

Spencer & Arlington Limited

Spencer & Arlington

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

About the service

Spencer and Arlington provide personal care to people in their own home. The service supports some people on a 24-hour basis and others who may require support with personal care needs at specific times during the day and/or night. Some people using the service lived in supported living houses. The facilities are shared, in mixed housing for groups of up to four people. The service was supporting 71 people with personal care at the time of our inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that was appropriate and inclusive for them.

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

Without exception, people were positive about the service. One relative said, "I am very, very happy. I would recommend it most definitely. I can contact them anytime. I know [Name] is safe and well looked after."

People received their medicine correctly, and staff had been trained. Medication audits and spot checks were carried out. Systems and processes were in place to safeguard people from the risk of abuse. Staff knew how to prevent the spread of infection.

Assessments were in place which detailed people's needs and choices. Staff had been trained and were given regular supervision. People were supported to eat and drink in line with their assessed needs. Staff worked with other agencies to supply consistent, effective, timely care. People were supported to live healthier lives and could access healthcare services when they needed to. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind, caring and compassionate and supported people to maintain their relationships with friends and relatives. People were supported to avoid social isolation. Staff could clearly explain how they supported people in a dignified and respectful way.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence, and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Care was personalised and ensured people had choice and control which met their individual needs and preferences. The service considered how they could meet people's communication needs, and information

was available to them in different formats. The provider had a complaints procedure in place, and people knew how to complain if they needed to. At the time of the inspection, people using the service were vibrant and did not always want to consider end of life care. We have made a recommendation about end of life care.

The service had a well-defined management structure; roles had been defined. Audits were in place people were encouraged to give their feedback about the service. This information was used to look at how the service could be improved. Regular surveys were carried out with a range of people, relatives, staff, and professionals. Information was used to make improvements to the service.

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

Rating at last inspection (and update) The last rating for this service was Good (12 December 2016)

Why we inspected This was a planned inspection based on the previous rating.

Follow up We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Spencer & Arlington

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors 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.

Service and service type

This service provides care and support to people living in a number of 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity took place on the 12 June 2019.

What we did before the inspection

Before the inspection, we looked at information we had received about the service. This included any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our

inspections. We used all this information to plan our inspection.

During the inspection process

We spoke with four people who received a service and four relatives. We spoke with the registered manager and four staff working in the service. We looked at seven people's care records and records relating to five staff members. We also looked at the provider's arrangements for managing medicines, supporting staff, managing complaints, and monitoring and assessing the quality of the services provided.

Is the service safe?

Our findings

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

At the last inspection, this key question was rated Good. At this inspection, this key question has now remained the same; Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they received a safe service. Staff received training in safeguarding and knew how to raise concerns correctly. One person said, "It's very good and I'm very happy. The staff help me with cooking, cleaning, my safety, and they help me go to college. I am happy."
- Systems continued to be in place to safeguard people. For example, an easy read version of the safeguarding policy was available which gave people information about how to identify unacceptable behaviour, including any form of discrimination, and who to talk to if they needed to report any concerns.
- Systems were in place to record any issues relating to safeguarding.

Assessing risk, safety monitoring and management

- A robust approach to assessing and monitoring risk, considered the people being supported and the staff that supported them.
- A range of risk assessments provided information for staff about what action to take, and included environmental risks and risks relating to the health and support needs of the person.
- Staff were aware of people's individual risks and how to help people in a safe way.
- For people who were at risk of harming themselves or others, behaviour support plans were in place. If an intervention had to be used, the registered manager had considered the least restrictive way this could be done.

Staffing and recruitment

- Regular and consistent staff supported people. One relative said, "It's brilliant. [Name] has got regular staff." Another said, "[Name] has a core group of three people, with one or two others in reserve, who they have got to know over a long period of time."
- Staff told us there was enough of them to support people in a safe way, and any absences were effectively covered. One staff member said, "My rota is flexible. It is a really nice rota. I support two people, this week with one person and the other person next week. I have never had a shift where staff were sick. I was called to cover a shift once and I could do this easily."
- Robust recruitment processes were in place for the safe employment of staff. Applicants had employment checks, carried out in line with legal requirements.
- Interviews included people who used the service, to help make recruitment decisions. One person said, "I join in the interview process and let them know my views. Once, I thought someone's eyes were shifty. I told them that."

