

17Care UK Ltd

# Care Spectrum

## Inspection report

Sabichi House  
5 Wadsworth Road, Perivale  
Greenford  
UB6 7JD

Tel: 07889203638  
Website: [www.care-spectrum.co.uk](http://www.care-spectrum.co.uk)

Date of inspection visit:  
17 August 2022

Date of publication:  
26 August 2022

### 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

Care Spectrum is a service offering personal care and support to adults with mental health needs living in supported living schemes. At the time of our inspection there were five supported living schemes providing support for up to 27 people.

Not everyone who used the service received 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. One person was receiving support with personal care at the time of our inspection.

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

People using the service were happy with the care and support they received. They felt their needs were being met.

People were supported to receive personalised care, make choices about their care and support and to be independent where they were able.

The provider recruited suitable staff who were trained and supported so they could care for people safely and well.

The staff worked with other professionals to make sure people's needs were assessed, planned for and met.

The provider had systems for dealing with complaints, accidents, incidents and safeguarding alerts. There were effective systems for monitoring and improving the quality of the service.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 22 July 2020 and this is the first inspection.

### Why we inspected

The inspection was planned based on the date the service was registered with us.

### Follow up

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

inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### 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 ●

# Care Spectrum

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

Two inspectors carried out the inspection. One inspector visited the office location and the other inspector visited the supported living schemes where people lived.

#### Service and service type

This service provides care and support to people living in five '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.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

#### What we did before the inspection

We looked at all the information we held about the provider including notifications of significant events.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We visited one supported living scheme and the registered office. We met the person using the service, two support workers and the registered manager. We looked at records used by the provider which included support plans, staff records, information about staff training and meetings, records of incidents and safeguarding alerts and the provider's records of checks and audits.

# 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 of 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

- There were systems designed to safeguard people. These included procedures and training for staff. The staff were aware of what they needed to do if there was an allegation of abuse.
- The provider had taken the necessary steps to inform others, investigate concerns and safeguard people following allegations.

Assessing risk, safety monitoring and management

- The staff assessed risks to the safety and wellbeing of people using the service. The assessments included plans to help reduce risks. Assessments were regularly reviewed and updated as needed.
- People were supported to take risks when appropriate.
- The provider worked closely with the housing association who provided accommodation to make sure the environment was safe.

Staffing and recruitment

- There were enough staff to support people and keep them safe. There were systems for dealing with staff absences and vacancies and out of hours on-call managers who provided support when needed.
- There were appropriate systems for recruiting and selecting staff. These included checks on their suitability and assessments of their competencies and skills.

Using medicines safely

- People received their medicines safely and as prescribed. There was clear information about people's medicines needs and these were stored, administered and disposed of safely.
- Staff were trained to understand about good medicines practices.
- The staff worked with medical professionals to review and monitor people's medicines.

Preventing and controlling infection

- There were systems for preventing and controlling infection. These included policies and procedures which had been updated in line with government guidance regarding COVID-19.
- The staff helped to make sure people's homes were clean.

Learning lessons when things go wrong

- There were systems for learning when things went wrong. The provider investigated all incidents, accidents and safeguarding alerts. They discussed these with the staff so they could learn from these and review if improvements were needed.

# 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 choices were assessed. The registered manager met with them to discuss their needs before they moved to the service. Assessments also included information from others, such as medical professionals and services where the person had previously lived.
- Assessments were used to create support plans which were regularly reviewed and updated.

Staff support: induction, training, skills and experience

- The staff had the skills, training and support they needed. New staff completed an induction which included a range of training and assessments of their skills and knowledge. Training updates were regularly provided for all staff.
- Staff were supported to undertake external qualifications in health and social care.
- There were good systems for staff to communicate with each other and develop their knowledge of the service through team meetings and regular supervision with their line managers.

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

- People were supported to plan for, shop and prepare their own meals. The staff supported them with advice and guidance on healthy eating.
- People's nutritional needs were assessed and guidance included in care plans when needed.

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 healthcare services and medical appointments.
- Information about people's healthcare needs was included in support plans and reflected guidance from other professional.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an

application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The provider ensured people consented to their care and treatment. They obtained signed consent for their care and sharing information.
- Staff also obtained consent when providing support.
- Everyone using the service had the mental capacity to make decisions about their care and treatment. Information about representatives was included in support plans so they could be consulted when needed for making some decisions. There was clear information about this and evidence of consultation with the agreement of people being cared for.

# 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 had a good relationship with staff and were well treated. People liked the staff who supported them. We observed staff were kind, caring and knew people well.
- People's needs including religion and culture were recorded in support plans, understood by staff and respected.

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

- People were able to make choices about their care. They were involved in making daily decisions. Their choices were reflected in support plans. People met with a key member of staff to review their support plans each month.
- People met with each other to discuss activities, events and things to do with the house they shared.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Information about things that were important to them were included in support plans.
- People were supported to learn independent living skills such as cooking, looking after their own medicines, housekeeping, shopping and using the community safely.
- Support plans included information about things people could do for themselves and areas where they needed help and support.

# 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 personalised care which met their needs and reflected their preferences. People were happy with the care they received.
- People had made progress to achieving their goals and becoming more independent.
- Support plans recorded people's needs and wishes. They were regularly reviewed.
- The service was responsive to people's changing needs. Staff discussed these and support plans were updated to make sure people received the right care and support.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and planned for.
- Staff who spoke different languages were available to support people who's first language was not English.
- Information about the service was available in different formats if needed.

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 pursue activities which were important to them. For example, attending places of worship, using shops and other community facilities and participating in individual and group activities.
- Support plans included information about people's interests and hobbies. People met with a key member of staff each month to help plan any activities they wanted to participate in.

Improving care quality in response to complaints or concerns

- There were systems for responding to complaints. People using the service and other stakeholders were aware of these.
- There had not been any complaints at the service. However, the procedures for dealing with these included investigating and sharing learning with staff.

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

- There was a positive culture which was person-centred. People were involved in planning their own care and were consulted about how this was delivered. People had a good relationship with staff and enjoyed living in their homes.
- People were supported to develop independent living skills and some people had successfully moved on to more independent settings as a result of the support they had received at the service.
- Staff were happy working at the service and felt well supported.
- The provider asked all stakeholders to complete satisfaction surveys about their experiences. They had regular meetings with people who used the service and staff to ask for their opinions and share information.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was suitably qualified and experienced.
- There were a range of policies and procedures which were kept up to date and included reference to legislation and guidance. Staff were made aware of these and had access to these and other guidance and information through an online portal.
- The provider was aware of their responsibilities under duty of candour and had acted appropriately following incidents and other adverse events.

Continuous learning and improving care

- There were effective systems for monitoring and improving quality which included a range of audits and checks, meetings with staff, training, review of records and asking stakeholders for feedback.
- The provider used technology in a positive way, which meant staff had access to care records and other information at all times and could review changes to this. The registered manager was able to review information staff inputted into the system.

Working in partnership with others

- The staff worked closely with other health and social care professionals to monitor and meet people's needs. Guidance from professionals was incorporated into support plans and followed.

