

Spectrum Group Services Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Spectrum Group Services Limited is a domiciliary care service providing personal care to 27 people aged 18 and over at the time of the inspection.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Medicines were not always managed safely. The provider did not follow best practice guidance for managing people's medicines. Medicines administration records (MARs) were not kept for each person who was supported with their medicines. When MARs were completed they did not contain all the necessary information.

Audits of people's medicines administration records had not always been completed and this was not identified by the provider's processes used to monitor quality and safety in the service.

People were supported by staff who had the skills and knowledge to meet their needs. With the exception of risks from the management of medicines, risks to people were assessed and people were protected from harm and abuse and the risk of getting an infection.

The registered manager ensured enough consistent staff were deployed to provide safe, personalised care for people.

People felt staff were caring and empowered them to live their lives as independently as possible. Staff knew people well, helped them to maintain important relationships and prevented them from becoming isolated. Staff treated people with dignity, respect and compassion.

People were involved in making decisions about their care and support. Staff sought people's views on care provided.

Staff worked collaboratively with professionals from health and social care to ensure people's health and wellbeing needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People felt the service was well managed and the registered manager was friendly and approachable, and

responded promptly to their queries and concerns. People were regularly invited to give feedback on the service. Staff felt the registered manager was supportive and approachable.

The registered manager had a vision to deliver high quality, individualised care which promoted people's independence.

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

Rating at last inspection

This service was registered with us on 25 September 2019 and this is the first inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of the full report.

Why we inspected

This was a planned inspection.

Enforcement

We have identified breaches in relation to regulation 12, Safe Care and Treatment and regulation 17, Good Governance.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Spectrum Group Services Limited

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

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Notice of inspection

We gave short notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we held about the service. The provider was asked to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

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

provided. We received written feedback from five members of staff. We spoke with the registered manager, the commercial director, the operations director, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received written feedback from four professionals who had worked with the service. We reviewed a range of records. This included four people's care records and medicine records. We looked at four staff files in relation to recruitment, staff training and staff supervision. A variety of records relating to the management of the service including the staff rotas, policies and audits were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff training records, staff recruitment information, the provider's missed call analysis and examples of how staff had supported people. We also reviewed records in relation to the management of medicines.



Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely
- The provider did not always follow best practice guidance for managing people's medicines.
- The recommended documents and records were not in place to support the safe management of people's medicines.
- There was insufficient evidence to show that the service was carrying out assessments of assistance needed for all people who required support to take their medicines.
- Audits of MARs were not always completed. When MARs were reviewed, audits failed to identify errors and omissions. For example, audits of one person's MAR chart had not been completed for June or May 2021.
- When MAR charts were used these had not been fully completed. One person's MAR did not contain details of the person's GP, their date of birth, or any of their allergies, in line with best practice guidance. The provider's audits had failed to identify these omissions.
- In the same person's MAR chart there were several unexplained gaps. Again, these had not been identified in the provider's audits.

We found no evidence that people had been harmed however, systems were not in place to manage people's medicines safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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Assessing risk, safety monitoring and management

- With the exception of the risks from unsafe management of medicines, risks to people's safety were assessed and documented by staff.
- People's care plans contained detailed, specific risk assessments. Staff used evidence-based assessment tools to assess the risk of a person developing a pressure ulcer for example.
- Assessments were written in partnership with people and their appointed representatives where appropriate.
- 'Body maps' were included in people's care plans so staff could note any skin damage and provide appropriate care and treatment.
- Care plans were detailed and written from the person's perspective. They contained clear instructions for

staff to protect people from risks to their health and wellbeing and risks in their environment.

Systems and processes to safeguard people from the risk of abuse

- People felt safe whilst being cared for by staff. One person said, "Very safe".
- People were kept safe from harm by trained staff who understood and acted on their safeguarding responsibilities.
- The registered manager worked with local authority safeguarding teams and made referrals appropriately to protect people from harm and abuse.
- Staff shared any concerns they had about people's safety and welfare promptly.

Staffing and recruitment

- People received individualised support from consistent staff. The registered manager had established staff 'bubbles' to ensure each person had a dedicated team to provide them with support.
- The registered manager used a thorough recruitment process to employ suitable staff. This included seeking evidence of conduct in previous employment and completing a Disclosure and Barring Service (DBS) check. A DBS check confirms candidates do not have a criminal conviction that prevents them from working with vulnerable adults.

