Southend Care Limited

Spencer House

Inspection report

Randolph House
Leigh On Sea
Essex
SS9 4HU

Tel: 01702713631

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13 May 2019

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05 June 2019

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

About the service: The inspection took place on the 13 May 2019 and was announced. Spencer House provides a supported living service. There are 15 independent flats for people with a learning disability. There were 14 people receiving the service on the day of our inspection, however only four people received the regulated activity of personal care.

People's experience of using this service:
People received a service from staff who knew them well and were supported to take positive risks to maintain their independence.

Staff were trained to identify vulnerable adult safeguarding concerns and felt managers listened and acted on these.

The provider carried out appropriate checks on potential new employees to ensure they were the right staff to work with people. People took part in this recruitment process.

People were supported to lead healthy lives and attend regular health appointments. Staff had a good understanding of mental capacity and how this applied to supporting people in their everyday lives.

People needing assistance to shop for and prepare food were supported to do so.

Staff were caring in their approach to people's needs. External health and social care professionals had also commented on the service providing good care and support.

Care plans did identify people's individual risks and needs but these were reviewed infrequently and we found that they were not always up to date, or gave sufficient information about how staff should support people. However, staff did know people's well and could describe people's needs clearly.

We have made a recommendation about care reviews to ensure that peoples care remained person centred.

The service did not support anyone with end of life care needs, but staff had not always approached the subject of peoples end of life needs.

We have recommended that the service review end of life training for staff.

The provider had a system in place to audit the service, but this was an overview and did not contain information of how they had determined outcomes. They had not identified the concerns we found with care plans.

We have made a recommendation around governance processes.

People and staff felt well supported by managers and people were safe. People living at the service were supported to lead a good quality of life.

Why we inspected: This was a scheduled inspection and the first inspection for the service under a new provider.

Follow up: We will continue to monitor Spencer House and return to inspection within the rating guidelines.

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

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

Details are in our Safe findings below.

Good

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good

Spencer House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted on one inspector due to the small size of the service.

Service and service type: This is a supported living service where people living with a learning disability can be supported with personal care and support to live independently in their own accommodation. Staff referred to people as tenants. With a registered manager and other support staff on site, people were supported to remain as independent as possible.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:
Before the inspection we reviewed the PIR, [Provider information return] a document containing information about the service which providers are required to send to the commission. We also reviewed any information we held about the service, such as notifications.

Not everyone was able to speak to us on the day of inspection as some people could not communicate with us verbally. During the inspection we spoke with two people using the service, the registered manager, deputy manager, housing officer and two care staff. We also spoke with an external health and social care professional.

We reviewed one staff file as there had only been one new member of staff since the previous inspection. We looked at a sample of policies used by the service, and a quality audit completed by the service to measure the quality of care given. We reviewed three care plans.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff received yearly training in safeguarding vulnerable adults from abuse.
- Staff had a good understanding of what constituted abuse and who to report concerns too. One member of staff told us, "The managers take all concerns seriously. I have had a concern in the past and it was dealt with immediately."
- Peoples had access to safeguarding adult's information in easy read format and this was kept in their flats.

Assessing risk, safety monitoring and management

- Staff completed a checklist list to identify risks to peoples physical, mental and emotional health. For risks identified as medium or high, risk assessments were put in place to help staff to support the person to manage these risks.
- One person had difficulty maintaining their diabetes which could have significant risk to their health. Staff had clear instructions on how to support and monitor the persons health and had good relationships with the local diabetes nurse team.
- Staff had undergone additional training in diabetes to ensure they had the skills to manage the risks. They could explain what they did to support the person to remain well. This included ensuring the person was aware of the risks of eating a poor diet and how best to manage this.
- One person had expressed suicidal thoughts and could be unpredictable in presentation and risk to self and others. The registered manager told us they had tried to get a mental health assessment, but this could not be evidenced. External professionals told us that staff managed the care for this person very well and things had improved and this was evidenced in care notes and observations of the person.
- Some people had presented with distressed and disturbed behaviours which placed staff and others at risk. However, whilst this had reduced we did not see that staff had undertaken additional training to prevent risk to themselves and others. This would include how to de-escalate risk behaviour and break away safely from any forceful holds.
- The registered manager told us, "Staff have had training in de-escalation." But this was not recorded anywhere. They also told us, "[person] can go for long periods without lashing out;" and "We used to have training in this area but not now as we don't feel its relevant to all people. For example, the way you would break away from an older person would be different than breaking away from a younger person." One member of staff told us, "I had training but it was years ago."

Staffing and recruitment

- Staff were recruited safety, undergoing a variety of back ground checks to ensure they were suitable to work with vulnerable people. This included two professional references and enhanced police background

checks.
●There were sufficient staff to support people during the day. During the night a member of staff had their own sleeping quarters and could be quickly alerted by people if they needed additional help. Some people at risk of falls had access to a call pendant and would alert call line, a support service if they had fallen. Call line in turn would contact the sleep-in care worker.

