

Spectrum Social 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 

Overall summary

Spectrum Social Care is a domiciliary care agency registered to provide personal care. The agency is managed from the Spectrum Social Care head office. From this location all referrals, staffing and service provision is organised. This office is the main point of contact for people receiving support, their families and professionals.

At our last inspection in October 2012 the service was meeting the regulations inspected.

At the time of this inspection the service supported four people. We told the registered manager two days before

our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in.

There was a manager at the service who was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Relatives of people who used the service told us they thought this was an excellent service and that they would not be able to manage their family member without the support of the care workers. One relative said, "I cannot fault this service. We need to trust the care worker's involved in our family member's care and we trust them explicitly." Another relative told us, "They [care workers] are brilliant and accomodating, we couldn't ask for more."

The social care and healthcare professionals we contacted prior to this inspection told us the management team at the service were professional and well organised. All professionals we spoke with said the staff worked with each individual in a person centred way and went 'above and beyond' ensuring the service was meeting people's needs.

The service followed the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who were not able to make important decisions for themselves.

Relatives of people who used the service told us their family member's were encouraged to participate in a range of daily activities which were meaningful and promoted their independence in and outside their home. People were encouraged to maintain a healthy lifestyle which included being provided with nutritious meals and being supported to attend healthcare appointments.

Staff said the training provided them with the skills and knowledge they needed to do their jobs. Care staff understood their role and what was expected of them. They were happy in their work, motivated and confident in the way the service was managed.

Summary of findings

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.

Medicine records were adequately maintained.

There were effective recruitment and selection procedures in place.

Staff had training in safeguarding and were aware of the procedures to follow to report abuse. People expressed no fears or concerns for their safety.

Good



Is the service effective?

The service was effective.

People were supported to receive adequate nutrition and hydration.

Staff had processes in place to identify where referrals to other professionals were required so that people received care to meet their health needs.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

Good



Is the service caring?

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

Staff were caring in their approach and interactions with people. They assisted people with patience and offered prompting and encouragement where required.

Good



Is the service responsive?

The service was responsive.

People's care plans were regularly reviewed and updated in response to changes in their needs.

Staff understood people's preferences and their abilities. Staff supported people with activities within the community which took into account people's personal hobbies and interests.

People and relatives told us they felt confident to raise any issues with staff and managers and felt their concerns would be listened to.

Good



Is the service well-led?

The service was well led.

The registered manager and staff told us they felt they had a good team.

Staff said the registered manager was approachable and communication was good. Team meetings took place where staff could discuss various topics and share good practice.

There were quality assurance and audit processes in place.

Good



Spectrum Social Care Limited

Detailed findings

Background to this inspection

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

An adult social care inspector carried out the inspection which was announced 48 hours prior to our visit to ensure the registered manager was available on 6 March 2015. Before our inspection, we reviewed the information we held about the service. This included correspondence we had received about the service and notifications submitted by the service.

During our inspection we found that people who used the service had complex needs and were not able to verbally

communicate their views and experiences to us. These individuals were reliant on their family members and care workers to meet their physical, emotional and social needs. Due to this we spoke with the relatives of two people who used the service to help us understand how people were supported. We also contacted the commissioners of the service and social care and healthcare professionals who had knowledge of Spectrum Social Care. We received feedback from three social workers and Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection.

We visited the head office and spoke with the registered manager. We also spoke with four care workers over the phone. We spent time looking at records, which included four people's care records, four staff personnel records and other records relating to the management of the service.

Is the service safe?

Our findings

People who used the service were either receiving one to one care or two to one care. Relatives told us the agreed number of care workers were always provided and that care workers always arrived on time. Relatives said the care workers were professional and had the right mix of skills to provide care safely. One relative told us, “The care workers are very well trained and know how to deliver care and support safely.” Another relative said, “The care workers always work with [family member] in a safe way.” Another relative told us, “There’s always enough staff. My relative needs one to one care and I’ve never known that not be available.”

