including two people's care plans and records, four staff files, staff training records, staff rotas, arrangements for the management of medicines, a sample of policies and procedures and quality assurance records.

# Is the service safe?

## Our findings

People told us they felt safe living at the service. One person told us, "I've just moved in. I'm settled and I feel safe. All my things are safe and I can lock my room if I want to."

People were protected from the risk of harm and abuse. The service had safeguarding and whistleblowing policies and procedures in place and staff knew they could contact outside authorities such as the Care Quality Commission (CQC) or the local authority. Staff had received safeguarding training and understood the importance of keeping people safe and protected from harm. Staff we spoke with were able to identify the different types of abuse and told us what they would do if they witnessed or suspected abuse. One member of staff said, "I've had safeguarding training and know how to protect our service users and keep them safe. I would report any concerns to my line manager and if no action was taken I would contact the CQC or the local authority."

Information about abuse and how to report abuse was easily accessible to staff and people who used the service. Ask Sal posters and information leaflets were displayed on the home's noticeboard and in the staff office. Ask Sal is a confidential helpline for people, relatives or staff to call if they had any safeguarding concerns.

Risks to people's health and safety were managed effectively. Staff received training in first aid and fire safety. There were clear procedures for staff to follow in an event of an emergency and the service had an emergency contingency plan in place. Emergency contact numbers, which included contact details for the mental health crisis team and social services, were easily accessible to staff. Records showed that the home had been visited in September 2015 by Essex Fire Service. The Fire Safety Officer's report confirmed a 'satisfactory standard of fire safety was evident' at the home.

Risks to people were well managed. The care plans contained individual risk assessments which had been undertaken in relation to people's identified support needs; for example, compliance with community treatment orders, medication and alcohol misuse. The risk assessments contained actions which had been put in place to mitigate risks and keep people safe. Risk assessments were reviewed every three months or sooner if a person's needs changed. Staff demonstrated a good understanding of people's identified risks and how to manage them. This ensured people were able to carry out everyday tasks whilst being supported to maintain their independence.

People's medicines were managed safely. People told us that they received their medication regularly. One person told us, "They give me my medication, it's a little white tablet and I know I need to take it. Staff give me my medication every day and on time." Staff had received appropriate training in medication administration and their competence to administer medication was regularly checked by the registered manager. There were procedures in place for ordering, receiving, storing and disposal of medication. People's medical administration record sheets (MARS) were completed appropriately. Regular medication audits were undertaken by the registered manager which ensured medication practices were safe and people received their medication as prescribed.

The provider had effective systems in place for staff recruitment to ensure people were safe to work at the service. The recruitment procedure included processing applications and conducting employment interviews, checking a person's proof of identity and right to work and seeking references. Disclosure and barring checks (DBS) were also completed for staff to ensure they were safe to work with vulnerable adults. The recruitment records we looked at confirmed that appropriate checks had been undertaken and that the provider's recruitment processes had been followed.

There were sufficient staff on duty to meet people's needs; this was reflected in the sample of rotas we reviewed. This included supporting people to access the local community. For example on the day of our inspection one person was supported to go out shopping. One person said, "It's alright here there's always someone [staff] around." Another person said, "They [staff] are quick to help me." A member of staff said, "There's enough staff, I don't feel rushed at all."

Safeguards were in place around people's finances and regular checks were made by senior management to ensure where staff were helping people to manage their money, the correct procedures had been followed.

We looked around the home and found that all areas of the home environment were clean and tidy. Cleaning schedules were in place and the registered manager carried out regular checks to ensure a clean environment was maintained.

Fridge and freezer temperatures were monitored daily. Food stored in the fridge was checked by staff together with the people using the service to check it was within its 'use by' date. This ensured people learnt about the importance of food hygiene in readiness for moving on to more independent living.

## Is the service effective?

### Our findings

People received effective care and support from staff. The registered manager and staff knew people well and were able to explain people's care and support needs and individual personalities.

