

Southend Borough Council

Spencer House

Inspection report

Spencer House
Randolph House
Leigh On Sea
Essex
SS9 4HU

Tel: 01702713631

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14 April 2016

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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 inspection took place on the 11 and 14 April 2016 and was announced.

Spencer House provides a supported living service. There are 15 flats for people with a learning disability. There were 15 people receiving the service on the day of our inspection.

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 registered manager was supported by an assistant manager to ensure the daily management of the service.

The service provided good care and support to people enabling them to live fulfilled and meaningful lives. People were supported by skilled and well trained staff who ensured people were safe and encouraged them to achieve their full potential and live as independently as possible. The registered manager and staff understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS).

People told us the service was a safe place to live and there were sufficient staff available to meet people's individual needs. The provider had effective recruitment procedures in place to protect people from the risk of avoidable harm. 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. There were safe systems in place for receiving, administering and disposing of medicines and people received their medication as prescribed.

There was a strong emphasis on person centred care. Care plans were person centred and included people's preferences and individual needs. Care plans were regularly reviewed and people were involved in the planning of their care. The service was flexible and responded to people's changing needs.

People told us they were happy with the care and support they received; they were treated with dignity and respect and care was provided in a kind and caring way. People's nutritional needs were met and people were supported to maintain a healthy and balanced diet. People received support to access health and social care professionals and services.

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?

Good ●

The service was safe.

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

Staff had a good understanding of abuse and had received safeguarding training. They were aware of their responsibilities in reporting any concerns.

The risks to people's safety and well-being were assessed and reviewed regularly.

People's medicines were safely managed.

Is the service effective?

Good ●

The service was effective.

Staff received the training, supervision and support they needed to deliver effective care to people.

People were supported to maintain good health and had access to healthcare professionals when they required them.

People had consented to their care and support. The service had policies and procedures in place to assess people's capacity which were in line with The Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People and relatives said the staff were kind and caring.

Staff focussed on providing care and support which was person centred. They had a good understanding of people's needs and aspirations and supported people to make decisions about how they wanted to be supported and cared for.

People's independence was promoted and staff encouraged people to do as much for themselves as they were able to.

People's privacy, dignity and independence were respected by staff.

Is the service responsive?

Good ●

The service was responsive.

The service was flexible and responded to people's needs.

People were provided with care and support that was personalised to their individual needs. Care plans and risk assessments were reviewed regularly and updated when needs changed. Staff understood people's care needs and responded appropriately.

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

Is the service well-led?

Good ●

The service was well led.

The registered manager promoted strong values and a person centred culture.

People who used the service and staff found the management team approachable and supportive.

There were systems in place to seek the views of people who used the service.

The service had quality assurance systems in place to ensure the service maintained its standards.

Spencer 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 11 and 14 April 2016 and was announced. 48 hours' notice of the inspection was given to ensure the registered manager was available to assist us with the inspection. The inspection team consisted of one inspector and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service including statutory notifications we had received about the service. Notifications are changes, events or incidents that the provider is legally obliged to send us. We also reviewed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with four people who used the service, one relative, one advocate, four members of staff, the assistant manager and the registered manager. We looked at a range of records including four 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 information.

Is the service safe?

Our findings

People using the service told us they felt safe. Comments included, "They [staff] make me feel safe and help me;" and, "No one can get in and rob me." A relative told us they felt their family member was safe and well cared for.

People were protected from the risk of harm and abuse. Staff were trained in recognising the signs of abuse and understood the importance of keeping people safe and protected from harm. The service had safeguarding and whistleblowing policies in place and staff had been provided with a safeguarding handbook. Staff were able to identify the different types of abuse and what action they would take if they witnessed or suspected abuse. They were aware that they could report any concerns to outside authorities such as social services or the Care Quality Commission (CQC). One staff member told us, "I've had a mixture of on-line and face to face training. If a person had any marks on them, were withdrawn or tearful I would speak to them. If they said it was a secret I would explain why I can't keep it a secret; their safety is foremost and any abuse needs to be reported." People had been given an easy read pictorial leaflet on abuse and were reminded about safeguarding, the different types of abuse and how to report abuse at tenant meetings. An 'Ask Sal' poster was displayed on the communal noticeboard. '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 well managed and staff had the information they needed to support people safely. Risks to people's individual safety both within their own home and the community had been routinely assessed. Management plans were in place for people where risks had been identified. One staff member said, "I am responsible for the safety of people. We have to look at risks to see if something works or not. For example [name of person] wanted to go to the day centre on their own with no staff support so we put measures in place [risk management plan] and now [name of person] is able to do this independently; we had to take the risk to see." We noted other examples of positive risk taking which showed the provider was not risk adverse and supported people to safely maintain their independence and lead fulfilling life's.

