

# Spotlight Healthcare Services Limited

## Shaf Lodge

### 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

This inspection took place on the 10 January 2017 and was unannounced. The inspection team consisted of one inspector.

Shaf lodge is a five-bedded supported living service that offers 24 hours staffing support to people with mental health and mild learning disability. At the time of our inspection there were three people using the service. The focus of the service is to support people to maintain a healthy life style and this is achieved by the services' commitment to provide a highly individualised support programme that promotes social and mental wellbeing.

The service has a registered manager. '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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

Suitable arrangements were in place to ensure that people received appropriate care and support to meet their needs. Staff knew the needs of the people they supported and they were treated with respect and dignity. People's healthcare needs were well managed and they had access to a range of healthcare professionals. The management of medicines within the service ensured people's safety and wellbeing.

People's needs were met by sufficient numbers of staff. Suitable arrangements were in place to ensure that staff had been recruited safely and that they received opportunities for training and supervision. People were safeguarded from harm as suitable safeguarding arrangements were in place. Staff had received training in Mental Capacity Act (MCA) 2005 and had knowledge of Deprivation of Liberty Safeguards (DoLS) and how to apply these. The registered manager was aware of how and when to make a referral. People had sufficient amounts to eat and drink to ensure that their dietary and nutritional needs were being met.

People were provided with the opportunity to participate and engage in activities of their choice, which met their needs. Relatives and people who used the service knew how to make a complaint and we felt reassured that all complaints would be dealt with and resolved efficiently and in a timely manner.

The service had a number of ways of gathering people's views, which included holding meetings with people, staff, and relatives. The registered manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to help them make any 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 at the service. People's risks were assessed and mitigated where possible.

The provider's arrangements ensured that staff were recruited safely and people were supported by sufficient staff to meet their needs and ensure their safety and wellbeing.

Medication was managed and stored safely.

### Is the service effective?

Good ●

The service was effective.

Staff received an induction when they commenced employment with the service and attended various training courses to support them to deliver care safely and fulfil their role.

The dining experience for people was suitable to meet their needs and people's nutritional requirements were being met.

The person had access to healthcare professionals as and when needed to meet their needs.

### Is the service caring?

Good ●

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards the people they supported and treated them with dignity and respect.

People had been involved in planning their care as much as they were able to be. Advocacy services were available if needed.

### Is the service responsive?

Good ●

The service was responsive.

Care was person centred and met people's individual needs.

Care plans were individualised to meet people's needs. There were varied activities to support individual's social care needs.

Complaints and concerns were responded to in a timely manner.

**Is the service well-led?**

**Good** ●

The service was well-led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and their relatives. Their feedback was used to make improvements to the service.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

# Shaf Lodge

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 10 January 2017 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service including previous reports and notifications. We also reviewed safeguarding alerts and information received from a local authority and other Commissioners. Notifications are important events that the service has to let the Care Quality Commission know about by law.

We spoke with one person using the service. We also spoke with the registered manager, two members of staff and two relatives. We reviewed three people's care files. We also looked at the services medication arrangements, complaints management, quality monitoring processes and the service's staff support records for four members of staff.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "I couldn't have asked to be in a better place and I have all these nice staff and people around me." The person added, "When we go out we always have a member of staff with us to make sure we are paying attention when we cross the road and also we are not taken advantage of when I'm buying stuff in the shops." The person went on to tell us, "I really don't know where I would be if I didn't have the staff around me to make sure I am safe." A relative also told us, "People using the service have previously been moved around the mental health system and for a relative to finally find a place that gives you the assurance that your loved one is safe, is hard. We are so happy with this service and for the first time in a number of years I have been able to have a holiday knowing my loved one is safe."

People and staff knew how to recognise the signs of possible abuse and how to report it. Where issues or concerns had been reported in the past, the registered manager had addressed them appropriately. Staff had confidence that the management team would act appropriately in the event of any future concerns. All staff had attended safeguarding training. Staff informed us "I am grateful for the training we have received as it's helped me in my role to work out how to best support people when I am concerned that they may be a victim of abuse." This showed that staff were able to identify how people may be at risk of different types of harm or abuse and what they could do to protect them.

