

Spencer & Arlington Limited

Spencer & Arlington

Inspection report

109 High Road
Loughton
Essex
IG10 4HZ

Tel: 02085239090

Website: www.spencerandarlinton.co.uk

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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

Spencer & Arlington provides 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. The service was supporting 47 people with personal care at the time 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.

People and their relatives felt confident that people were safe when receiving care in their own homes. Staff knew how to identify potential abuse and report concerns. Potential risks to people's health and well-being were identified, reviewed and managed effectively to support people safely. Staff recruitment processes were thorough to ensure staff employed at the service were suitable and able to work with vulnerable people. There were sufficient numbers of familiar staff available to meet people's individual needs. People were supported to take their medicines safely.

People received their care from a well supported staff team that had a clear understanding of people's care needs and the skills and knowledge to meet them. The registered manager and staff understood the requirements of the Mental Capacity Act 2005 (MCA) and demonstrated how to apply the principles of this legislation to their everyday practice. Staff obtained people's consent before providing any support and respected people's right to make their own decisions. People were supported to maintain good healthcare and they were supported to access health care professionals when necessary. People were provided with appropriate levels of support to help them choose a diet that met their individual needs, preferences and well-being.

People and their relatives were fully involved in the assessment and planning of people's care. Care records included people's preferences and individual needs so that staff had clear information on how to give people the support that they needed. People's dignity and privacy was respected and people were encouraged to develop new skills and levels of independence. People found the staff to be reliable, friendly and caring. People's relationships with others were encouraged and valued.

Staff understood people's needs and provided care and support accordingly. People were provided with care based on their individual needs in a person centred way. People were supported to participate in a range of social activities and occupation, including community based outings. An effective system was in place to respond to people's complaints and concerns.

People and staff knew the registered manager, care manager and office staff and found them to be approachable and available. Systems were in place to monitor and assess the quality of the service people

received. People had the opportunity to say how they felt about the service provided and influence changes and improvements.

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.

People felt safe using the service and potential risks to people's health and well-being were identified and managed safely. Robust recruitment practices were followed to ensure people's safety.

People's individual risks were known to staff, who also had a good understanding of how to prevent abuse. People were supported with their medicines in a safe way by trained staff. Sufficient numbers of staff were available to meet people's individual needs.

Is the service effective?

Good ●

The service was effective.

Staff received effective support and training to enable them to carry out their roles and responsibilities.

People were asked for their consent before care was given.

Staff supported people to meet their nutritional needs. People were supported to access healthcare professionals when needed.

Is the service caring?

Good ●

The service was caring.

People and their relatives where appropriate were involved in the planning and review of the care and support provided.

People were cared for in a kind and compassionate way by staff who knew them well and were familiar with their needs. People's privacy and dignity was respected and their independence supported.

Is the service responsive?

Good ●

The service was responsive.

People's care and support needs were planned, discussed, agreed and appraised to make sure they met their current needs.

Staff found inclusive ways to meet people's needs and enable them to live as full a life as possible. A creative activities programme was in place to help meet people's social needs and promote social inclusion.

The system in place to receive feedback on people's comments and suggestions placed a clear emphasis on listening and making changes.

Is the service well-led?

The service was well led.

People had confidence in staff and the management team. The atmosphere at the service was open, respectful and inclusive.

The provider had arrangements in place to monitor, identify and manage the quality of the service.

Opportunities were available for people to give feedback, express their views and influence change.

Good ●

Spencer & Arlington

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 was undertaken by one inspector on 27 October, 2 November, 4 November and 7 November 2016. The provider was given 24 hours' notice of our inspection to ensure we could gain access to the information we needed. We visited the office on 27 October 2016 and visited people in their own home by arrangement on 2 November 2016, where we also met with staff. We contacted health and social care professionals by telephone and email and spoke with relatives and staff by telephone on 4 and 7 November 2016.

Before the inspection, we looked at information that 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. The provider completed a Provider Information Return (PIR). This 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. We contacted the local authority who confirmed they had no concerns regarding this service.

During the inspection process, we spoke with three people who received a service and four people's relatives. We received two responses to the nine email requests made to health and social care professionals. We spoke with the registered manager and ten staff working in the service. We looked at seven people's care records and three people's medicines records. We looked at records relating to three staff. 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

People received a safe service. When asked if they felt safe in the service one person told us, "Yes. It is a nice place to live. The staff are good to me." A relative said, "I do feel [person] is safe. I visit regularly and can turn up unannounced. I can see how [person] reacts and interacts with staff. I know it is positive, friendly and [person] knows they will get good responses from staff in return. I see it in [person's] behaviour – they feel safe." Another relative told us, "I do feel [person] is safe as it is such a lovely place, credit where it is due."