We found vulnerable adults safeguarding and whistleblowing policies and procedures in place, including access for staff to South Yorkshire’s local joint working protocols to ensure consistency in line with multi agency working. Staff told us and the records seen confirmed staff received safeguarding and whistleblowing training at their induction and then every three years or more frequently if required. Whistleblowing is one way a worker can report suspected wrong doing at work by telling a trusted person in confidence. This meant staff were aware of how to report any unsafe practice.

Staff were able to tell us how they would respond to allegations or incidents of abuse and the lines of reporting in the organisation. Staff spoken with were confident the registered manager would take any concerns seriously and report them to the relevant bodies. They also knew the external authorities they could report this to, should they feel action was not taken by the organisation or if they felt uncomfortable raising concerns within the service. One staff member told us, “I would have no hesitation in speaking with the registered manager if I thought there was the slightest risk someone may be suffering harm. I am confident the manager would listen and then take the right action.” The registered manager had reported incidents that were potentially safeguarding concerns to both CQC and the local authority in line with written procedures to uphold people's safety.

We looked at four people’s care records. We saw there were risks assessments which outlined the level of support people required in their home and when using community facilities. Risk assessments seen were proportionate and centred around the needs of the person. These were

reviewed and amended in response to needs and to reduce the risk occurring. For example, one person often refused their medicine. Their care plan identified that staff were to encourage and support the person with their medicines but if the person still refused there was a clear process in place detailing who should be informed about this. We saw records showing when the person had refused how staff then closely monitored the person’s well being to make sure there was no detrimental effect on their health because they had not taken their medicine. One health and social care professional told us, “They take risks to make sure people have access to outings and activities. That has been very positive for the person I am involved with.”

The service had a policy in place regarding restraint. The registered manager told us one person who used the service needed to be restrained. Staff training gave staff the skills to manage behaviours that challenged and safely restrain should it be necessary for the person. Staff spoken with were aware of the restraint policy and said they had received training in ‘team teach’ and ‘conflict resolution.’ Staff said these training courses taught them ways to deal with behaviours that challenged without the need for restraint.

The service’s recruitment policy stated that staff had to have at least one years full time employment experience in working in social care or two years voluntary experience before they were allowed to register with the agency. The registered manager said this was because it was important people had a good understanding of social care before they were employed. We looked at the system for recruiting staff. Four staff files we viewed contained the required information and checks. Staff we spoke with told us they had provided reference details and had a Disclosure and Barring Service (DBS) check prior to starting their role. A DBS check provides information about any criminal convictions a person may have. The service’s policy was that a new DBS check was completed every three years. The service also routinely asked each member of staff to sign to confirm that their current DBS check was up to date. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. Staff we spoke with confirmed they had not been allowed to work with people who used the service until the recruitment process was complete. Following induction staff were ‘buddied’ with a more experienced member of staff to attend visits together and get to know the people they would be caring for.

Is the service safe?

We found there were policies and procedures in place for the safe management of medicines, which staff understood and followed. People who used the service either lived at home with their family members or in supported living accommodation with other people. All staff had completed training in the safe administration of medicines. Staff spoken with were clear about their responsibilities in medicine administration. Records seen on people's care files showed that medicines given by staff were recorded on a Medication Administration Record (MAR) and also in the person's care plan. The care records for one person showed that they had a specific medical condition which meant they may need emergency medicine to ensure their safety. The member of

staff who was supporting this person told us they had received the appropriate training to administer the prescribed medicine in an emergency and were aware of the policy and procedure to follow. Relatives we spoke with said if ever staff were asked to administer medicine, they did this as required and they had never had any concerns about this. This demonstrated there were measures in place to ensure the safety of people receiving assistance with their medicines.

There were policies and procedures in place regarding infection control. There were suitable personal protective equipment, such as gloves and aprons, available for staff to use where appropriate. This helped to minimise the risk of cross infection and the spread of infection to people who used the service.

Is the service effective?