Staff were supported to gain the knowledge and skills required to support them in their role. Staff completed a comprehensive induction programme. One member of staff told us, "My induction covered everything I needed to know for example medication, health and safety and my role as a keyworker; it [the induction] really helped me." The registered manager told us that they had introduced the national care certificate as part of the induction for new staff.

The provider placed strong emphasis on training staff. Training records confirmed that staff had completed a wide range of role appropriate training. The registered manager also delivered monthly refresher training sessions to staff. A member of staff said, "We [staff] are encouraged to do training. They [the provider and registered manager] are on top of things and send us reminders so we don't miss our training." Staff were encouraged and supported to undertake National Vocational Qualifications in Care (NVQ). One member of staff told us, "I have started my NVQ Level 3 and then I want to go on to do NVQ Level 5. We [staff] are supported to do NVQs." This meant people were cared for by well trained staff.

Staff told us, and records confirmed, they received regular supervision and had an appraisal in place. This meant staff were supported and had a structured opportunity to discuss their practice and development; this ensured staff continued to deliver care effectively to people. A member of staff said, "I get regular supervision and had my appraisal about two/three weeks ago. I am well supported."

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). 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. The registered manager had a good understanding of the Mental Capacity Act and DoLS. Only the registered manager and two members of staff had received MCA and DoLS training; the registered manager informed us that she was in the process of arranging training for the rest of the staff team. People were asked to sign their care plans and consent to the support they were provided with. At the time of our inspection there was nobody living at the service who were being deprived of their rights and freedoms .

People had sufficient to eat and drink and told us they could eat whenever they wanted to. People's daily dietary and fluid intake was recorded to encourage people to eat a healthy and balanced diet. The registered manager told us people's dietary and fluid intake was only recorded if staff witnessed what people had eaten or drank. This information then supported key working sessions around healthy eating. People had the choice of whether they wished this information to be recorded . Staff supported people to



gain living skills to enable them to live independently which included supporting people with budgeting, going shopping, meal planning and encouragement to cook healthy meals. People shared fridge and freezer space to store their food. During our inspection we saw one person being supported to prepare their lunch.

People were supported to access healthcare when required and to attend appointments. People had been registered with the local GP and records showed that staff supported people to access health services and to attend appointments to ensure they maintained good health and wellbeing. Outcomes of appointments were recorded in people's care files. One person told us, "They [staff] would help if I need to see a doctor." Records showed that concise quarterly progress reports had been written and had been shared with health and social care professionals who were involved in the person's care.

## Is the service caring?

### Our findings

Staff provided a caring and supportive environment for people who lived at the home. People were positive about the service and told us staff were caring. Comments included, "I am very happy here this is my new home. They [staff] speak to me normally and with respect," and, "Staff are good they ask if I'm ok."

During our visit we saw warm interactions between staff and people and the atmosphere within the home was calm and pleasant. People were at ease and comfortable when staff were present and communication was respectful and appropriate. Staff knew people well including their personal histories and likes and dislikes which were clearly documented in people's care plans.

There was a key worker system in place. This meant staff were allocated to work closely with people in order to assist them with day to day activities as well as supporting them to achieve agreed goals and outcomes. Key workers had weekly meetings with people to discuss their support needs and review their progress. Staff told us they also used the keyworker sessions to check people were happy with the service being provided. Care plans were person centred and people were involved in the planning of their care; they told us they had choice on how they spent their time and what they did.

People were supported and encouraged to maintain relationships with friends and families. People told us they could have visitors at any time and there were no restrictions. One person said, "If [name of family member] comes here it doesn't matter what time they come, visitors can come any time."

Information on advocacy services were available to people and displayed on a notice board in the hallway of the home. An advocate supports a person to have an independent voice and express their views when they are unable to do so themselves. No one at the service was currently using or required the support of advocacy services .

People's diverse and religious needs were recognised, respected and recorded in people's care plans . The registered manager told us that they would support people to access and attend religious services in the local community if they required this. The support plans contained a section on 'When I die' which clearly recorded people's wishes and preferences.

