

Spectrum Days

# Spectrum Days

## 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

We undertook an announced inspection on the 7 July 2015. We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides domiciliary care service to people in their own homes and or the family home if needed to be sure that someone would be available at the office.

The provider registered this service with us to provide personal care and support for people in their own homes. At the time of the inspection there were three people receiving care and support services.

There was a registered manager in post. 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.

People who used this service were safe, the provider, registered manager and care staff had a good understanding of their care needs and the risks associated with people's individual needs.

# Summary of findings

The provider had employed sufficient numbers of staff to meet their requirements. Staff were trained in safeguarding so able to recognise potential signs of abuse in order to keep people safe. They knew how to report any concerns they identified.

The provider trained staff so they could administer medication. They had procedures in place to check that they were administered safely by weekly auditing the medication administration recording sheet (MAR) and spot checking.

Care staff had been recruited following appropriate checks, ensuring they were suitable to support people in their own homes

Relatives told us the staff supported people to make their own choices and consent for care where possible. Staff

understood they could only care for and support people who consented to be cared for and knew when people were unable to consent best interest meetings needed to be held so that decisions were made by those people who knew them well and had the authority to do this.

People's needs were assessed, staff understood their individual needs and were able to respond appropriately if they changed. Care plans were detailed and showed that relatives had been consulted if a person was not able to communicate their wishes and choices.

The chair of trustees told us she had a clear vision for the future of the service, which she shared with the whole team. She told us she wanted to expand the service but remain flexible and provide good quality care to each person who used the service.

# 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.

People received support from staff to help them stay safe. Staff knew how to recognise risks and report any concerns they identified about people's wellbeing and safety.

People were supported by sufficient staff to meet their needs in a safe and timely way.

Staff were recruited using safe recruitment practices to ensure they were suitable to work with people who lived in their own home.

People were supported by staff to take their medicines, when they were required.

Good



### Is the service effective?

The service was effective.

People were supported by staff who understood their needs because they were well trained and supported by the provider.

People's capacity to consent was considered and where necessary best interest meetings were being arranged.

Good



### Is the service caring?

The service was caring.

People's needs were met by staff that were caring in their roles and respected people's dignity and privacy.

Staff understood the importance of treating people as individuals and what mattered to them.

Good



### Is the service responsive?

The service was responsive.

People's needs were responded to flexibly and when they changed they received the right care and support at the right time.

People's complaints were listened to and responded to.

Good



### Is the service well-led?

The service was well-led.

People benefitted from a well led service. People were supported by a team of staff who listened to and involved them in service improvement.

People received care which was regularly monitored because the provider had systems in place to review the way the service was delivered.

Good



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## 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 was planned to check 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.

The inspection took place on the 7 July 2015 and the team consisted of two inspectors. After our visit to the office and as part of the inspection we spoke with relatives by telephone. We did this because the people who used the service at the time could not speak with us.

The provider was given 48 hours' notice because the location provides a domiciliary care service for adults with learning disabilities who are often out during the day; we needed to be sure that someone would be available.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the content of our inspection.

We looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care, including safeguarding matters. We reviewed any notifications that the provider had sent us. Statutory notifications are incidents or events that providers must notify us about.

We spoke with two relatives of the people who used the service, three care staff and the provider's Chair of Trustees (as the registered manager was on leave). We also spoke to a representative of social services contracting team and Healthwatch. Healthwatch are an independent consumer champion, who promotes the views and experiences of people who use health and social care.

# Is the service safe?

## Our findings

Relatives we spoke to told us they felt safe when the staff were supporting their relative. They liked the care staff and they felt knew their relative well.

The staff we spoke with showed us that they had a good understanding of how to recognise the signs and types of abuse. The Chair of Trustees was able to demonstrate that they had a clear understanding of the provider's responsibilities to identify and report potential abuse under local safeguarding procedures. They showed us the provider's own safeguarding policy that all employees were expected to follow. Staff described what actions they would take if they had concerns or thought a person was at risk. One member of staff told us they would report any concerns to their manager and they would deal with it.

We asked staff about how they identified and managed risks with the people they supported. One member of staff described that they thought it was important to manage risks, keep people safe from harm, but still let people have choices and control over their life. Risk assessments were detailed and available for staff to follow in each individuals care plan. They detailed aspects of care such as moving and lifting people, giving clear instructions of what staff had to do in order to keep people safe.

Staff showed us that all the care plans used were very detailed and demonstrated how people liked to receive care and their routines. In order to give continuity of care the provider tried to use small established care teams for each person to ensure care staff became familiar with their needs and delivered care and support which was individual to the person. Relatives were able to confirm this, as they had a regular staff team visiting their home

We checked the provider's records of the checks they made to ensure that staff, were suitably employed to deliver care and support before they were allowed to start working at the service. We saw from recruitment files the provider had checked staff references and with the Disclosure and Barring Service (DBS). The DBS is a national agency that checks if a person has any criminal convictions. This ensured that staff recruited, are not putting people they care for at risk.