Our findings

Relatives of people who used the service we spoke with told us the service was delivering care in a way that met their family members individual needs and ensured their health and safety. One relative told us, “The care workers know [family member] inside out. Staff are able to read [family members] body language and are very aware of their individual needs. Another relative said, “Our [family member] is unable to communicate verbally and staff are very skilled in communicating with them in a way they understand.”

Staff we spoke with during the inspection had a good knowledge of the individuals they supported. Staff were able to give us information about people’s needs and preferences which showed they knew people well.

We saw people’s needs were assessed and records demonstrated that care and support was planned appropriately. Sections of each care plan included information about the person’s preferred care and support in relation to medication, mobility, nutrition, safety, communication, health, activities and everyday living.

Care plans showed people were referred to healthcare professionals in order to maintain good health and receive suitable healthcare support. For example, people were referred to GPs, physiotherapist, speech and language therapist (SALT) and specialist nurses.

People were supported at mealtimes to access food and drink of their choice. People who used the supported living service were supported by staff to shop and cook. When care workers took people out on activities they were responsible for ensuring meals were accessible and suitable to people who used the service. Staff spoken with were able to tell us about people’s individual requirements regarding their food and drink. We saw evidence that staff had received training in food safety and were aware of safe food handling practices. One relative told us their family member had recently lost weight. The relative said this was because the care worker’s had supported their family member to make healthy choices at mealtimes and had also encouraged them to take part in social activities that had contributed to their weight loss. The relative said, “[Family member] has never looked so fit and well.”

Two newly employed staff told us they had been provided with an induction when they started work at the service.

The induction programme was delivered over three days by an external training provider and followed the Skills for Care Induction Standards. Following this staff spent time going out to meet people who used the service and their family. The registered manager told us this gave people who used the service and their family time to decide if they thought the staff member was able to meet their needs and that they would be able to work together. One relative told us, “They have a very good system of shadowing, whereby new staff come with more experienced staff until they are proficient. This gives us time to get to know the new care worker as well.”

During their induction staff also completed an e-learning course called ‘Social Care TV’. This was on line training which covered all aspects of care. A computer was available for staff to access this training from the head office or they could complete the training from home if they preferred. Updated and refresher training in mandatory topics was also completed every three years. Practical training sessions in fire safety and moving and handling were also mandatory. Additional training had also been provided to staff in such things as Epilepsy Awareness and Makaton. Staff told us, “The training here is very good and I’ve learnt a lot” and “I love this job and find it very rewarding.” Our discussions with staff evidenced that they were skilled and experienced in their role and were very positive and proud about what they were achieving.

Staff said they received formal one to one supervision with the registered manager or a line manager. Staff said supervision was provided every 4-8 weeks. Supervision sessions included discussions with line managers about health issues, training and learning needs and a review of the people staff worked with. The registered manager also had ‘surgery slots’ each week where staff could book an appointment and discuss any aspect of their work. Also on the last Tuesday of each month between 5-7pm a group supervision session was available, which was useful to members of staff that worked throughout the night. Staff we spoke with said they found supervisions “useful” and “beneficial.”

The registered manager told us all staff were provided with a yearly appraisal. Staff spoken with and records seen confirmed that all staff were up to date with their appraisals.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS).

Is the service effective?

The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

The registered manager was aware of this legislation and we saw a 'best interest meeting' with appropriate healthcare professionals had taken place to make decisions for a person who was using the service. The registered manager told us that if they had any concerns regarding a person's ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken. This showed the registered manager understood the requirements of the MCA and where relevant the specific requirements of the DoLS.

Staff spoken with said they had received MCA training as part of their induction and we saw evidence of this. The registered manager said she was aware that staff required further training about MCA and DoLS and was planning to access the training available through the local authority. Staff we spoke with were clear about the importance of ensuring decisions were made in the best interests of people and correct procedures were followed. We saw consent forms in care plans which confirmed that people who used the service and/or their advocate were involved in making decisions about their care and support.

Is the service caring?

Our findings

People found the service caring because they could be guaranteed consistent staff who knew them and understood their preferences and needs. Relatives we spoke with all said the staff were kind and compassionate. Comments about staff included, “The staff are brilliant, I can only say good things about them” and “The staff are very caring and compassionate about what they do.”