Preventing and controlling infection

- People were protected from the risk of getting an infection by staff who had completed training and used the appropriate personal protective equipment.
- Due to the covid-19 pandemic, further training and preventative measures had been put in place to protect people from being infected with covid-19, including regular testing for staff.

Learning lessons when things go wrong

- The registered manager maintained an up to date record of accidents and incidents. This showed accidents and incidents were investigated.
- Staff reflected on incidents to identify learning points and prevent recurrences.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's needs and preferences were assessed and documented by competent staff.
- The registered manager and staff team used evidence based assessment tools and reviews to provide individualised support.
- The registered manager completed a needs assessment before commencing packages of support. Care plans were reviewed regularly and adjusted as people's needs changed.
- The provider employed an optometrist who provided free eye care services at people's homes. When one person's glasses broke the optometrist completed an urgent visit to repair their glasses.
- People told us staff were aware of people's changing needs and adapted their support as needed. One person said, "I have a problem with tiredness...when I'm having a bad day the carers phone through to the office and they let them know and they keep an eye on me."

Staff support: induction, training, skills and experience

- People felt staff had the skills and training to provide the support they needed. One person said, "I think they are trained very well. They are all good people."
- People were supported by staff who had a thorough introduction to their role.
- Staff completed face to face learning, e-learning and training courses and their competencies were regularly reviewed by senior staff.
- The provider supported staff to develop the skills and competencies to progress to other job roles in the future, such as nursing.
- Staff were given regular supervisions and appraisals.

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

- People told us they were supported by staff to eat and drink. One person said, "Yes, [staff member] is a very good cook, and I get all sorts of thing, and little treats in the fridge left for me."
- Staff had an understanding of people's cultural dietary needs and supported them to visit shops where they could buy specific foods to meet these needs.
- People's care plans contained specific information about the support they needed from staff to maintain a healthy diet.

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

- People were supported to access support from relevant health and social care professionals to promote

their health and wellbeing.

- Staff liaised promptly with professionals from health and social care when people's needs changed so they could receive timely, appropriate support. For example, one person required specialist support with their physical and mental health. When the person's condition deteriorated, staff provided immediate support to the person and referred them promptly to social services and mental health support services. The person said, "[Staff member] has motivated me to lift my spirits up...thank you to Spectrum care agency not just for the care but for changing my life."
- In another example a person's hospital discharge summary, which detailed new medicines prescribed during their hospital stay, had not been sent to the person's GP so they had not received their updated prescriptions. Staff gave up their own time to liaise with the person's GP and pharmacy to ensure the person received all of their prescribed medicines.

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.

We checked whether the service was working within the principles of the MCA.

- People received support from staff who had been trained in the mental capacity act and understood how to apply its principles when delivering care and support.
- Staff sought consent from people before delivering support.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 told us they had very caring relationships with staff. One person said, "They are very good to me, they know what to do, and I like talking with them", another person told us, "They are all very kind people, and know what is needed here", a third person said, "They are kind and caring, and I'm missing them. It was lovely having them come in. The manager was wonderful!"
- The registered manager ensured people received consistent support by allocating the same staff to the same visits as much as possible.
- Staff demonstrated a caring and respectful attitude to the people they supported. They upheld and promoted their human rights and spoke about them with empathy and compassion.

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

- People's views about their care and support were regularly sought and recorded by staff and used to make service improvements.
- People told us they were able to share their views freely with staff. One person told us, "We talk about anything and everything", another person said, "We can share anything with [staff member] – it's all good."
- Where appropriate, people's family members and appointed representatives were involved in making decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- People were treated with privacy and dignity and their independence was promoted.
- Staff had completed training in treating people with privacy and dignity. People gave many positive comments about the sensitive support staff delivered. One person said, "The carer has never looked down on me. I couldn't have picked a better agency or carer to look after me".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated 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

- People received individualised care which met their needs and preferences.
- Care plans were written in partnership with people and where appropriate, their family members. The provider completed an assessment involving family members, advocates, appointed representatives, commissioners, social workers and other relevant professionals.
- Care plans were reviewed and adapted to reflect people's changing needs.
- The provider was one of the local authority preferred providers for a 'discharge to assess' scheme. Staff assessed people prior to their discharge home from hospital to support them in this transition. The registered manager told us some people had been supported to regain their independence as a result of the support staff delivered. This was confirmed by a person we spoke with. They said, "I have now been able to stop using them, but if I ever needed to go back to having carers they would be the first people I would call."
- Care plans were detailed with specific information which captured people's needs and interests and how they wished their care to be delivered, for example, information about their routines, dietary needs and social interests. They also contained significant information about their life histories to help build a whole picture of the person.