## Is the service responsive?

### Our findings

The registered manager and staff showed a good understanding and awareness of people's needs.

Prior to moving into the service the registered manager told us they would visit the person to ensure the service could meet all their assessed needs. If it was decided that the service could effectively meet the person's needs the person was invited to visit the service to ensure they were happy with the home and the support provided. The service had a comprehensive 'client induction programme' in place. This ensured that when people moved into the service they were supported with the transition of residency and an efficient and appropriate service was provided to them from the date they entered the service.

Care plans we looked at were detailed, person centred and contained sufficient information to enable staff to support people in the way they preferred. People's care and support needs were reviewed every three months and at weekly meetings with their keyworker. The registered manager told us that family members were also invited to attend review meetings. Staff told us that it was important to promote people's independence and support them to move on into their own accommodation in the community. One staff member said, "We care for them [people using the service] and help to put everything in place [for people] to be more independent and live a successful life."

People were supported to engage in meaningful activities. Records showed that one person was being supported to access volunteering opportunities. A list of activities was displayed in the office to prompt staff to encourage people to participate in activities they enjoyed. One person told us how they had been supported by staff to attend the gym. Another person said, "I like to go out and can do things when I want to, with the safety of staff support."

The provider had a policy and procedure in place for dealing with complaints. When people entered the service they were provided with a service user guide. This contained information on how to raise a concern or complaint. People told us they had not needed to make a complaint but would talk to staff if they were unhappy about any aspect of the service. A member of staff told us, "If someone came to me with a complaint I would report to my line manager and would tell the person what I was doing. No one has ever come to me with a complaint; we meet every week with people so they can tell us if they were unhappy about anything." The provider had not received any formal complaints and the registered manager told us where small issues had been raised these had been dealt with promptly by staff.

## Is the service well-led?

### Our findings

The service had a registered manager in place. The registered manager and the provider were very visible within the service. The ethos and culture of the home was to provide a service which enabled and empowered people to be supported towards independence in the community.

People we spoke with said the service was very good. The registered manager and staff team demonstrated a strong commitment to supporting people and enabling them to achieve their outcomes and goals and improve their quality of life.

Staff felt valued and supported and received regular supervision. Staff told us both the registered manager and provider were approachable, supportive and communicated effectively. One member of staff said, "[Name of registered manager] is a godsend, she is my role model. If I call her and she's unable to answer she will call back even if she's not on shift. She will come in if she needs to, not just for me but for other staff too." Staff also told us that the provider visited the service on a regular basis and motivated staff to increase their skills and knowledge.

The registered manager told us she was very well supported by the provider. She told us she would like to introduce a staff recognition award scheme and had been given permission by the provider to look into this. She told us, "It is hard as we are only a small organisation but I will look into it."

People were involved in improving the service they received. The registered manager gathered people's views through regular resident meetings. People were also able to feedback their views on the service and the support provided at their weekly key working sessions. The records we reviewed showed that people were happy with the service they received; however the registered manager gave an example of how one person had requested to be consulted ahead of any changes to their allocated keyworker as they felt there were only certain staff they could talk to. The registered manager told us that they now ensured all people are consulted with prior to any changes. The provider also sought the views of relatives and other stakeholders such as healthcare professionals by carrying out annual quality assurance surveys. We saw that all the responses from the survey undertaken in 2015 had been positive. The registered manager told us that action plans would be developed if required following feedback from people, their relatives or other stakeholders.

There were effective quality assurance systems in place. The registered manager monitored the quality of the service through the completion of a number of audits such as medication management, support files, staff supervision, training and development, home environment and fire safety to continually review and improve the quality of the service provided to people.

A quality monitoring report by the local authority undertaken in October 2015 for the service showed that a score of 88.8% had been achieved which evidenced a good service was being provided to people. Immediately following the local authority's inspection the provider had developed an action plan which included clear timescales for the completion of recommended actions; the action plan had been sent to the

local authority.