

Spotlight Healthcare Services Limited

Shaf Lodge

Inspection report

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Date of inspection visit:
20 July 2023
24 July 2023
25 July 2023
27 July 2023

Date of publication:
17 August 2023

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Shaf Lodge is a Supported Living Scheme providing the regulated activity of personal care and support to people living in rented accommodation with a tenancy agreement in place. The service supports autistic people and people with a learning disability; and those with mental health needs in small houses in residential areas, for between 2 and 5 people. The service can support up to 30 people in total within 9 Supported Living Schemes.

Not everyone who used the service received the regulated activity of 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. At the time of our inspection 5 people were receiving the regulated activity of personal care.

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

Right Support:

Staff supported people to have the maximum possible choice, control, and independence over their own lives.

Staff supported people to take part in activities and pursue their interests in their local community.

Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

Staff supported people with their medicines.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People's support plans reflected their range of needs.

Where appropriate people were supported to take positive risks.

Right Culture:

People received good quality care and support.

Staff knew and understood people well and were responsive to their care and support needs.

Management and staff put people's needs and wishes at the heart of everything they did.

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 Requires Improvement [published 30 November 2021]

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service between 6 and 13 October 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the need for consent, safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of 'Safe', 'Effective' and 'Well-Led' which contain those requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Shaf Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service was effective.</p> <p>Details are in our effective findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by 1 inspector.

Service and service type

This service provides care and support to 30 people living in 9 'supported living' settings, so that they can live as independently as possible. We found 5 people were receiving the regulated activity of 'personal care'. 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The provider is also the registered manager.

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 20 July 2023 and ended on 26 July 2023. We visited the location's office on 20 and 24 July 2023.

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 [PIR] prior to this inspection. A PIR is information providers 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 communicated with 4 people who used the service and 2 people's relatives about their experience of the care provided. We spoke with 4 members of support staff, the registered provider, service director and operations manager. We reviewed a range of records. This included 5 people's care records and 3 people's medication records. We looked at 4 staff personnel files in relation to the service's recruitment, induction, and supervision practices. A variety of records relating to the registered provider's governance, quality assurance and management of the service were also viewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

At our last inspection to the service in October 2021, we were not assured the provider was following best practice guidance in relation to infection, prevention, and control. This referred to the wearing of Personal Protective Equipment [PPE]. This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider no longer remained in breach of this regulation.

Preventing and controlling infection

- Staff had access to, and followed, the provider's policies and procedures on infection control in line with current and relevant national guidance.
- Staff had received appropriate training relating to infection, prevention and control. Staff understood their role and responsibilities to assist people to maintain a good standard of cleanliness and hygiene in their home.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe. Comments included, "Of course I'm safe, always" and, "Yes, they [staff] keep me safe." Relatives told us they had no concerns about their family members safety or wellbeing. Comments included, "[Name of family member] is absolutely safe" and, "120% I have peace of mind that [Name of family member] is safe. They would not be there if they were not safe."
- Staff demonstrated an understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate concerns about a person's safety to the management team and external agencies, such as the Local Authority and Care Quality Commission.
- People were seen to have a positive relationship with staff and looked comfortable in their company.
- The registered manager was aware of their responsibility to notify us and the Local Authority of any allegations or incidents of abuse at the earliest opportunity.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and recorded. These identified how risks to people's safety and wellbeing were to be reduced and the actions required by staff to keep people safe. For example, the risks involved in enabling people to access the community safely.
- Staff were aware of the risks posed to people's wellbeing and how to manage them.
- Information identified people who could become anxious and distressed; and potential factors which could cause them to behave in a way that may challenge others. Risk management strategies were in place to enable staff to manage the person's behaviour safely and to improve the person's quality of life without restricting their freedom and liberty. Staff demonstrated a good understanding and knowledge of the risk management strategies in place to ensure theirs and others safety and wellbeing.

Staffing and recruitment

- We found there were enough numbers of staff on duty within the Supported Living Schemes visited, to meet people's individual needs and keep people safe. Staff told us there were always enough staff to keep people safe.
- Staff recruitment records for 4 members of staff were viewed. Appropriate checks were completed before a new member of staff started working at the service. This included an application form, written references, proof of identification and Disclosure and Barring Service [DBS] checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The service's medicines practices ensured the safe use of medicines in line with good practice standards and relevant national guidance.
- Care plans provided sufficient information as to how each person should be supported with their medicines.
- Medication Administration Records [MAR] for 3 people demonstrated they received their medicines as they should and in line with the prescriber's instructions.
- Suitable arrangements were in place to ensure staff who administered medication were trained. Steps were being taken by the provider to ensure all staff who administered medication had their competency assessed.