Using medicines safely; Learning lessons when things go wrong
● Senior care staff administered and supported people with medications if this was an identified need. They had undergone training and observation. This was refreshed yearly.
● Medicines were kept in people's flats along with medicine administration records. These were reviewed daily by staff and audited monthly.
● Staff gave an example of an error due to a blister pack not containing the correct dose. This had been thoroughly reviewed and investigation and measures put in place to prevent reoccurrence. This included working with the local pharmacy and staff to double check medicines within the blister packs.
● Some people could maintain their independence with managing their own medicines. However there had been a change in how the pharmacy dispensed medicines. The management team worked with GPs, social workers and pharmacy to ensure that people continued to receive blister packs as this helped them to retain their independence.

Preventing and controlling infection
● Staff providing personal care had access to gloves and aprons to manage risk of infection.
● People were encouraged to maintain good personal hygiene practices.

Good

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The deputy and registered manager ensured that staff were up to date in their mandatory training. This included training on the Mental Capacity Act, 2005; Infection control, moving and handling and first aid training.
- Staff underwent an induction period and when they had no prior health and social care training, such as a recognised qualification, they would be supported to undertake the care certificate. These are a set of 15 recognised standards that health and social staff should achieve.
- Staff could access additional training in subjects such as mental health and person-centred care. However, we saw that staff had not undertaken these training exercises.

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

- Staff supported a few people with tasks such as preparing a shopping list and supporting them to buy their grocery's. Staff provided information about how to have a healthy diet.
- Staff also helped people to prepare and cook meals if this was an identified need.
- People had cooking opportunities with staff at weekends and in the evening where they could cook a communal meal or snacks such as biscuits. People enjoyed this.
- However, we found that one person was identified as at risk of eating out of date food. Care plans informed staff to regularly check dates on food but no instruction of how often or where this information should be recorded. We reviewed notes over a three-month period and found little reference to staff doing this. Care plans did not give staff this information. We discussed this with the registered manager who told us they would review the care plan to ensure it contained sufficient information and instruction.

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

- The service had good working relationships with other health and social care professionals. This included occupational health and speech and language therapists, social workers and general practitioners. These relationships ensured that people had access to the appropriate level of support and care.
- The service occasionally used agency staff to cover staff holidays. These members of staff were inducted to the service and introduced to people. On the day of inspection an agency worker was supporting and we observed positive engagement with people.

Adapting service, design, decoration to meet people's needs

- People were supported to choose carpets, colour paint and furniture to personalise their flats.
- At the time of inspection, the communal lounge had been without privacy blinds for some time. The service had applied for these through the local housing scheme and were able to provide samples to the peoples to choose what they would like.

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

● Some people living at the service had complex health needs that required medical support and appointments a distance away. The provider ensured that people were supported to attend these appointments to maintain their personal health.

● Where people had additional needs due to older age or decline in physical health, the service liaised with housing association to make adaptions. This included changing bathrooms to wet rooms for access.

● Staff supported people to access a variety of physical, gender specific health appointments in addition to other health appointments.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

● Staff had all received Mental Capacity Act 2005 training and demonstrated good knowledge of its principles of capacity.

● Most people living at the service retained the capacity to make decisions. Where capacity assessments had taken place, these were significantly out dated. The service had already identified this and were in the process of reviewing these.

● However, we observed that staff sought people's consent in any care activity.

● People were provided with the information they needed in a communication style appropriate to make informed decisions to attend various appointments. Where a person refused they signed to indicate their refusal.

Good

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

Good: 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

- Staff supported people to transition to the service. On the day of inspection, a new person was introduced to the service. The registered manager accessed additional funding for extra staff support to help the person settle in over a week period.
- One person told us, "Staff are kind." We observed staff greeting and talking to people in a kind supportive manner. It was clear that people felt comfortable with staff.
- A visiting health professional told us, "[staff member] typifies the style of caring here. Staff are kind and caring and approachable. They have good relationships with people who live here. They do a brilliant job."
- Another professional said, "The setup of the scheme is really good. Tenants can socialise in the community areas. Staff are passionate about the tenants because they have known them for so long, and will go out of the way to help them."
- A relative wrote to the service following their loved one moving on to more independent living. They wrote, "I would like to say a big thank you for all the excellent care and support that you and all the staff at spencer house have provided my [relative]"
- One person had been distressed over a period of months and staff had worked hard to support them and their distressed behaviours had improved. A health and social care professional wrote, "I just wanted to take the time to thank staff for the support they are providing to [person] …. from the interactions I have seen [staff] have been very patient and compassionate."