Using medicines safely

- People and their relatives told us they got their medicines at the right time and in the right way.
- Some relatives told us people's medicines had been reduced since receiving support from Spencer and Arlington. They said, "It has all worked really well. [Name] was on a lot of medication before, and it has been reduced to almost half of what it was."
- Staff had received medicine training, and had their competency assessed.
- Systems were in place to audit medicines; however, these could be developed to ensure more information was recorded. The registered manager told us they had recently recruited a person at board level who was helping them to improve this area.

Preventing and controlling infection

- Staff were provided with training to enable them to reduce the risk of infection and had access to equipment such as gloves and aprons. One staff member said, "We use gloves and aprons, and wash our hands as well."

Learning lessons when things go wrong

- The registered manager had systems in place, which looked at how they could share learning when things had gone wrong.
- Debriefs with staff were carried out after each incident and/or when restrictive interventions had been used. One staff member said, "We have de-brief sessions after every incident. Our manager goes out within 24 hours to debrief with staff and then update the Positive Behaviour Support Plan."

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 the best available evidence.

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same; Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance, and the law

- Assessments were in place, which considered people's, physical, mental, and social needs.
- Staff used communication methods suitable to people's individual needs. For example, some people were encouraged to share their views, by using pictorial boards so they could be involved in decision making.

Staff support: induction, training, skills, and experience

- People received care from staff who had received training.
- Discussions with staff, records, and the information in the Provider Information Return (PIR) confirmed a range of mandatory and additional training was on offer. One relative said, "The level of training is outstanding. They will not let anyone support [Name] until they have done all the necessary training and are totally familiar with their situation. All the staff have a very good understanding of [Name]."
- Staff had been given an induction, which included shadowing elements.
- Staff received regular supervision sessions and an annual appraisal. One staff member said, "The managers sit with us ask us how we feel, what I need to progress, my management team make me feel very comfortable. Supervision is really good."

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

- People and their relatives told us staff supported them to eat and drink in line with their assessed needs. One relative said, "The staff chop the food up for [Name] so they can eat it themselves."
- Staff explained how they used pictures of foods available to enable people to choose what they wanted to prepare and eat.
- People's care plans included information about their specific nutritional support needs, for example, the need for food to be cut up in manageable sized pieces or dietary requirements to support people's health or cultural needs.

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

- Staff worked well together to ensure transitions were effectively managed. One staff member explained how they had worked with the person to develop their trust and confidence, which enabled them to go to college.
- The service supported a range of people with complex needs. They worked closely with support agencies, so when people were discharged from hospital, they could rapidly access a psychiatrist, who helped develop positive behavioural support plans. This provided staff with detailed information about how to support people's complex needs. One relative said, "They know how to work with [Name]. [Name] has grown

in confidence and become much more independent."

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

- Staff promoted people's health and wellbeing. Health action plans in easy to read pictorial formats were in place. These showed, people's specific allergies, health conditions, weight monitoring and planned appointments.
- Guidance was available about how to monitor and improve people's health and wellbeing.
- Staff were knowledgeable regarding people's healthcare needs. One relative said, "Everything works very well."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had a clear understanding of people's care needs and the skills and knowledge to meet them. They had been trained in the MCA and DoLS.
- The registered manager and staff understood the requirements of the Mental Capacity Act 2005 (MCA) and understood how to apply the principles of this legislation to their everyday practice.
- Staff obtained people's consent before providing any support and respected their rights to make their own decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity, and respect.

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same; Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives were supported by staff who were kind and caring. One person described the staff as, "Brilliant." One relative said, "They deal with [Name] in a quiet and efficient way."
- Staff were aware of people's protected characteristics and supported people in a way that met their needs. One relative said, "[Name] is the happiest they have ever been."