The provider's Pre Inspection Return [PIR] told us the organisation provided a service that is safe by ensuring that people are able to identify unsafe behaviours and issues. Clear systems, policies and procedures were in place to safeguard people. An easy read version of the safeguarding policy gave people information and was displayed in the service that we visited. It told people how to identify unacceptable behaviour, including any form of discrimination, and who to talk to if they needed to report any concerns.

Staff had attended training and were knowledgeable about identifying abuse and how to report it to safeguard people. The registered manager was aware of their responsibility in regards to protecting people from the risk of abuse and how to report concerns. Staff expressed confidence that the registered manager and care managers would take the necessary action to deal with any safeguarding concerns that were raised with them. Systems in place to record any issues relating to safeguarding matters were well organised. Records confirmed that, where appropriate, the registered manager had taken action in line the organisation's staff performance procedures.

Procedures were in place to help ensure that people were cared for in a safe way. Assessments were undertaken to identify any risks to people who received a service and to the staff who supported them. These included environmental risks and risks that related to the health and support needs of the person. Risk assessments included information about action to be taken to reduce risks as much as possible, such as supporting people to eat and drink safely or to move safely around their home and reduce potential falls. Staff were aware of people's individual risks and how to help people in a safe way. Staff were provided with training to enable them to practice in a safe way, including managing infection control and fire safety. Contingency plans were in place to ensure the continued operation of the service in the event of an emergency such as power and electronic recording systems failing.

Robust recruitment processes were in place for the safe employment of staff. Checks were carried out as to the suitability of applicants in line with legal requirements. These checks included taking up references and ensuring that the member of staff was not prohibited from working with people who required care and support.

There were sufficient numbers of familiar staff available to meet people's individual care and support needs at all times. The registered manager told us that each person's needs in relation to staff hours was determined and agreed with the commissioner before the service began to support the person. Staff were usually recruited especially to work with and support an individual person. One relative told us, "When there is a consistent carer over a longer period this is best for the family as we can develop a relationship with

them." The registered manager told us the organisation 'overstocked' with staff to ensure permanent staff were always available to provide cover should this be needed. People told us that their staff were always there when they should be. Relatives and staff also confirmed the suitability of staffing numbers and deployment. A social care professional told us, "I have on numerous occasions carried out unannounced visits as well as arranged visits. On every occasion [person] has been clean, tidy, stimulated and well cared for. [Person's] support service requires them to receive 24 hour care and supervision. On each occasions the accommodation has been fully staffed and the level of hygiene and cleanliness is of a good standard."

People confirmed that staff provided the level of support needed to help to manage their medicines safely. Arrangements were in place to support people with taking their medicines. Staff members told us they had received training on how to administer medicines safely and we saw that they had clear procedures to follow. Medicines were securely stored. Clear records were maintained of what medicines people were prescribed and when these were administered. Care managers carried out spot checks and observed staff administering medicines to ensure their competency in practice. The registered manager confirmed they would take immediate steps to ensure that these medicines audits and staff competency assessments were more clearly recorded.

Is the service effective?

Our findings

People and their relatives were positive about the skills and abilities of the staff who provided care and support. One person said, "Staff are wonderful. [Staff member's name] is two hundred per cent."

People received care from staff who had been trained and well supported to meet their needs in a safe and effective way. Staff and records confirmed the information in the Provider Information Return (PIR) in relation to staff induction and training. New staff members were required to complete a structured induction programme during which they received training relevant to their role. This included an industry recognised formal induction training approach. Staff shadowed more experienced colleagues and were not permitted to work unsupervised until they had been agreed as competent in the work place. One staff member said, "I really feel that I was given the tools to do the job well."

Staff told us that they received ongoing training with regular updates in areas that reflected people's individual conditions and care needs as well as core subjects to ensure safety and good practice. This was confirmed in the records that we reviewed. A staff member said, "They give us good training. They want us to improve, and encourage us to develop and feel valued. We have continual training to keep up with changes in legislation." Staff told us they received on-going monitoring and support through one to one supervision and an annual appraisal. Staff confirmed information we saw in records that senior staff from the organisation visited the service regularly and observed their practice to ensure ongoing competence was maintained. One staff member said, "We have three monthly supervision and you can have more support any time you need it. They also do very regular spot checks."

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. Staff employed at the service had received Mental Capacity Act 2005 (MCA) training. Staff were able to demonstrate a clear understanding of the requirements of the Mental Capacity Act 2005 and what this meant for people using the service.

