

Spectra Care Ltd

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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

About the service

Spectra Care Ltd is a supported living service which is registered to provide personal care. The service can support up to six people. At the time of the inspection, they were supporting three people, all of whom were receiving personal care. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. The supported living service had been developed and designed in line with values that underpin the principles of Registering the Right support, right care, right culture. This enabled people who used the service to live as full a life as possible and achieve the best possible outcomes.

Staff understood what abuse was and knew how to report it. Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks. The provider had effective recruitment and selection processes in place. There were enough staff to meet people's needs. People received support with their medicines which were managed safely. There were systems in place for the monitoring and prevention of infection.

Systems were in place to assess people's needs before they started to use the service. Staff received regular supervision to monitor their performance and development needs. People were supported to maintain good health and to access healthcare services when they needed.

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. Where people did not have the capacity to consent, the staff acted in accordance with legal requirements.

There was a positive relationship between people and the staff who supported them. People received their health support in a kind and compassionate way from a staff team that knew them well and were familiar with their needs. Confidentiality of people's personal information was maintained. People's privacy and dignity was respected and people were supported to maintain relationships with their relatives.

People received care and support when they needed it. Staff completed assessments of needs and developed care plans so that people received appropriate support. There was a complaints procedure which people and their relatives could use if they had a concern.

Relatives and staff spoke positively about the management of the service. There were clear lines of responsibility and accountability within the management structure of the service. Effective systems were in place to quality assure the services provided, manage risks and drive improvement. The management team had good links with a number of health and social care professionals and this helped to ensure people's needs were fully met.

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 20 January 2020 and this is the first inspection.

Why we inspected

This was a planned inspection because the service had not been previously rated.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Spectra Care Ltd

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 completed by an inspector.

Service and service type

This service provides care and support to people living in a supported living setting, 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 who was in the process of registering with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to make sure someone would be available to support us with the inspection.

What we did before the inspection

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.

During the inspection

We reviewed a range of records. This included three people's care records, medicine administration records, satisfaction surveys, audits, staff files, training records and staff supervision records. We also looked at minutes of meetings and a variety of records relating to the management of the service, including policies and procedures. We spoke with the director and the manager.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with three relatives to obtain their views of the service. We also contacted three members of staff to ask them questions about their roles and to confirm information we had received about them during our inspection. We were not able to seek feedback from people who used the service due to their communication needs.

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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and to help prevent it from happening. One member of staff told us, "If I see any kind of abuse, I will report it to the manager."
- The provider had effective safeguarding systems in place. Staff had received safeguarding training and were aware of different types of abuse. They knew what to do if they suspected or saw any signs of abuse or neglect.
- Relatives told us they felt their loved ones were safe whilst being supported by staff. One relative said, "I do not have any concern about the way the staff look after my [person], it is definitely a safe place."
- The provider had a whistleblowing policy which guided staff on how they could raise concerns about any unsafe practice.

Assessing risk, safety monitoring and management

- Potential risks about people's safety were assessed to ensure they were supported to remain as safe as possible. We found the risk assessments gave staff clear guidance on how best to support people in different situations, for example, the management of medicine. This helped to ensure care and support was delivered in a safe way.
- Risks to people were constantly reviewed to ensure they remain as safe as possible.

Staffing and recruitment

- There were enough staff deployed by the service to meet people's needs. The provider informed us that they did not use agency staff. People were supported by the same staff team to help give continuity of care.
- We reviewed the staff rota for August 2021. This showed there were enough suitably qualified staff on duty. Some people needed two staff to care for them during a number of hours in a day. This was reflected on the staff rota. One relative said, "There are always staff around when I visit."
- The provider had an effective recruitment and selection processes in place. From staff's recruitments files, we saw the provider had requested information such as references and criminal records checks as part of the recruitment process. This helped ensure that staff were recruited safely.

Using medicines safely

- The service had suitable arrangements in place to protect people using the service against risks associated with the unsafe management of medicines. Where people needed assistance to take their medicines, staff helped them accordingly.
- Details about what medicines people were prescribed were within the care records. Staff who helped

people take their medicines, had been trained to do so.

- Medicines administration records (MAR) we looked at, were all signed appropriately and there were no gaps in signatures.
- Medicines administration records were audited to ensure people had received their medicines as prescribed.

Preventing and controlling infection

- The provider had policies and procedures regarding the prevention and control of infection. Staff ensured the environment was clean and safe for people and were aware of their roles and responsibilities for the management of infection.
- Staff were provided with personal protective equipment such as aprons, masks, and gloves. They also undertook COVID-19 testing on a regular basis. Staff had received training in infection control.

Learning lessons when things go wrong

- We saw accidents and incidents were recorded in detail and were investigated by the manager or director to prevent them from happening again. Accidents and incidents were discussed with staff during handovers and at team meetings to learn from lessons.

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 were assessed before they started using the service. The assessment covered different aspects of care and support of the person such as on mobility, nutrition, personal hygiene, medicines, communication, and social lifestyle.
- The management team obtained as much information from people, their relatives and also from the information provided to them by the placing authority. People and their representatives were involved fully in the assessment process. All this helped to ensure people's needs were assessed.