People lived in a safe environment and appropriate monitoring and maintenance of the premises and equipment was on-going. A housing officer from the landlord visited the service regularly to undertake health and safety checks and to discuss any areas of concern with staff and people using the service. There were processes in place to keep people safe in the event of an emergency. The provider had a business contingency plan in place and staff understood what they should do in emergency situations. People with mobility needs had personal emergency evacuation plans (PEEPS) in place.

There were sufficient staffing levels to meet people's needs and people received support from a consistent staff team. The registered manager told us, "Staffing levels are flexible to ensure the needs of people are met. If we do need to use agency staff, which is on the rare occasion, we try to use the same agency staff to ensure continuity." Throughout our inspection we observed that there were enough staff to meet people's needs.

An effective system was in place for staff recruitment to ensure people were safe to work at the service. This included carrying out disclosure and barring checks (DBS) for new staff to ensure they were safe to work with vulnerable adults. The recruitment procedure included processing applications and conducting employment interviews and seeking references. The recruitment records we looked at confirmed that appropriate checks had been undertaken. Disciplinary procedures were followed if any member of staff behaved outside their code of conduct. This meant that people could be assured that staff were of good character and fit to carry out their duties.

People who had their medication managed by staff received their medicines safely and as prescribed from appropriately trained staff. The provider had systems in place that ensured the safe receipt, storage, administration and recording of medicines. We carried out a random check of people's medication administration record sheets (MARS); these had been completed to a good standard. Training records confirmed that staff designated to administer medication had received appropriate medication training. The assistant manager and senior staff regularly audited MAR sheets to ensure records were being safely and accurately maintained. Any medication errors were addressed to ensure people's medications were always managed safely.

Is the service effective?

Our findings

People were supported by staff who were well trained and supported. Staff told us they had received a thorough induction when they started working at the service which included shadowing other staff, an orientation of the building, fire safety and emergency procedures and getting to know people. Staff told us, and records confirmed that they had received relevant training in order for them to fulfil their duties and meet people's individual needs. Staff had completed, or were in the process of completing, a relevant health and social care qualification. One staff member said, "I feel I've had sufficient training to enable me to do my job. We are constantly learning." The registered manager told us that all new staff were required to complete the new Care Certificate. This meant that people were supported by staff that had the skills and knowledge to meet their needs and ensure their safety.

Staff told us they felt supported and valued by the management team and said they received regular supervision and had an appraisal in place. Staff told us both the registered manager and assistant manager were always available for support and guidance. A staff member said, "You don't have to wait for your next supervision if you need to discuss something." Records confirmed that staff received regular supervision and had an appraisal in place. This meant staff had a structured opportunity to discuss their responsibilities and to develop in their role.

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 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 was aware of the legal requirements relating to the MCA and records showed that people had had their capacity to make decisions assessed. The registered manager informed us that all the people currently using the service had capacity to make their own decisions and said if staff had any concerns about a person's ability to make decisions they would request a mental capacity assessment to be undertaken by relevant health and social care professionals. She said staff would ensure any decisions were made in people's best interests. Staff told us they always sought people's consent to their care, treatment and support and helped people to make choices on a day to day basis. During our inspection we observed staff asking people how they would like to spend their time and helping them to make choices. This told us people's rights were protected.

People were supported to maintain a balanced and healthy diet. People were supported, dependant on their individual needs and capabilities, to shop and prepare meals. People's food dislikes and likes were recorded in their care plans. The registered manager told us some people using the service had lost weight through choosing healthier meal options. This had positively impacted on their health and well-being and self-esteem. Staff were aware of people's specific dietary needs for example one person was diabetic and

they told us how they worked closely with the diabetic nurse to help manage the person's health condition. People were supported to access healthcare services as required such as hospital appointments, occupational therapists, dentists, GPs, opticians and chiropodists; a dedicated member of staff accompanied people to their medical appointments. The outcome of health appointments was recorded within people's care plans so that staff knew what action to take. Each person had a Hospital Passport which contained detailed information about the person's personal and medical needs. This ensured hospital staff would know how to provide consistent care and support for people in the event of a hospital admission.

Is the service caring?

Our findings

The service had a strong visible person centred culture and staff had developed positive relationships with people. Each person had an assigned keyworker who helped to assist and monitor their individual needs.

People were treated with dignity and respect. During our inspection we observed staff being caring and kind in their approach to people and they were sensitive to each person's individual needs, giving reassurance where needed. Staff addressed people by their preferred names and spoke to people politely and engaged in appropriate conversations which created a relaxed and pleasant atmosphere. Staff were very knowledgeable about the individual needs of people. They were able to tell us about people's likes, dislikes and choices as well as information about their personal histories and things that mattered to them.

People were encouraged to maintain relationships with friends and families. Visitors were welcome and a relative told us they could visit at any time. They said, "I'm always popping in and they keep me informed of what's going on, the staff are kind. They always help [name of relative] to buy presents and birthday cards; they called me to see if [name of relative] dad's birthday was a special birthday so they could get the right card."

People's diversity needs were respected and included in their care plan. People were supported to access religious support and access churches in the local community. The registered manager told us that parsons had also visited people in their own homes.