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

- The service held monthly people's meetings to discuss any concerns they had, where they would like to take holidays and whether there were any additional activities they would like staff support with. Some people had requested to support to go to the cinema and we observed that this had been actioned.
- People were supported to use independent advocacy services for life changing decisions. One person had been supported to write a will.

Respecting and promoting people's privacy, dignity and independence

- People were positive about the service. Whilst people found it difficult to verbalise one person told us, "I like it here. They help my independence."
- There was a strong focus on helping people to maintain their independence if possible which staff encouraged during interactions. Where people were becoming older but still able to carry out their own housework but no longer wanted too, staff would support them to access a housekeeper. Peoples would pay for this from their own budgets.
- People occasionally tried to go into other flats and not every person wanted to lock their doors. There were clear signs on doors to remind people knock and wait to ensure that people's privacy and dignity could

be maintained.

Requires Improvement

Is the service responsive?

Our findings

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

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

- Risk assessments identifying people needs did not always translate to care plan interventions to meet these. We saw evidence where people's needs had changed, or when there needed to be a follow up, such as dental support, but there was no guidance on how staff should do this.
- Care plan reviews were infrequent, sometimes 13 months between review. The provider had no guidance and documentation to demonstrate the quality of the review when they had taken place.

We recommended that the registered manager strengthen their oversight of care plan reviews to ensure that they are updated as required.

- People were supported to take part in a variety of activities of their choice. One person wanted to go swimming and staff supported them to access a swimming club.
- People had ready access to a communal lounge area which they used to socialise with others, watch television, or do art and crafts and cooking. People also had takeaway nights together on a regular basis which supported good relationships between staff and people living in the flats.
- People went on holiday twice a year with the support from specialist holiday agencies. Holidays were in small groups. If a person did not want to go on a holiday or outing an alternative would be arranged in line with their preferences.
- Care staff adapted how they communicated with people depending on their needs. One person was unable to speak verbally about their preferences for shopping and this was frustrating for that person. As care staff knew the person well and had good relationship with family members, they designed an easy read picture shopping list with the persons favourite things. This included the person being able to identify to staff when they had run out of something they liked and where things should be stored. This supported the person to be as independent as possible with their shopping needs.
- We saw that if people had loved ones who were unwell, for example in hospital, staff would help support them with visits.

Improving care quality in response to complaints or concerns

- The service had not received any complaints; however, a complaints procedure was in place and the registered manager was able to explain the process for dealing with complaints.
- People had access to an easy read complaints procedure and this was kept in their care.

End of life care and support

- The deputy manager told us that they only discussed end of life needs with people over a certain age as they presumed younger people probably wouldn't want to discuss these needs.
- Where this had been discussed people had been able to choose how they would like their funeral to be arrived, what music they would like played and where they wanted it to be held. However, these were dated

2012 and had not been revisited.

We recommend that the provider seek guidance about best practice in supporting staff to have discussions with people about end of life care.

Good

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a duty of candour process in place and this was followed. Following errors, a full investigation was carried out and sent to the head office for review. In the case of a medication error, a people was informed and given an apology.
- The service had a clear code of conduct for staff to follow to support people to lead independent lives.

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

- Managers across the providers services carried out governance audits at sister locations to ensure oversight and a "fresh set of eyes." The registered manager told us, "This helps as there is an unbiased approach, and we also pick up good practice elsewhere which we can bring back here."
- The most recent audit identified that MCA assessments were outdated and this was in the process of being reviewed. It did not identify issues we found with quality of care plans, risk assessments and frequency of review. However, the registered manager told us they would act to ensure a review of care plans and how often reviews should take place. We made a recommendation about this in the responsive domain.
- The provider was in the process of overhauling their policies and procedures to ensure they remained in line with current guidelines. At the time of inspection this was not yet complete.
- Staff had clear understanding of their roles and responsibilities and line management. One member of staff told us, "I get supervision every two months and informal supervision in between as I need it. I can talk about anything that I am not sure of or concerns me at any time. I also have a yearly appraisal and discuss my goals to achieve for the year."
- The registered manager also ensured staff had access to other development opportunities, such as shadowing team leaders in other services run by the provider.

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

- People had assigned key workers who spent time with them, identified their needs and personal goals and found ways to help them achieve this. One person had their developed their own adapted Makaton signing. As staff were long standing they could understand the person well.

Continuous learning and improving care

- The service was reviewing their care plan recording system with a view to moving to a handheld electronic recording platform. This would make it easier for staff to spend time with people and record activities and

support in real time.
● The service was also considering how they could better use the resources they had to meet the needs of people in the long term. In part this was due to people's needs increasing with age.

Working in partnership with others
● The provider worked with a variety of internal and external professionals, and with people and their loved ones to identify and manage people's needs and support them to be as independent as possible.
● The managers ensured that should peoples health deteriorate and they require more supported accommodation that the were supported to do so whilst taking in account all the persons preferences and needs.