Staff support: induction, training, skills and experience

- Relatives told us that staff knew what they were doing. One relative said, "The staff are very good and they are good at what they do."
- The provider had a training programme for all staff to complete to ensure they had the skills to meet people's needs. One staff member said, "The training is good and very informative."
- There was an induction period for new staff. Staff would shadow an experienced member of staff until they were competent to work on their own. The induction covered a number of areas which included staff roles and responsibilities and key policies and procedures.
- Staff were given appropriate supervision and support which helped to ensure they were able to provide effective care. Supervision records showed that a range of issues were discussed during those meetings, including training needs.

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

- People were assisted to have enough to eat and drink where this was part of their care needs. Care plans included people's preferences and the support they may require with meals.
- Staff were aware of people's dietary needs, including likes and dislikes. One member of staff told us, "[Person] likes to have toast, sausages and eggs for breakfast."

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

- The service had an effective working relationship with a number of health care professionals to ensure that people received co-ordinated care and support.
- People were supported to maintain good health. They had access to a number of health care services within the community. Staff monitored people's health and welfare and reported any concerns to the management team who made referrals to health care professionals where required.

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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff ensured they gained consent from people before carrying out any tasks for example when assisting them with personal care.
- People were able to make day to day decisions about their lives. For example, they were supported to take part in activities they liked and to spend their time as they wished.
- Staff received training on the MCA and there were policies and procedures for them to follow. They were aware if a person lacked the capacity to decide and the decision needed to be made for them, the decision should be made in their best interests.

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;

- Relatives commented positively about the service and the care and support provided by staff. One relative said, "The staff are brilliant." Another relative told us, "I have full confidence in the staff."
- People were respected and treated equally regardless of their abilities, lifestyle and beliefs. One member of staff told us, "I treat all the service users [people] equally, we have to respect their individuality."

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

- Where people were able to, they were encouraged to contribute and have their say about the care and support they received.
- From the discussion we had with the management team and staff and from looking at records, we found people were able to make choices and were involved in decisions about their day.
- Relatives told us they were kept informed about any changes in their family member's health and or well-being. They also said they were able to discuss any issues with the management of the service, for example, any changes in their loved ones care needs.
- Staff had a good understanding of the care needs for people they supported and were able to tell us what people did and did not like and what support they needed.
- At the time of our visit no one was using an advocate. Advocates are trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence. Staff knew how much each person was able to do for themselves and what assistance they needed. For example, people were encouraged to clean their rooms and helped with certain household chores.
- People's right to confidentiality was protected. Staff were aware of not to discuss any information about people in public and to disclose them only to people who had to have them. This helped to ensure that people's information was treated confidentially. Records were kept in lockable cabinets when not in use.
- People's privacy and dignity were maintained. Staff told us they always supported people in a way which protected their dignity. For example, by closing doors and drawing the curtains when providing people with personal care.

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 care and support in accordance with their preferences, interests and diverse needs. We saw care plans were comprehensive and personalised. This helped to ensure staff had the information they needed to meet people's needs.
- Staff told us the care plans provided them with enough information to enable them to meet people's needs.
- Care plans were reviewed every three months or more regularly if people's needs changed. This was done with the involvement of people who used the service and their representatives.

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.

- People's communication needs were assessed and information on how to communicate with them was included in their care plans.

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 involved in activities which they had chosen to help ensure they were not socially isolated. They were supported to access local communities such as going shopping. Relatives confirmed they were able to visit their loved ones and were kept informed of any changes at the service.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which provided a clear process to record and investigate any complaints received. Relatives told us that they were able to discuss any issues with the manager or the director. They also mentioned that they had no need to make any formal complaints, but they would feel able to do so if needed.
- The service had received a number of compliments from relatives and other professionals. One relative wrote, "I am contacted regularly and have a good relationship with staff and management. I would like this [service] to be [person's] permanent residence."
- At the time of the inspection visit the service had not received any complaints.

End of life care and support

- The manager informed that none of the people using the service required end of life care at the time of our inspection. They were in the process of consulting relatives regarding people's final wishes to ensure they would be met, should people develop end of life care needs.

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 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

- Relatives told us the service was good. They were complimentary about the management team. One relative told us, "It is a very good place and the management is very good too at what they do."
- The director and manager encouraged people, relatives and staff to contact them if they had any concerns or issues to discuss. The director visited the service on a daily basis.
- Staff told us the service was a good place to work for. One member of staff said, "The manager is very very supportive. I can also talk to the director, they always make themselves available."

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 and manager were aware of when the CQC should be informed of events and incidents that happen within the service and the responsibilities of being a registered provider.
- The provider operated an open and transparent culture and responded to any issues raised. They had a good relationship with staff, people, their representatives and other professionals.

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

- The provider understood what their roles and responsibilities were. They kept us up to date with any changes that happened at the service and provided us with information promptly when we had requested them.
- Staff were aware of who they were accountable to and understood their roles and responsibilities in ensuring people's needs were met.
- The provider had a range of policies and procedures in place that gave staff guidance about how to carry out their role safely.

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

- The director and manager encouraged people, relatives and staff to be involved in the day to day running of the service as much as possible.
- There were regular staff meetings where staff were able to share ideas with each other and were kept informed about all aspects of the running of the service. Staff told us those meetings were helpful to them as they were kept informed of people's needs and any changes happening with the service.

- The provider continually sought feedback from people, relatives, staff and other professionals. This was gained by satisfaction surveys.
- There were also audits carried out to monitor the quality of the service and to identify how the service could be improved. These included areas such as care records, medicines charts, staff training and spot checks on staff to ensure they provided care and support to people to the required standard.