The service had information on advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. The registered manager told us no one was currently accessing advocacy services but they would support people to access advocacy when required. During our inspection we received feedback from an advocate who said, "I knew the majority of tenants before they moved into Spencer House, when they lived in residential care. I have seen the clients flourish and gain confidence in having their own tenancy. The staff are supportive of the clients and have a good rapport with them, emphasising empowerment and encouraging them to self-advocate."

Is the service responsive?

Our findings

People received consistent personalised care and support and were involved in identifying their needs and how these should be met. People had pictorial care plans in place which contained information describing what staff needed to do to ensure personalised care was provided and people's individual needs met. One member of staff told us, "We go through the care plan with people and encourage their views. Care plans have to be centred around the person, it's about what they want." People's care plans were reviewed every six months or sooner if their needs changed. Staff told us, and records confirmed, that other people were invited to be involved in the care review process for example healthcare professionals, families and advocates. People's needs were discussed at daily handover meetings, recorded on the person's daily notes and discussed at staff meetings. One member of staff said, "Handovers are really important. We have a sheet now where we write key points of information, that way nothing is missed." This told us that staff were kept updated of any changes to people's individual care and support needs.

Staff told us how people's needs were changing as they were becoming older. One staff member said, "[Name of person] used to go to the day centre five days a week but didn't want to go sometimes. I spoke to them about this and found out that some days at the day centre were too noisy for them; now [name of person] stays here on those days. We often go out for a walk and have a cup of tea and cake, he is much happier." Staff also described how they had sourced mobility aids for people to support them to maintain their independence and continue to access the local community. One staff member said, "It's important that connection with the local community is not lost." The service also worked closely with people and their wider support teams to identify and use assistive technology such as call pendants and sensor mats to promote independence and maintain a safe environment. This meant the service responded flexibly to people's changing needs.

People told us that the service supported them to lead meaningful and interesting lives. People described a range of activities open to them both within the service and the community. An activities folder was kept where staff recorded what activities people had participated in and whether they had enjoyed them. The registered manager told us this helped staff to ensure everyone had an opportunity to participate in activities that they enjoyed. People were supported to plan holidays to a destination of their choice. The registered manager told us how a group of people had expressed a wish to go to Euro Disney and staff supported them to do this which included helping people to apply for passports. Photos of people participating in activities were displayed around the service and in the activities folder.

People had been provided with a pictorial easy read service user guide. This contained information on what the service provided and included information about how to make a complaint or raise a concern. The service had a written and pictorial complaints policy and procedure. We noted no formal complaints had been received by the service. The registered manager told us people were asked whether they were happy with the service they received at the monthly tenant meetings. Minutes from these meetings confirmed people had expressed no concerns or complaints about the service. Relatives we spoke to were not aware of the complaints procedure but told us they felt confident they would be listened to if they needed to make a complaint.

Is the service well-led?

Our findings

The service had a registered manager in post who was supported by an assistant manager. The assistant manager was based in the service and the registered manager visited on a regular basis. Both managers knew people who used the service very well.

The registered manager had clear vision and values that were person centred and focussed on people being as independent as possible and having the opportunity to be active citizens in their local community. Staff shared this vision and told us they enjoyed working at the service and were committed to delivering good care and support to enable people to live meaningful and fulfilling lives. One member of staff said, "We try and give people a better quality of life, promote their independence whilst keeping them safe from harm. If people are happy that speaks volumes. People are thriving here, all have different abilities and strengths and we try and build on these, this is shared across the staff team."

Staff told us both the assistant manager and registered manager were supportive and approachable. Comments included, "[Names of managers] work closely together and we are kept abreast of any changes. They are fair and if you have any issues you can approach and discuss these with them;" and, "[Name of registered manager] is the best manager, she is supportive professionally as well as personally, and goes the extra mile. I can approach her at any time about anything." Staff had regular supervision and team meetings to discuss people's care and the running of the service. They also received the support and training they needed to develop in their roles and care for people appropriately.

The registered manager and assistant manager sought the views of people using the service through day to day conversations with people and at the monthly tenant meetings. Minutes from tenant meetings confirmed people had the opportunity to share any concerns about their care, discuss planned events and activities and general day to day management. The registered manager told us they had stopped carrying out 'in house' satisfaction surveys at the request of people who used the service. She explained this was because they were invited to complete the registered provider's and landlord's annual surveys. Although the registered provider carried out annual surveys the registered manager informed us that she did not receive feedback from these as the results were not broken down to individual services.

The registered manager told us she received support from the registered provider. She also attended managers meetings and local provider forums which provided an opportunity to share good practice, discuss challenges and keep up to date with legislation.

There was an effective quality assurance system in place. Audits such as medication, care plans, health and safety and staff supervision were undertaken at least monthly to monitor the care people received. Monthly quality assurance reports were also sent to the registered provider. They used this information as appropriate to improve the care people received.