

Spotlight Healthcare Services Limited

Shaf Lodge

Inspection report

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Date of inspection visit:
30 September 2019
21 October 2019

Date of publication:
25 November 2019

Ratings

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

Summary of findings

Overall summary

About the service

Shaf Lodge provides care and support to people in their own homes. People using the service have a learning disability and/or mental health need. The service offers 24 hour staffing support to people living in 'supported living' settings.

Where people live in their own home they receive care and support in order to promote their independence. As there is a separation between the care and accommodation, the care they receive is regulated by the CQC, but the accommodation is not.

At the time of our inspection, 17 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 receiving supported living services rent their accommodation separately from the care that was provided by the service. 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.

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

People were placed at the heart of this service. The service applied the principles and values of Registering the Right Support and other best practice guidance. These principles ensure people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. Outcomes for people using Shaf Lodge reflected these principles. Their support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People and relatives' comments were extremely positive. They told us they were very happy with the service and the support they received from the registered manager and staff. People's comments included, "I like living here", "We have lots of fun", "Staff are great" and "I do nice things and go out a lot."

People received a safe service. Staff supported people in the least restrictive way possible and this helped them to lead their best lives. Staff had a good understanding of the Mental Capacity Act 2005, and people were supported to have maximum choice and control over their lives. The providers policies and systems supported this practice.

Safe recruitment practices ensured the suitability of newly appointed staff. People were supported by enough staff with the right experience, training and skills to meet their needs. Staffing levels were flexible and supported people to follow their interests, take part in social activities and, where appropriate, education and work opportunities.

Medication was managed safely and administered correctly. People were supported to maintain good health. They received continuing healthcare support to meet their needs and had prompt access to healthcare professionals when they became unwell. Staff promoted healthy eating. They supported people to balance choice with healthy options and people's preferences contributed to the menu planning.

The registered manager was knowledgeable, inspired confidence in the staff team and led by example. There was a strong emphasis on promoting good practice and a well-developed understanding of equality, diversity and human rights, and management and staff put this into practice. Quality assurance systems helped to ensure the service delivered was of high quality and safe and continued to improve.

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 11 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 well-led.

Details are in our well-Led findings below.

Good ●

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 one inspector.

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with seven people who used the service and three relatives about their experience of the care

provided. We spoke with three members of staff including the provider (who is also the registered manager), a team leader and support worker.

We reviewed a range of records. This included three people's care records, two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Relatives told us their family members felt safe and were very happy with the service they were receiving.
- There were effective systems and processes in place to safeguard people from the risk of abuse and exploitation. Staff provided support to people with sensitivity and were respectful in their approach. They had the skills and the knowledge to respond and protect people from themselves, and/or others.
- Staff had received training in safeguarding and this was regularly reviewed. Safeguarding was the topic for the next staff meeting and the registered manager told us, "Safeguarding forms the basis of all we do, it is our job to protect people."
- Since the last inspection there had been no safeguarding concerns raised against the service.
- Appropriate arrangements were in place to review and investigate events and incidents, and to learn from these. The local authority was happy with the registered managers approach and investigation into an unfortunate incident that occurred; the actions they took to improve practice and the support the service gave to the person and family involved.

Assessing risk, safety monitoring and management

- The registered manager and staff had a positive attitude towards managing risk. Staff managed risks to individuals well; protecting people whilst supporting and respecting their freedom.
- There were good support and management systems which helped to expand people's opportunities; enabling them to live a full lifestyle, take part in activities they enjoyed and access the wider community.
- Each person had clear risk management strategies to guide staff on how to support them in a safe and consistent way, which protected their dignity and rights.

Staffing and recruitment

- The registered manager deployed staff in a way that was consistent with personalised care.
- Staffing levels fluctuated on a day to day basis. They were based on people's needs and the type and level of support they needed throughout the day in relation to their planned activities.
- Safe recruitment practices ensured the suitability of newly appointed staff.

Using medicines safely

- The provider had robust systems in place to ensure medicines were managed safely.
- The registered manager had a staged approach to supporting people to manage their own medicines.

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 remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The assessment of people's needs was comprehensive to ensure they received the right support.
- Care and support was planned and delivered in line with current evidence based and best practice guidance. For example, the service used the Recovery Star approach which is a tool to help staff support individuals they work with to understand their recovery and plot their progress. It helps to measure and assess the effectiveness of their support including social and practical skills training as well as coping strategies.
- Where people used behaviour to express themselves the service provided the positive behaviour support approach which promoted positive behaviour changes. This is a supportive approach teaching the person new skills and adjusting their environment to promote those changes.

Staff support: induction, training, skills and experience

- The registered manager kept up to date with new guidance and developments and had links with organisations that promoted and guided best practice. They used this knowledge to drive improvement and improve outcomes for people.
- They held a current nursing qualification in mental health and had received training to be a trainer. They delivered training to staff in subjects specific to people's needs.
- Staff felt very much supported by their manager. The registered manager provided staff with informal support in their day to day work. However, improvement was needed to ensure staff received regular, formal and recorded supervision that provided them with the opportunity of protected time to strengthen their practice and discuss any concerns they may have.