People's care plans included information on their capacity and also on those people designated to act on the person's behalf where this was indicated. Staff had an understanding of supporting people's right to make decisions and stated they always sought people's consent. This was confirmed by the people we spoke with and or their relatives. Our observations showed that staff put this into practice effectively and ensured people's rights were respected.

Staff told us that they used communication methods suitable to people's individual needs, including pictorial boards, to enable people to make any decisions possible. A staff member told us, "We try, for example, to promote health eating choices. If people have capacity it is their right to choose, we advise of the options in a way that helps them to understand, but it is their choice." Staff told us that people were not subject to any restrictions, for example, receiving medicines covertly, that is medicines that are given in a

such a way that people do not know they are taking them. Staff were clear that if such a circumstance needed to be considered, a meeting with health and social care professionals and the person's relatives or advocate would be held to ensure any actions were in the person's best interests.

People told us that staff gave them the support they needed in preparing meals, snacks and drinks and that they had choices of what they ate. People showed us the pictures of foods available that helped them to choose what they would prepare and eat. Information on whether people needed any specific support with their nutrition was included within their plan of care, such as the need for food to be cut up in manageable sized pieces or strategies to support one person to eat sufficient food. Dietary requirements for health or culture were provided for.

People, relatives and staff confirmed there was a clear and encouraged emphasis on healthy eating. A relative told us, "There has been a recent commitment to improve [person's] diet by providing more wholefood diets. This has been positive and seems to help with their digestive health." Another relative said, "They do support good nutrition. [Person] previously had a weight problem that staff are helping [person] to manage and it is improved. Staff slowly introduced a dietary change and now [person] has a more healthy diet." Records showed that specific support on dietary needs had been sought where, for example, a person had had the input of a dietician to provide guidance on best meeting the person's nutritional needs.

People's healthcare needs were well supported. One person told us that the staff took note if the person had any issues and for example helped to see the doctor about an ear problem. A relative told us, "They look after [person's] health too and make sure they see who they need to." Another relative said, "The staff do monitor [person's] health as [person] has a specific condition. Staff provide information to the consultant so that [person's] medication can be managed appropriately." A health professional confirmed that, while they had contact with only one person using the service, they had no concerns from a clinical engagement and care point of view. A social care professional told us, following a recent discussion with a person's healthcare staff, "I am very impressed by the level of input and how well [person] has settled with no hospital admission due to the level of the service he receives.

The registered manager and the staff showed commitment to promoting people's health and wellbeing. Each person had an individual and detailed health action plan in an easy to read pictorial format. This identified, for example, people's specific allergies, health conditions, weight monitoring and planned appointments. It provided guidance for people and staff on how to monitor and improve people's health and wellbeing. Staff were knowledgeable regarding people's healthcare needs and of the actions required to ensure people had access to all the healthcare services that would benefit them.

Is the service caring?

Our findings

People confirmed that staff were kind and caring towards them. A relative said, "Staff are very kind and caring and look after [person] very well." Another person said, "The staff are the best to my knowledge, they are top hole. I am not worried at all and am more than satisfied that [person] is cared for and well looked after."

People and their relatives were involved in decisions about their care, lifestyle and about the support they were provided with. This was confirmed by relatives, staff and people's records. One relative said, "They did a very detailed assessment, they spoke to both of us as parents and also to [person's sibling]. They also came to see [person] many times before they commenced the care." People's care plans showed that their likes and preferences were recorded as a guide to staff. One person, who invited us to see their bedroom, told us that staff had supported them to shop for and choose their curtains and other items to make their bedroom nice.

People knew the staff who supported them and spoke to staff by name, including staff who were visiting from the office. Staff had worked with people for a number of years which enabled relationships to develop. Staff showed consideration for people's feelings. A staff member said, "We are a consistent staff team, we have built relationships with and are familiar to people. It is important to prepare people, for example, if we are going on holiday. It would not be nice just to go as people are used to us being here."

People were encouraged to maintain their independence and develop their skills. This approach was clearly demonstrated in people's care plans such as people choosing their own clothing independently but being supported by staff to ensure it was weather appropriate. While one person needed staff to buy small everyday items, the person was still involved with making the purchases and accompanied staff to the shop. Staff confirmed that one person brushed their own teeth first and then staff ask if they 'can help a little' to ensure good oral care is maintained. We saw that staff encouraged people to choose their meal and to participate in cooking it in line with their personal abilities and goals.

