

Spotlight Healthcare Services Limited

Shaf Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Shaf Lodge provides care and support to people in their own homes. People using the service have a learning disability and/or mental health needs. The service offers 24-hour staffing support to people living in supported living accommodation. These were small houses in residential neighbourhoods, shared by three, five or six people. Where care staff were required to remain at the service overnight, they were provided with appropriate arrangements.

At the time of our inspection, 29 people were using the service, however not everyone was receiving personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The provider did not always follow best practice guidance in relation to staff recruitment. Complete employment histories had not been obtained for all staff, and risk assessments had not always been recorded. People's end of life wishes had not been considered. The provider had not recorded any provisions or plans for people's end of life care.

We have made recommendations to the provider surrounding recruitment processes and end of life care.

People's capacity, and capacity assessments around decision making, were not documented within care plans.

The provider was not following best practice guidance for Infection Prevention and Control (IPC) in relation to the ongoing COVID-19 pandemic. Staff were not wearing masks when supporting people.

The provider did not have robust processes in place to ensure they had oversight of the safety and quality of the service. The concerns found at inspection had not been identified by the checks completed by the provider.

People living in the service told us they felt safe and had choice in their lives. Risks to people were assessed and recorded. There were enough well trained and knowledgeable staff to meet people's needs.

People received their medicines safely, the provider had systems in place to encourage people to take their medicines independently. The provider worked closely with health professionals to support people's needs.

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. However, the policies and systems in the service did not always support this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

People were actively involved in making decisions about their home, including personalisation and decor, and told us they were happy with where they lived. People were involved with making decisions about their care, and staff demonstrated good understanding of how to support people to remain as independent as possible. People were encouraged and supported to attend education, and to actively access their local communities. The size of each service adhered to current best practice guidance, and people were involved in the planning and delivery of their care.

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

Rating at last inspection

The last rating for this service was Good (published 25 November 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to infection control, recording of capacity and consent, and governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Shaf Lodge

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.

Service and service type

This service provides care and support to people living in '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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 04 October 2021 and ended on 22 October 2021. We visited the office location on 06 October 2021 and 13 October 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with five members of staff, including the provider (who is also the registered manager), the care manager and care workers.

We reviewed a range of records. This included three peoples care records, and medication records. We looked at three staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from one professional who regularly engages with the service.



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 as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- The provider was not following best practice guidance on IPC. Staff were observed not wearing masks while in close contact with service users, or in enclosed spaces. Following the first day of inspection, the provider sought guidance and mask use has been implemented throughout the service. We have also signposted the provider to resources and guidance to develop their approach.

Although we found no evidence people had been harmed, we were not assured the provider was following best practice guidance in relation to IPC. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received training in Infection Prevention and Control (IPC). However, staff were not aware of all the actions required to manage the risks related to COVID-19.
- People were encouraged and supported to keep their environments clean and tidy. One person told us, "[Staff] help me keep my room clean and change my bed."
- We were assured the provider was facilitating visits for people living in the service in accordance with the current guidance.

Staffing and recruitment

- Staff were not always recruited in line with best practice guidance. The provider had not ensured they had full employment histories for all staff.

We recommend the provider considers current best practice guidance for the safe recruitment of staff.

- Staff told us they received sufficient training for the roles they carried out. One staff member told us, "There's an induction pack, a substantial handover, induction meetings with training included."
- There were enough trained staff to meet the needs of people being supported.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had systems in place to safeguard people, including a safeguarding policy.
- All staff had received training in safeguarding and protecting people from abuse.
- The provider was aware of their responsibility to report concerns to external agencies, and the local authority had been notified where appropriate.

Assessing risk, safety monitoring and management

- Risks to people were assessed and recorded within their care plans.
- Staff had access to clear information on how to support people to manage risks of daily life to maintain independence.
- Staff told us, "[Person's name] has epilepsy, so we have a folder they can take everywhere with them that explains what to do, and how to look after them if they have a seizure."
- People's risk assessments were regularly reviewed and updated.
- Staff told us they discussed risks and safety in supervisions and team meetings.
- Fire safety checks were regularly completed, and fire safety plans were regularly updated by staff.

Using medicines safely

- People received their medicines safely.
- People were supported to be as independent with their medicines as possible. The provider had systems in place to monitor and review people's independence with medicine administration and provided additional support if required.
- Staff had received training in medicines administration.
- Staff completed Medicines Administration Records (MAR) accurately, and these were reviewed regularly to check for any errors.
- People had regular medicines reviews with health professionals such as GPs or nurses to ensure all prescribed medicines were meeting their needs.

Learning lessons when things go wrong

- Staff completed accident and incident forms following events. However, we could not be assured that these were shared with all staff for learning purposes. The registered manager told us that changes are made following incidents, including additional staffing should this be required.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their 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.

- No one using the service were being deprived of their liberty or were under a Court of Protection order.
- We saw no evidence that people's mental capacity had been assessed. The provider told us some people had fluctuating capacity, but could not demonstrate how this decision was made or where assessments were recorded. The registered manager told us "[name] wouldn't know what to do with £100. They would not understand the value."