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

- People were supported to maintain relationships with friends and relatives and encouraged to meet up with them.
- The registered manager supported people to access advocacy services when they were needed. An advocate is an independent person who promotes and acts on a person's best interests.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, and staff could clearly explain how they supported people in a dignified and respectful way.
- People were supported to live as independently as possible. One relative said, "The whole support is aimed at promoting [Names] independence."
- Staff considered how they could support people in a way that promoted their independence. One relative said, "[Name] loves the staff. They help them when needed and encourage them to do things themselves."

Is the service responsive?

Our findings

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

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same; Good. This meant people's needs were met through good organisation and delivery.

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

- People and their relatives had been involved with planning, and reviewing the care being delivered. One relative said, "They always keep us up to date with what is happening, and we know we can rely on them to look after [Name]."
- Care plans were person centred and looked at how people could be supported to live the best life they possibly could. They considered a wide range of daily living activities, such as, supporting people to maintain and develop personal relationships, improving people's health, and accessing community services.
- When people had complex needs they had positive behavioural support (PBS) in place. PBS is a framework that seeks to understand the context and meaning of people's behaviour, in order to inform the development of supportive environments and skills that can enhance a person's quality of life.
- A psychologist, provided specialist support to staff, and provided behaviour support guidance, if this was needed.
- Staff were aware who had PBS plans in place and could explain how they would support people in an effective and responsive way.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had access to information in alternative formats, such as easy read or large print. Alternative translations were available upon request.
- Care plans identified people's individual communication needs and looked at ways they could be met. One staff member explained, "[Name] can communicate, but if you ask them a question, they will repeat it. [Name] understands but just can't verbalise, so we use a communication board, and pictures."

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

- People were supported to access the community. One relative said, "The staff help [Name] where needed and encourage them to do things themselves."
- Staff supported people to follow their interests and take part in activities that were culturally relevant and appropriate to them. These included, supporting people to practice a faith, helping them to access educational opportunities, and supporting them to pursue their interests and hobbies.

- People were supported to take part in a range of social activities and occupation, including community-based outings and access to education. One person said, "I do body work outs, and I am going to be a mentor in a gym. I will be mentoring people who come to the gym I go every Wednesday. Staff come with me to the gym, they don't do the gym, but help me to."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place, which included easy read formats.
- Everyone we spoke with told us they knew how to raise a complaint if this was needed.
- A system was in place to record and track complaints. We noted the service had received many compliments.

End of life care and support

- At the time of the inspection the registered manager told us people using the service were still young and did not always want to consider this aspect.
- A policy relating to end of life care was available for staff.

We recommend the registered provider reviews how they explore and record people's preferences and choices in relation to end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection, this key question was rated as Good. At this inspection, this key question has now remained the same Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People had confidence in staff and the management team. The atmosphere was open and inclusive.
- Opportunities continued to be available for people, so they could give their feedback, and express their views.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Without exception, everyone spoke positively about the way the service was managed and told us communication was effective. When describing the management, one relative said, "They are really on the ball and I have complete confidence in them." Another relative said, "We can contact them any time of day or night and get an answer."
- A registered manager was in post and there was a clear structure of staff roles, and accountabilities which enabled the effective running of the service.

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

- Staff told us they felt valued and well supported by the management team.
- Regular meetings provided staff with opportunities to express their views on the service.
- People using the service, their relatives, healthcare professionals and local authorities were sent an annual satisfaction survey. The feedback seen was positive with comments.
- Staff were clear on their roles and responsibilities as well as on the aims and goals of the service. One staff member said, "We have quarterly and 6 months supervision. The managers sit with us and ask us how we feel, and what we need to do to progress."

Continuous learning and improving care; Working in partnership with others

- The registered manager carried out a range of checks, to monitor and assure themselves of the quality of the service.
- Checks were carried out within each of the houses and any concerns were escalated to the person's property owner or the service's own maintenance staff.
- Spot checks were in place which looked at staff competence and good practice.

- The registered manager and owner of the business told us that they had developed strong links with the local community and had arranged for people to access a local café to provide people with an additional place to meet up, if they wanted to.