People's privacy and dignity was respected. Staff advised that people's bedrooms were private spaces which was a house 'rule' and everyone had to knock, ask to come in and wait to be invited. We saw that this was practised during our visit. People were able to tell us about the rule and confirm that it was respected. Staff told us they supported people to maintain their dignity by reminding them to close doors or ensuring people were well dressed and looking their best. One relative said, "Staff know [person] and their likes very well and make sure [person] is always smartly dressed." Another relative said, "[Person] always looks a treat, their clothes are really nice." Staff also told us they ensured other people, including health professionals, treated people in a respectful way and involved them in conversation. A professional involved regularly with the service told us, "Staff that I have met to date are caring. [People] engage with staff in a relaxed and empowered manner. On every visit staff offer privacy to [people] to enable freedom of information with professionals as well as joint conversation.

People were actively supported to maintain relationships with friends and relatives. One person's care plan

showed it was important to the person to maintain a relationship with a friend of many years. The person confirmed they were able to meet up with their friend regularly and this was also noted in their records. Another person told us they visited and were visited by family members who could always come to see them. The organisation had also supported occasions for people to meet up with other people as part of developing social opportunities. Advocacy services were provided where needed and the registered manager told us the organisation funded this to ensure people were represented as needed. An advocate is an independent person who promotes and acts on a person's best interests. Relatives told us they always felt welcome to visit. One relative said, "I do feel able and welcome to visit. They bring [person] to visit me fortnightly now as I am not so able to make the journey."

Is the service responsive?

Our findings

People received very good personalised support that met their individual needs. A relative told us of a mannerism the person had when they became upset but this had now reduced so much because of the wonderful support provided by staff. The relative said, "[Person] has been in a range of institutions over time. I am really pleased with the care and support they receive from Spencer and Arlington. I have never seen [person] happier." Another relative said, "They look after [person] extremely well. They do things that make [person] and me matter. [Person] brought back some apples from my garden and the staff did cook them with and for [person]. A small thing but it mattered. Staff know [person] loves to sing, so they encourage this."

The service provided a flexible approach to assessment and transition to take into account each person's specific requirements and individual circumstances. The registered manager told us of the detailed assessment process completed over extended time periods, although this could be completed more quickly if it was best for the person. The assessment included the person, family members as well as health and social care professionals. This enabled the organisation to get to know the person well and arrange a suitable 'premises' with and for the person. It allowed time for the person, and the staff recruited to support them, to get to know each other and build a relationship. The proposal then made by the provider to the commissioner of the service included clear funding requirements that included staffing hours to enable the service to meet the person's identified support needs well. The PIR told us that the service tried to respond to people's individual circumstances by matching staff where possible taking equalities issues into account to ensure people feel their cultural, gender, sexuality and religious needs were considered and met.

Some people had conditions that made change especially difficult for them. Staff from Spencer & Arlington had spent time shadowing the staff working with the person in their existing home to enable the person to accept the change and get to know and trust the new staff. Extra support was also put in place to consider and address the impact on people already living in a home when a new person was in the process of moving in there. Additional social activities were put in place along with time spent helping the person to understand the implications of sharing the space with a second person. The impact of staff changes was also responsive. A social care professional told us, "A recent change in management has taken place. I was concerned at the effect this may have on my service user and other service user, who have developed a trusting relationship and bond. I am not aware of the level of transition work which was done. However staff and service user appeared settled and remained motivated in their approach in providing good, safe and responsive service to the needs of our very vulnerable client."

Based on the assessment information, each person had a care plan in place showing the support they required as well as information about what mattered to them. Care plans were available in people's home and showed that these had been reviewed so that staff had clear guidance on how best to meet people's current needs. The plans were written in a person centred way and clarified how people needed to be supported while being empowered to maintain skills, independence and identity. The staff team knew how to meet people's preferences and had an excellent understanding of people's social and cultural diversity, values and beliefs. Care plans were individualised and one person, for example, had a care plan specifically

reflective of their cultural heritage. Staff were aware that the person's care plan gave examples of words in another language that was important for the person to hear, or a preference for a type of music. Staff also told us how they had made arrangements to support another person to shop for foods that respected the person's religious beliefs where these were not easily available locally.

Staff used different ideas to ensure that people had an enhanced sense of wellbeing and good quality of life. Each person had a community plan in place. The registered manager told us that there was an identified lack of available facilities for people in the area near to the office. They had therefore accessed suitable local premises so that people, who wished to could meet up each Friday, cook and eat together and enjoy a range of social activities. People confirmed that they enjoyed these events. Photographs showed a garden party held recently at the office premises, in response to people's expressed wish within the service user forum. People told us they regularly went out for example, shopping, to the cinema, to eat and to visit the office.