We spoke with four staff about people’s preferences and needs. Staff were able to tell us about the people they were caring for, any recent changes to their health and well being and what they liked and disliked. We found the registered manager had a good knowledge of the people who used the service, for example their personalities and their life history. This showed us that staff and the registered manager took time to engage and interact with people using the service and their families.

Staff told us their training included sessions on equality and diversity, privacy, dignity and confidentiality. Staff spoken with were able to tell us how important this was for people. The registered manager said these topics were covered as a standing item at each training session and team meetings and we saw evidence of this in the records we checked. Relatives of people who used the service told us they felt the care workers treated their family member respectfully and with dignity. Relatives said, “The care workers are all very professional and respectful,” and “The care workers know [family member] inside out and are skilled in communicating effectively with them.”

People who received personal care from Spectrum Social Care either lived in supported living accommodation or at home with their family, who was their advocate. For people who did not have the capacity to make decisions, their family members and health and social care professionals involved in their care made decisions for them in their ‘best interest’. Relatives of people who used the service told us they were involved in developing their family members care and support plan and identifying what support they required from the service and how this was to be carried out.

The care plans seen contained information about the person's preferred name and identified the person's usual routine and how they would like their care and support to be delivered. The records included information about individuals' specific needs and we saw examples where records had been reviewed and updated to reflect people's wishes. Individual support plans and guides were kept in each person's house and contained information about what care and support had been provided during each visit.

The registered manager told us and we saw evidence that information was provided to people who used the service about how they could access advocacy services if they wished. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf. The registered manager told us about a person who had used the advocacy service to support them to change a professional involved in their care as they could not relate to them. The registered manager said the change was made and the person was much happier.

Is the service responsive?

Our findings

Relatives of people who used the service told us they were very pleased with the care their loved one was receiving. They particularly appreciated the flexibility of the care and the person centred approach of the care workers. Relatives told us the service was reliable and they could be assured that the service from Spectrum Social Care would be provided exactly as they had agreed.

People who wished to use the service had their needs assessed and were able to spend time with their care worker before making a decision to be supported by a care worker. This gave people and their family an opportunity to see if it was right for them and would meet their expectations. It also gave the service an opportunity to make sure they had the skills and facilities to respond to

people's individual needs and wishes. The registered manager told us care workers usually visited several times before a permanent package of care was offered to ensure people using the service, their family and the care workers were compatible.

Staffing levels at the service enabled everyone to receive a personalised service. High staffing levels meant that people had staff available to them to meet their individual needs and pursue their interests. People who used a supported living service had contracts in place which set out the amount of staff support they required to meet their needs. The service supported people to keep in

touch with family and in some cases assisted them to visit and spend time with family members. One relative said, "They do everything they can to make sure I am involved and get to see them regularly." One health and social care professional told us: "They have helped people to keep good links with their family."

The care records we reviewed showed people had their individual needs regularly reviewed and recorded and issues such as behaviour that challenged and changing healthcare needs were responded to. People's general health was monitored and referrals to other healthcare professionals were made if there were any concerns. Where people and relatives had been involved in the planning of care this was recorded. People's personal preferences and interests were recorded in care plans and

support was being provided in accordance with people's wishes. We looked at people's daily notes and we saw examples where they had been supported to participate in these interests.

Care plans seen contained information about the person's preferred name and identified the person's usual routine and how they would like their care and support to be delivered. The records included information about individuals' specific needs and we saw examples where records had been reviewed and updated to reflect people's wishes. Examples of these wishes included meal choices and choosing the social activities they wanted to be involved in.

Staff supported people to access the community to minimise the risk of them becoming socially isolated. Relatives of people who used the service told us activities provided to their loved ones were person centred, well thought out and always provided as described in the person's support plan. One relative told us, "Our [family member] loves going out in the car, walking and football. The care workers support them to do all these things which makes them very happy. Another relative said, "The care workers take [family member] out into the country in the car and then out for a meal. They [family member] get really excited about this and their face lights up when they see the care workers arrive."