Learning lessons when things go wrong

- The registered manager operated an open and transparent culture whereby staff were encouraged to report concerns and safety incidents. Appropriate arrangements were in place to review and investigate events and incidents and to learn from these.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection to the service in October 2021, capacity assessments were not completed, and we could not be assured people were being supported in the least restrictive way. This was a breach of Regulation 11 [Consent] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Enough improvement had been made at this inspection and the provider no longer remained in breach of this regulation.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff demonstrated a knowledge and understanding of the principles of the MCA. Staff were observed during the inspection to uphold people's rights to make decisions and choices. Staff gave examples of where the person had choice and control over their lives, for example, relating to their choice of clothing and how they wished to spend their time during the day, evenings and at weekends.
- Information available showed people who used the service had had their capacity to make decisions assessed and recorded.

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

- People had their needs assessed in relation to their physical, mental, emotional, and spiritual care and wellbeing. This was to ensure their care and support needs were delivered in line with legislation and nationally recognised evidence-based guidance. Appropriate steps had been undertaken by the service, to

ensure where appropriate, people were supported to have their varied and diverse needs met.

- Relatives confirmed their family member had received a good transition to the Supported Living Scheme.

Staff support: induction, training, skills and experience

- Staff received mandatory and specialist training in line with the organisation's expectations to ensure they had the right skills to carry out their role. This included specific training relating to autistic people and people with a learning disability; and people who have a mental health condition.
- All newly employed staff received an induction, including completion of the Care Certificate. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life.
- A member of staff told us their induction had been thorough and this included several 'shadowing' opportunities with an experienced member of staff. Although they had no previous experience within a 'care setting', they confirmed that the induction provided enabled them to have the skills and knowledge to deliver effective care and support.
- Staff told us they felt supported by their colleagues and the organisation. Supervisions were completed allowing staff the time to express their views, to reflect on their practice and key-worker role and to discuss their professional development.

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

- People were supported to eat and drink to meet their dietary needs.
- Suitable arrangements were in place to ensure people were supported to plan their meals with staff and to go food shopping. Mealtimes suited people's individual preferences and routines, and they were supported to prepare meals they enjoyed eating. For example, when we visited 2 Supported Living Schemes, no 1 person had the same meal and people were able to eat at a time of their choosing. Staff confirmed people tended to eat together on a Sunday when a roast dinner was prepared.
- People's dietary needs and requirements were identified within their care plans and staff had a good understanding about these and the support required.

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

- The management team and staff employed at the Supported Living Schemes worked well with professionals for the benefit of the person. Care staff reported any concerns they had about a person's health and wellbeing to management, who in turn ensured relatives were contacted and external professionals were contacted where needed.
- Relatives confirmed they were kept informed by staff of their family members healthcare needs and the outcome of any healthcare appointments.
- Most people had evidence of a hospital passport. If people are admitted to hospital this is used to provide hospital staff with important information about the person.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection to the service in October 2021, effective arrangements were not in place to monitor the quality and safety of the service. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Enough improvement had been made at this inspection and the provider no longer remained in breach of this regulation.

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

- Following our last inspection to the service and following visits by the Local Authority's Quality Improvement Team, the provider had devised and implemented a Service Improvement Plan. This document enables the provider to identify where the service needs to improve, to help drive improvement and to implement any required changes within a specific timespan.
- However, improvements to the Service Improvement Plan were required to ensure actions highlighted were actioned in a timely way. Where proposed dates for completion had not been met a revised date had not been recorded.
- Information was collected and recorded to assess and monitor the quality of the service provided. This included the completion of audits at regular intervals, data gathered and analysed to help identify and manage risks to the quality of the service and to help drive improvement.
- People told us they liked where they lived. From our discussions and observations there was a positive culture which ensured the care provided to people using the service was person-centred and focused on people's individual care and support needs.
- Relatives were very complimentary regarding the organisation and the care and support provided for their family member at the Supported Living Scheme. Comments included, "The service is exceptional, and I am very happy with the service. The staff know [Name of family member] needs very well. I feel very lucky they are here" and, "The organisation are great, I am really happy with the service. The organisation has really stuck by [Name of family member] and they do everything they need to provide the best support." Relatives told us they would recommend the organisation to others.

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 understood the duty of candour and their responsibility to be open and honest about any incident which caused or placed people at risk of harm or where concerns were raised. Systems were in place to investigate incidents, accidents, and complaints.
- Where relatives had raised issues with the organisation, they told us the service had listened and

responded favourably.

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

- The provider understood the importance of their role and responsibilities. They demonstrated a commitment to providing good care for people using the service, providing support to staff employed within the service and ensuring compliance with regulatory requirements was attained and improvements made when things went wrong.
- Staff were complimentary about the management team and told us they liked working for the organisation.

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

- The provider confirmed arrangements to seek people's views and those acting on their behalf as part of a satisfaction survey had not been conducted since our last inspection in October 2021. The rationale provided was they had prioritised breaches of regulatory requirements highlighted during the last inspection and actions required by the Local Authority's Quality Improvement team. It was envisaged this would be implemented later this year.
- Relatives told us communication with the organisation was good.
- People using the service told us they participated in 'house' meetings. This gave people 'a voice' and opportunity to 'speak up', enabling them to help develop the service.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service.

Working in partnership with others

- Information demonstrated the service worked closely with others, for example, the Local Authority, healthcare professionals and services to support care provision.