People were supported with employment opportunities. The PIR advised of plans to support people to access work experience placements. The registered manager confirmed that four people now came into the office each week and were involved in allocated duties. This responsive scheme was introduced as the service identified a need for people that was not being fulfilled. It offered people a way to increase their confidence and widen their scope of opportunity as a way of developing skills and increasing their employment opportunities. Other people had been supported to take up voluntary work experience placements in line with their specific goals. A relative told us, "They do take [person] out such as to do their own weekly shopping, to pay a weekly bill and for drives, which is a favourite. They do all sorts of things. They set up a local scheme and arranged for people to get together, to have social opportunities, to visit and host and make friends."

The registered manager listened to and responded to any concerns people raised. One relative told us that they had told the registered manager that they did not feel that a newly appointed member of staff was quite 'the right person' as they were not suitably supporting a person's independence. The relative explained that the registered manager had responded promptly and the staff member did not support the person again.

Another relative told us that communication had not always been good in the past but had improved a great deal in recent months. They said, "During [person's] recent illness and time in hospital, [the registered manager] took over family liaison and has been proactive in keeping in touch, providing regular updates, and dealing with issues. This is exactly the kind of communication that we need and I am happy to see such a big improvement. It helps enormously to be kept in the loop as it means we can provide the extra support and resources that are needed."

The provider had a complaints procedure in place. It was available to people in their home and in an easy read format. A system was in place to record and track any complaints received. This was well organised. We saw that where a person had complained about noise made by staff, arrangements had been made to fit soft close doors to cupboards and an extra layer of flooring had been laid to reduce noise. The registered manager confirmed they would arrange for the procedure to be amended without delay to explain more accurately the role of CQC in complaints received about the service.

Is the service well-led?

Our findings

The service was well led. A registered manager was in post who was supported by administrative, care and maintenance staff. There was a clear structure of staff roles, responsibilities and accountabilities to enable the effective running of the service. The registered manager showed us that they were fully aware of all aspects of the service. People and staff told us they had confidence in the registered manager and in the way the service was managed and run. One relative told us, for example, they were aware the needs of their family member were increasing but that they knew that the registered manager was monitoring this closely. A social care professional told us, "The level of communication and dialogue with management is frequent either through direct contact or technology with our department and with me relating to any aspect of person's care/concern. Overall the service is well led from my own perspective." Records relating to people using the service and staff were well organised and maintained.

Staff told us they felt valued and well supported by the management team. Staff were provided with opportunities to express their views on the service through staff meetings and supervision meetings. Staff were clear on their roles and responsibilities as well as on the aims and objectives of the service. One staff member said, "The organisation is very busy and has a lot of staff. We work as a team to get and give support so it runs very well." Staff felt the culture within the service was open, transparent and positive. They told us the management team and the team leaders were approachable and available when needed. A staff member told us, "We know about the duty of candour. We have covered it in a recent supervision, for example, what to do if you forgot to give someone their medication; you do not just sign the record the next day, you report it and we look at what we can do to fix it."

The provider had arrangements in place to monitor and assure themselves of the quality of all aspects that the service provided. These were implemented by the registered manager and all staff at the service. Staff completed a number of checks within each of the houses and reported to identified staff at the office. These staff then arranged for any required actions to be dealt with, for example, either by the person's landlord or the service's own maintenance staff as appropriate. The two quality assurance officers for the organisation visited and checked each of the supported living houses routinely and reported to the management team. We saw that detailed records were maintained of these checks. Separate spot checks were also completed to ensure staff competence and good practice.

People views were actively sought and responded to in a positive way. The care management support team telephoned each house fortnightly to check with staff directly and ascertain how the house was operating. The care manager completed unannounced visits to chat with and gain people's views informally, however no record of these visits were maintained. People had opportunity to be part of the service user forum that met twice yearly. Minutes and action plans showed that people had influenced aspects of the service. This included arrangements for day trips, holidays and social opportunities, as well as requests for improvements to people's environment and furnishings and confirmation this had been actioned.

Procedures were in place to support continuous improvement in the service. A satisfaction survey was sent annually to all interested parties, including people using the service, their relatives, healthcare professionals

and local authorities. The feedback seen was positive with comments describing the service as person centred and promoting independence. The responses had not been formally analysed however and no summary report or action plan was available. The registered manager told us they will complete this in response to future surveys. Evidence was available to confirm however that the registered manager had responded by letter to anyone who raised an issue in the survey response. We saw a letter that was sent promptly to one person confirming that, in response to their comment, a landline had been installed in one house and providing the person with the telephone number.