The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact external authorities, such as the Care Quality Commission (CQC) and the Local Authority. Posters were displayed around the service, which gave advice to people who used the service, visitors and staff about what to do if they had any concerns. This was provided in an appropriate format to ensure that people understood what abuse was and how they would be protected. Staff were certain that their concerns would be taken very seriously by the registered manager. The registered manager had a good understanding of their responsibility to safeguard people and dealing with safeguarding concerns. The provider's policies and procedures were in line with Local Authority procedures and they worked closely with the local safeguarding team.

Staff had the information they needed to support people safely. Support plans and risk assessments were regularly reviewed to ensure all documentation was up to date with each individual's current support needs. There were robust systems in place to reduce the risk of people being harmed, while at the same time ensuring that people were supported to live an independent life. Staff were knowledgeable about the people they supported and used a range of techniques to intervene where people could become distressed or upset. Staff also added that the service ensured that all staff were suitably trained to maintain people's safety at these times. Any potential risks to each person had been assessed, recorded and guidelines were in place as to how each risk would be minimised with as little restriction as possible to the person's activities and independence. For example, when people were preparing meals in the kitchen staff always ensured potential risk such as people burning themselves from the cooker were reduced and this could be ensuring people the potential risks and the observing people from a distance.

People were cared for in a safe environment. The service was kept clean and pathways were clear to ensure

safe movement for people and staff using the service. There was also a policy in place should the service need to be evacuated at short notice and emergency contingency management arrangements implemented. Staff were trained in first aid and if there was a medical emergency staff knew to call the emergency services. Staff also received training on how to respond in the event of a fire.

There were sufficient staff on duty to meet people's assessed needs and when people accessed the community, additional staff were deployed. The registered manager adjusted staffing numbers as required to support people's needs. For example, the manager informed that when people went into the community adjustments were made to ensure the safety of both the people and staff.

An effective system was in place for safe staff recruitment. The recruitment procedure included the processing of applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining written references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

People received their medications as prescribed. All staff working in the service had received appropriate training in the administration of medication. We found staff knowledgeable about people's medicines and the effect they may have on the person. This helped to ensure medicines were administered safely and in a person centred way. We reviewed medication administration records (MARs) and found minimal gaps and omissions of recording. When discussed with the registered manager, they informed that gaps in MARs occurred when people using the service took their medication they were in the community doing activities, it was agreed that this would need to be noted within the records. Medication was clearly prescribed and reviewed by each person's General Practitioner (GP). The service carried out regular audits of the medication. Audits viewed showed that the registered manager was continually monitoring medication administration and addressing issues when they arose. This assured us that the service was checking that people received medication safely. All staff working within the service had received training on how to administer medication safely and on reviewing their staff files all staff had been assessed on their competencies.

# Is the service effective?

## Our findings

We found staff to have a good knowledge and the skills they needed to provide good quality care to people using the service.

Staff informed us that before commencing employment they were required to complete an induction which helped them learn about their role. As part of their induction, staff were required to read people's support plans to ensure they had a good knowledge of the people they were supporting. They informed us there was a period of being observed by the registered manager who would regularly give them feedback and sat down with them to complete their induction competency checklist to ensure the level of care and support they were delivering met the needs of the people they were supporting. Staff also added that when they started they spent three days observing experienced member of staff as to get to know how to best support people using the service.

Staff told us they had attended mandatory training as identified by the registered manager when they first started work and that they attended refresher courses at regular intervals which were arranged and monitored by the office staff. Staff also told us that they were supported to achieve nationally recognised qualification, and new staff had been enrolled into completing the Care Certificate, which is an industry recognised best practice award.

Staff had regular supervision and meetings to discuss people's care and the running of the service. Staff were encouraged to be open and transparent about any concerns they may have. Staff informed us, "We have regular supervision with the manager and if we need to discuss something with the manager before supervision we can arrange for an informal supervision. Staff how had been working in the service for over a year informed that they had also had an annual appraisal and this aided them to see how they were progress and also identify areas of improvement. We are given the option for all our conversations to be recorded in our staff individual files." Individual staff records confirmed this. Another member of staff added, "We have regular team meetings. This is also another platform on which we can discuss areas in which we are doing well or could improve as to ensure the best for people using the service".