The lack of capacity assessments meant we could not be assured people were being supported in the least restrictive way and that decisions made on their behalf were in their best interest. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People used smart technology, such as computer tablets, to maintain contact with family and loved ones. Staff supported and encouraged people to use technology to develop and maintain independence.
- People's care plans were regularly reviewed and updated. At the time of the inspection, the provider could not demonstrate that people had input into their care plans and choices. However, following the inspection, the registered manager provided evidence of people's involvement and consent.

Staff support: induction, training, skills and experience

- Staff completed induction training when starting in their roles, this included online training and a detailed handover of people they would be supporting.
- Staff were supported to keep up to date with their training and knowledge. Staff told us "We have (virtual) meetings focussing on specific areas, like schizophrenia, attention deficit hyperactivity disorder , drug use, and gang culture."
- Staff received regular supervisions from management. The registered manager told us this had been difficult to maintain during the pandemic but were now back on schedule.

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

- People are supported to eat and drink enough.
- Staff supported people to go food shopping and helped guide people to make healthy choices. This meant people could choose what food they purchased and what meals they consumed. One person told us, "You can cook your own food. I love salmon and jacket potato."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The provider worked closely with other agencies to ensure people received effective care. The provider encouraged people to develop their own relationships with agencies, such as pharmacies, to promote further independence.
- The provider worked with other agencies to provide a greater choice of activities for people, such as swimming or attending education.

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. 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 were positive about their experiences within the service, and the staff. One person told us, "I like it here, staff are kind. There is always somebody about." Another person told us, "I feel safe with the staff, they really know me."
- Staff were observed interacting with people. Staff were supportive, and treated people with kindness, while demonstrating a good rapport with people.

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

- People were supported to express their views. One person told us, "I would like to move on and get my own place, [manager] is helping me do this." Another person told us, "I like the manager, I can talk to him if I need to."
- The registered manager told us, "People are involved in reviews of their care plans, and tell us how they would like to be supported." Following our visit the registered manager provided us with evidence of people's involvement in planning their care.

Respecting and promoting people's privacy, dignity and independence

- People were supported to develop and maintain personal relationships. Staff supported this in a non-invasive way. One person told us, "I've been with my [partner] for two years, we go out for dinner and staff help me buy presents for [partner]." Staff told us, "We chaperone from a distance, we will sit at a separate table and give them privacy while making sure they stay safe."
- The registered manager described a concern raised regarding a person's privacy and dignity, as a result, adjustments were made to the property to ensure privacy and dignity were maintained and respected without impacting how people live within their home.

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. 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's care plans were personalised to them and included specific details on how to support people to maintain independence. One care plan we viewed stated, 'Allow to be as independent as possible, only providing aid where necessary.'
- The registered manager described an example of a person choosing to use another care provider to engage in an activity, and how the service supported the person to make this choice.

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.

- The provider complied with the Accessible Information Standard. When needed, the provider could ensure that information was provided in different formats to meet people's communication needs.

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

- The provider created an activity centre within one of their services to enable people to maintain relationships with others, and to continue to provide stimulation and avoid social isolation during the pandemic.
- People were supported and encouraged to maintain contact with family, through phone calls and digital devices, as well as in person visits. One person told us, "My mum visits every weekend."

Improving care quality in response to complaints or concerns

- The provider told us they regularly sought feedback from people and relatives and made changes to the service based on that feedback.
- The registered manager showed us how they were dealing with a formal complaint, what investigations had been completed, and which external agencies they had involved for advice and guidance on how to manage the complaint. They also told us what changes had been made following the complaint to improve the service.

End of life care and support

- At the time of inspection there were no people in receipt of end of life care. The provider had not had discussions with people about end of life care provision. The registered manager told us they would access

relevant support from other healthcare professionals should this be needed.

We recommend the provider considers current best practice guidance surrounding the provision and planning of 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 deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager was unclear on the requirements of reporting to CQC. We found instances where safeguarding concerns had been raised with the local authority but not with CQC. The registered manager was requested to submit retrospective notifications to CQC, which they have completed.
- The providers governance and oversight processes were not robust. They did not identify issues we encountered on inspection, such as incomplete employment histories for staff and a lack of recording of capacity and capacity assessments. Whilst some audits were in place, they did not analyse information for trends or themes, or promote ways of improving the service.

We found no evidence that people had been harmed; however, the systems in place to monitor the quality and safety of the service were not effective. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were clear on their roles and had received appropriate training and supervision to carry out their duties fully.
- The provider understood their responsibilities to be honest and transparent with people when things went wrong, including investigating incidents and being open with those involved.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider actively sought feedback from people, relatives and staff about the service to be able to address any concerns.
- Staff were able to give regular feedback via staff meetings, supervisions, and training sessions.
- The registered manager regularly visited all the services, allowing one to one time with people to discuss how they were and to see if there were ways to improve their experiences.

Continuous learning and improving care; Working in partnership with others

- The provider worked closely with external professionals, seeking regular involvement to ensure people

had good outcomes. One professional told us, "The service takes a very proactive approach in terms of risk management and is very effective in giving feedback regarding the service user in a way that is constructive, and which sparked more thinking and reflection."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The lack of capacity assessments meant we could not be assured people were being supported in the least restrictive way and that decisions made on their behalf were in their best interest. This placed people at risk of harm.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider was not following best practice guidance in relation to IPC. This placed people at risk of harm.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems in place to monitor the quality and safety of the service were not effective. This placed people at risk of harm.</p>