Healthcare professionals told us they felt the staff at the service were responsive to people's needs. They said staff were always willing to listen to ideas to improve people's care and they acted promptly on suggestions made, such as referrals to other professionals.

There was a clear complaints system in place and we saw any matters were recorded and responded to. Since our last inspection in September 2012 the service had not received any complaints. Information about how and who people could contact or speak to if they had any concerns was given to people who used the service and their family when they first started using the service. Staff were also required to read and become familiar with the service's complaints policy and procedure.

Relatives and staff we spoke with were aware of how and who to complain to if they had any concerns. Both relatives we spoke with said they had no reason to complain but if they had any issues or concerns they would speak with the

Is the service responsive?

registered manager immediately. The relatives were confident the registered manager would listen to their concern and then take any necessary action to resolve their concern.

The service had recently received a compliment letter from a member of the public who had observed care workers

out in the community with a person who used the service. The member of public had asked the care workers who they worked for so they could write to the manager as they said they had been very impressed with the way the care workers had cared for and supported the person whilst out in public.

Is the service well-led?

Our findings

The relatives, staff and health and social care professionals we spoke with said the registered manager was approachable and competent. One health and social care professional described the registered manager as, “An experienced manager who is compassionate about people getting good care and support.”

Relatives told us they found the registered manager and other staff very approachable. One relative said, “The registered manager regularly comes out to see us and check things are okay. She is brilliant, so helpful and very hands-on.” Another relative said, “The registered manager, in fact all the staff are always there if you need them and they’re very good at keeping me informed about what’s happening.” This demonstrated that there was an open culture in the service and people felt able to discuss issues with staff and the registered manager.

Staff we spoke with told us they enjoyed working at the service and said they were proud of the service and the care and support they provided for people. Staff told us, “I really love this job. I feel privileged to work for such a great service,” and “The registered manager has supported me on both a professional and personal level, she is very easy to talk to.”

The registered manager carried out monthly audits including auditing care records and communication logs. This enabled the registered manager to monitor practice and plan on going improvements. We saw that these audits were a standing item on the staff meeting agenda. This meant that any shortfalls identified could be discussed with staff and action plans put in place to address any issues.

The registered manager undertook a combination of announced and unannounced spot checks to review the quality of the service provided. This included arriving at times when the staff were there to observe the standard of care provided and visiting outside scheduled support times to obtain feedback from the person using the service or their relative. The spot checks also included reviewing the care records kept at the person’s home to ensure they were appropriately completed.

We saw evidence that the registered manager regularly contacted relatives of people who used the service to gain their views and feedback about the quality of the service provided. Relatives told us the registered manager also sent them questionnaires to complete asking them about the staff and asking them if they had any suggestions for improvements to any area of the service. We saw evidence of improvements that had been made to the service after listening to people.

Where necessary, the service had informed us of any incidents at the service as required by the regulations. We saw the registered manager had a clear process in place to ensure notifiable incidents were reported to CQC. Senior staff said they were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed that any notifications required to be forwarded to CQC had been submitted. The registered manager said they had an oversight of all incidents and reviewed these on a regular basis with referrals and notifications passed on to relevant organisations where required. They said they would also use this regular review to identify any themes or trends that may require addressing.

We saw minutes of staff meetings which took place every two weeks or more frequently if required. The staff meeting dealt with any agenda items from both the registered manager and staff and then time was spent on staff training and support. At recent meetings staff had been provided with up dated training in fire safety and risk assessments. Following each meeting the minutes were made available for all staff to read and refer to. The registered manager told us staff were very committed in attending staff meetings. Staff we spoke with told us they appreciated and benefitted from attending staff meetings and they were always updated about any changes and new information they needed to know.

The service had policies and procedures in place which covered all aspects of the service. The policies and procedures had been updated and reviewed as necessary, for example, when legislation changed. This meant changes in current practices were reflected in the home’s policies. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.