The service had a communication book in place for staff to write down daily events that may be useful for delivering good care and support to people. For example, if a person had been unwell and required regular monitoring, this would be recorded in the book and shared at shift handover, as this would aid staff coming onto shift. In addition, this information was used at reviews and to update people's support plans. One staff member told us, "We write in the communication book events that may have occurred during our shift this is to ensure that all staff are up to date with what is going on in the service. We are required to read and sign the communication book at the start and end of each shift as to ensure that we are all up to date with everything."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 were being met. Staff were able to demonstrate how they helped people to make decisions on a day-to-day basis. If the person was unable to make an informed decision staff would then make a decision in the person's best interests, taking into account the person's past and present wishes and feelings. Where people had been assessed as lacking the capacity to make an informed decision the service had care plans and risk assessments in place to ensure people's wishes and feelings were being respected. When we spoke to staff they informed of how they always ensured they gave each person support to make an informed decision. The registered manager stated, "Our staff, have been trained to have a good understanding of the Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards as this is fundamental to providing the support people need and also acts as a prompt for staff to focus on supporting people to become more independent."

People said they had enough food and choice about what they liked to eat. On arrival in the morning, we observed a member of staff supporting one of the people in the service to prepare some breakfast. The registered manager informed us that each person had an individualised meal plan and chose what they wanted to eat and staff would then support them to prepare them a meal. Records we viewed this being meal plans posted in the kitchen confirmed this.

People's healthcare needs were well managed. We noted people were supported to attend any hospital appointments as scheduled. When required the service liaised with people's GP, mental health professionals and community mental health services to ensure all of their healthcare needs were being met. In addition, people were supported to obtain dental care and vision tests as and when required.

## Is the service caring?

### Our findings

The service provided care and support to people in a safe and caring environment and welcomed visitors. Relatives of people living at this service told us that the staffs were caring in their approach. One relative informed us, "My relative[person's name] has been let down by the mental health system for a number of years now. When we came across Shaf Lodge, we were so pleased and the improvement and development for [person's name] has made, just shows there are still some services that care about people."

People were encouraged and helped to maintain contact with friends and family members, where possible. One person told us, "My relative visits me every week and when they come we go out for lunch. [Name] gets to come home almost every weekend which is nice and at one stage I never thought this would be possible. I now have a good relationship with my relative and we can spend time together and not worry about their support needs." There were details in people's care plans about how they kept in touch with people who were important to them. The registered manager added that it was the aim of the service to support people to maintain contact with their family and friends and the service would go out its way to ensure people had regular with family, for example the service drove some of the people to meet with relatives that did not live in the county.

We observed and heard staff listening to people's wishes, needs and then proceeding to support people accordingly so as to ensure that their needs were met in a caring manner. People and their relatives were actively involved in making decisions about their care and support. The registered manager informed us, "We hold reviews for each person and we always involve the individual, their family and healthcare professionals where possible and changes are made if required."

The service used a key worker system in which people had a named care worker who took care of their support needs. Staff respected people's privacy by only accessing their rooms after consultation with them.

People's independence was promoted by a staff team that knew them well. One relative told us, "The manager contacts me on a regular basis to update me on my relative's progress and achievements they would have made in the week. For example, weekly budgeting with minimal support from staff. This really says a lot about how much hard work has gone into supporting my relative in becoming more independent." The registered manager told us that the service also encouraged people to be independent by undertaking tasks such as people doing their personal laundry and cooking. The registered manager informed this all formed part of supporting people to be more independent and have a sense of understanding in terms of tasks they would to carry out on their own. We noted that all the people in the service were well presented and smartly dressed. Staff informed us that people's well-being and dignity was very important to them and ensuring that people were well-presented was an important part of their supporting role.

People were supported and encouraged to access advocacy services. Advocates support people to develop the skills, confidence and knowledge they need to voice their concerns and make sure they are being treated correctly. Advocates also attended people's review meetings if the person wanted them to.