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

- Staff supported people to eat and drink enough to keep a balanced diet.
- Staff promoted healthy eating and supported people to balance choice with healthy options.

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

- Staff supported people to access healthcare professionals and acted promptly when they found any healthcare concerns.
- People received help from well-coordinated partnership working between staff, healthcare professionals and other agencies to access the right support and promote wellbeing. For example, sexual health and contraception needs and health screening.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

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

- Nobody receiving the service were deprived of their liberty in order to receive care and treatment.
- Everybody using the service worked within reasonable support agreements with staff on how they would like to be supported to achieve their goals, in an acceptable manner. For example, to get enough sleep one person agreed to stop using their phone at 10pm and handed it over to staff.

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 and their relatives were consistently positive about the caring attitude of the registered manager and staff.
- The registered manager told us, "We have a holistic approach – we give back confidence, we want people to have a sense of belonging, every individual deserves what we have. Telling a person, they look well goes such a long way."
- Staff had a good rapport and interacted well with people. People were happy and at ease with staff.

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

- People knew how to seek help and felt listened to.
- People were pro-actively supported to express their views through various forums such as house-meetings, surveys, key worker meetings and reviews. At the end of each day reflection time provided people with protected time, in a safe environment with their support worker or registered manager to discuss what had gone well that day, what hadn't gone so well and how they would like the next day to go.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted, and staff provided active personalised support to enable them to participate in day to day living activities such as shopping, cleaning, laundry, cooking and bed changing.
- The registered manager described how the service supported a person through an unexpected loss and bereavement and how staff provided sensitive and compassionate support.

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 good. This meant people's needs were met through good organisation and delivery.

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

- Staff had built positive therapeutic relationships with people. They supported people to make positive changes in their life, develop confidence and a wide range of practical, social and emotional skills to help them to live more independently.
- Many positive examples were given to us of good outcomes people achieved which had made a difference to their quality of life. For example, one person had travelled abroad by air alone to visit their family. This was a huge and significant achievement for this person.
- Relatives expressed their satisfaction to us about how well the registered manager and staff had supported their family member and how far they had come since using the service.
- People and their families were involved in developing their care and support plans, and in regular reviews.

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 registered manager was pro-actively involved in building further links within the community to access work experience, education and support networks for people. Staff encouraged and empowered people to try various courses, social and work related activities to lead a fulfilling life, develop confidence and self-esteem.
- The service had its own transport to eliminate anxieties for some from the use of public transport.

People were supported to maintain relationships that were important to them and develop personal relationships.

- The registered manager and staff made sure people maintained relationships that matter to them.
- Staff supported people to develop personal relationships. The service liaised with Mencap who have a dating service for people to meet.
- People spoke excitedly about a recent event put on in the summer by the provider for everybody who used the service, their families and friends, enjoyed very much by all.

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their experiences and were able to do so in a range of accessible ways. Staff encouraged people to talk about issues, so they could resolve them quickly. People felt comfortable to raise any concerns or issues that mattered to them.
- Relatives told us they had no cause for concern but if they did they were confident the registered manager would explore it thoroughly and take any necessary action to make necessary improvement.

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; and, when needed, they ensured information was provided in formats that met people's needs.

End of life care and support

- People receiving the service were younger adults. Management told us they would access relevant support from other healthcare professionals should this be needed.

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 remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There continued to be an open, inclusive and empowering culture at the service. People spoke positively about their life and how far they had come with the support they received.
- People, relatives and staff told us the registered manager provided strong leadership and led by example. Feedback was very positive and described the registered manager as, "Incredibly supportive", "Wonderful" and "Marvellous, nothing is too much trouble".

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

- The registered manager had relevant training, experience and skills to bring to the service.
- Staff were confident in their role and morale was positive.
- A range of audits were regularly carried out to check the quality and safety of the service. Information and identified trends were analysed by the registered manager with actions identified to ensure people were protected and safe.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager showed a clear vision putting people at the heart of the service. They knew each person using the service very well and the support they needed to achieve their goals. They actively promoted equality and diversity throughout the service.
- There was a strong emphasis on working collaboratively with others to ensure people got the best possible support in a range of areas to enable them to achieve their goals.
- People and their relatives felt listened to and involved. There was continued open communication via a WhatsApp platform for people, relatives, key workers, team leaders and management to communicate with each other, this worked very well for all.
- Feedback was gathered through a range of ways including meetings and surveys, this was used to drive improvement.
- Staff meetings focused on driving improvement, wider policy issues, changes in people's needs and any lessons learned and changes in practice.

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; Continuous learning and improving care

- The service was well organised, had effective leadership and clear lines of accountability.
- The registered manager promoted an open culture where people and staff felt comfortable to approach the management team to raise any concerns, knowing they would be listened to, and acted upon.
- The registered manager showed us how the staff team had learnt and developed from the experience of a recent event and how they had improved practice to prevent any reoccurrence.