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 met the requirements of the AIS.
- The provider had a detailed understanding of people's communication needs and used different aids and methods to help people communicate if they had a sensory impairment.

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

- People were supported to remain part of their local communities and take part in activities which interested them.
- Staff supported one person to attend their local gym. Another person was supported to meet outside with some friends during the pandemic. A third person was supported to attend their chosen place of worship regularly and to celebrate a religious festival.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint. There was a clear complaints policy in place and any concerns were investigated promptly and thoroughly.
- People reported they felt comfortable speaking with management and that they were approachable.
- People were invited to give feedback on changes to their care and support. Staff acted on this feedback and care plans were updated accordingly.

End of life care and support

- People received sensitive, personalised care at the end of their lives.
- Staff worked in partnership with professionals to ensure people received compassionate, individualised care in their final days.
- Staff supported people and their families sensitively and compassionately during emotionally challenging times. In one example, staff helped a family to obtain aids to help their bedbound relative move safely in bed. They contacted the relevant professionals to ensure the person received the equipment and support they needed to be as comfortable as possible at the end of their life, whilst providing emotional support to their family members.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider used a system of audits and reviews to monitor quality and safety in the service and ensure the fundamental standards were being met.
- However, the system was not always effective in identifying where fundamental standards were not being met. For example, they had failed to identify medicine administration records (MAR) did not always evidence medicines support given by staff. In addition, they had failed to carry out regular medicines' audits as required of their own quality monitoring system.
- For example, the provider reported they used monthly audits to review MARs. However, these audits were not effective as they had failed to identify audits for one person's MAR charts had not been completed for May or June 2021. In addition, they had failed to identify MAR charts were not in place for all people receiving support with taking their medicines. They had also failed to identify the lack of sufficiently detailed information in people's care plans about the support they required to take their medicines.
- Care records were not always up to date, accurate or contemporaneous. For example, there was a lack of documentation showing medicines support provided and care plans did not include details of the support people needed with their medicines. This meant staff were not provided with appropriate guidance and the provider was not able to identify potential safety risks in this area.

Systems and processes to monitor quality and safety in the service were not established and operated effectively to ensure compliance with the fundamental standards. People's care and treatment records were not always complete and accurate. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager used a system of reviews and audits to review quality and safety and to maintain an oversight of the service.

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

- People who use the service and staff were regularly invited to feed back about the quality of care provided.
- The registered manager used team meetings as a way of sharing updates and communicating important messages to the staff team. Each month a member of staff was nominated to be 'employee of the month' and was given a reward for their hard work.

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

- People felt supported and empowered by a dedicated, caring and compassionate staff team. One person said, "The manager and carer have helped me so much with who I needed to talk to. I cannot praise these people enough they are amazing."
- The registered manager and senior team had a vision to provide high quality, personalised care and to treat people like members of their own family.
- People told us the registered manager provided good leadership, was approachable and acted on their concerns. One person said, "I think that the management are polite and responsive, and that leads through to the carers. It's a well led agency."

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 provider understood their responsibility to uphold the duty of candour if something went wrong.
- The provider had a clear policy in place to ensure they understood and met their regulatory responsibilities in this area.

Continuous learning and improving care

- The provider demonstrated a well-established culture of reflective practice in the service.
- Staff continually reflected on support delivered to provide an individualised and positive experience for people.

Working in partnership with others

- Staff worked effectively in partnership with a range of professionals to help people access services to promote their health and wellbeing.
- Professionals we spoke with gave positive feedback about the registered manager and staff. One professional told us, "I have been very satisfied with the support provided by Spectrum care. They are very proactive and endeavour to deliver person centred care. I have found them to maintain good communications to share important information."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not met:</p> <p>Care and treatment were not always provided in a safe way for service users. The registered person had failed to ensure the proper and safe management of medicines.</p> <p>Regulation 12(1)(2)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not met:</p> <p>The registered person's systems and processes to monitor quality and safety in the service were not established and operated effectively to ensure compliance with the fundamental standards (regulations 8 to 20A).</p> <p>The registered person had not maintained an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided. Regulation 17 (1)(2)(a)(b)(c)</p>