## Is the service responsive?

### Our findings

People's care and support needs were well understood by the staff working in the service. On reviewing people's care and support plans we found them to be detailed and covered people's preferences of care. This was reflected in very detailed support plans and individual risk assessments and also in the attitude and care of people by staff. Pre-admission assessments were completed before people came to live at the service to ensure that the service could meet their needs. Relatives told us how they had been involved in helping to provide details of the person's early life and interests when staff were writing support plans. The support plans we viewed contained descriptions of each person and this was also accompanied with a photo of the person which helped to identify each person. Staff informed us that they had found this very useful when they first started as they were able to identify each person after reading their care plans as part of the induction process. They were specific to each individual and provided evidence that people had been consulted as each plan had also been signed off by the person or their relative.

Records we reviewed also showed how the service supported people to gain a level of independence with the hope that people can be reintegrated in the community with minimal support from support staff. For example records we reviewed and the manager informed that each person's support needs and progress were reviewed on regular basis with the view of assessing each person's level of independence with the view of moving people to a sister service with limited support. The eventual plan was that the person could be independent with limited support in the community.

Staff told us about the activities that people enjoyed and we saw that people chose how to spend their time and had opportunities to spend time participating in a range of hobbies and interests. One person told us, "Every morning I like going to the shops to do my food shopping." Activities were not routinely set out. This meant that people in the service could choose what they wanted to do at any given time and the service would do its utmost to facilitate the activity. Care plans reviewed showed that each individual had their own activities plan based on their interests. For example, one person took their dog for a walk every morning and this was recorded in their support plan.

The service had clear policies and procedures for dealing with complaints. There were clear details about how to make a complaint in the service's service user guide and in the visitors' pack. The registered manager said that they welcomed feedback from people about the performance of the service. The feedback which we saw and received from visitors and people in the service was all positive.

People told us that the registered manager was approachable and they would tell them if they were not happy or had a complaint. They were confident that the registered manager would make any necessary changes. Records we reviewed also confirmed this.

## Is the service well-led?

### Our findings

The registered manager was visible within the service and we were informed that in the absence of the registered manager there were senior support workers that looked after the service and kept the registered manager up-dated with events. The registered manager had a very good knowledge of people living in the service and their relatives.

The registered manager told us that their aim was to support both the person and their family to ensure they felt at home and happy living at the service. The registered manager informed us that they held meetings with relatives and the person using the service as this gave the service an opportunity to identify areas of improvement and gave relatives an opportunity to feedback to staff; be it good or bad. The registered manager informed the main aim of the service was to support people to become as independent as possible. They added "When people had achieved an assessed level of independence they were moved into our sister service which would continue to support people to be even more independent with the aim that they would be able to live in the community with minimal intervention and support from staff and their relatives."

People benefited from a staff team that were supported by the registered manager. Staff said this helped them to assist the people they supported and helped to maintain their independence and also showed that the person was being well cared for by staff who were well supported in undertaking their role. Staff had handover meetings each shift and there was a communication book in use which staff used to communicate important information to one another. It enabled staff who had been off duty to quickly access the information they needed to provide people with safe care and support. This showed there was good teamwork within the service and that staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good care.

There were a number of effective monitoring systems in place. Regular audits had taken place such as for health and safety, medication, falls and infection control. The registered manager and the regional manager carried out a monthly and bi-monthly manager's audit where they checked care plans, activities, management and administration of medication. And should concerns be highlighted the registered manager would implement an action plan on how the service would resolve the concerns. The registered manager informed that they would also discuss audit outcomes with staff be it good or bad. The registered manager advised this was a way of keeping staff involved in the running of the service and staff were given an opportunity to come up with ideas to improve the service. Outcomes of the audits were shared with all staff for review and who in turn would give the registered manager feedback to ensure people were receiving good care and were safe. Actions arising from the audit were detailed in the report and included expected dates of completion and these were then checked at the next monthly audit.

Personal records were stored in a locked office when not in use. The registered manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure that information was kept safe.