We looked at how people were supported to receive their medicines at the right time. We saw there were guidelines in people's care plans showing the times when they were to be given. Staff had been given medication training before they were allowed to administer the medicines. Staff had a good understanding of the different medications each person took and how to record that the person had received their medication. We were told weekly medication audits were completed to ensure that were no mistakes and so supported to receive their correct medicines.

# Is the service effective?

## Our findings

Staff told us that when they started their employment with the provider, they had to complete a company induction programme. The induction included training and completing the 'Care Certificate'. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working lives. We saw from staff training records, they had been given additional training in areas such as diabetes and epilepsy as required for each individual person's needs. All staff received safeguarding and abuse awareness training as part of their induction training when they started and part of on-going employment. They gave us examples of how they would report their concerns, which followed the provider's safeguarding policies. Staff also told us they had spent time on shifts with experienced staff before being allowed to work independently with people. They said that helped prepare them for their new role and this helped them deliver effective care and support.

When we spoke with the care staff they told us they felt supported through their supervisions with their manager. They were given opportunity to identify their professional development and areas of concern or need for improvement. Staff meetings took place on a regular basis where they could share ideas and felt their contribution was valued.

Staff described the importance of asking people's permission before delivering support or care to ensure they consented. One staff member said "It was important to respect the person they supported and treat them with dignity and respect at all times. To treat them how they wished to be cared for."

We asked the staff about their understanding of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and they confirmed they had received training. MCA provides a legal framework to assess people's capacity to make decisions at different times. Due to a change in a person's circumstances and the need for possible hospital treatment, the registered manager told us that she had made requests to the local authority for mental capacity assessments and best interest meetings to be held for one person because they did not have the mental capacity to consent to treatment.

Staff were able to describe the importance of keeping to people's specific nutritional needs. There was evidence that where necessary some people had been referred to the speech and language therapist for a risk assessment to avoid choking and help staff deliver care effectively. People's care plans were detailed and gave clear instructions of how to assist people with their individual eating and drinking requirements.

People were supported to stay healthy by the use of health action plans. A health action plan tells you what you need to keep healthy. It tells you what services and support you need to live a healthy life. Staff described what action to take if they suspected someone's health was deteriorating. In the daily records we saw examples of how staff had supported people attend medical appointments. Relatives we spoke to confirmed that staff had been very supportive with assisting their relative to attend the local hospital appointments.

# Is the service caring?

## Our findings

Relatives told us they felt the service was very caring. They gave examples of how they felt supported by the staff team and one commented that they had become “almost part of the family. All of the relatives said that they could discuss anything with either the care staff or the manager.

The Chair of the Trustees told us that as a provider, the person they cared for was at the centre of all they do. They felt it was important that the care team allocated to a person should remain constant in order to maintain a continuity of care and build strong relationships with them and their relatives. They wanted to develop the service to be flexible and be responsive to each person and their family’s needs, recognising support requirements can change.

A relative we spoke with described their experience as being “very happy with the service”. Staff told us they had received positive feedback from the people they supported and their relatives.

The provider told us in the information they supplied that a community professional had feedback to them positive comments about their work with people on an individual basis. They went on to describe how the service had helped not only the person they supported but also the support given to the relatives.

Staff demonstrated when we spoke to them that they cared by showing us they respected people’s they could describe people’s individual preferences and interests. They gave us an example that they had identified if they were playful with a person they supported and gave them extra time they would not get upset during their personal care routines.

Staff showed us support plans, which reflected that people’s human rights had been considered by treating people as individuals and involving them and their families in their care. The support plans detailed a life story which was illustrated with photographs of important aspects of the person’s life. They were written from the person’s perspective, written in a format so people who used the service could understand. Relatives told us they had been asked to contribute to the writing of the care plans.

# Is the service responsive?

## Our findings

Relatives told us that they had been consulted with in relation to their relative's care plan, as they needed to act in the person's best interest. The care plan was kept in the family home. They were invited to care reviews and felt their opinions were listened to. They said that they could go to any member of staff or manager if they had a concern and "they will sort it out". If staff had concerns over a change in a person's well-being they reported it to the relative and supported the person to seek professional advice. A relative described how a member of staff has supported the person to a hospital appointment. Any suggestions or actions they required for their daily lives would be implemented. We saw examples where a referral had been made to a speech and language therapist for advice to stop someone choking whilst eating.

Staff we spoke with had a good understanding of people's needs, preferences and routines and how they liked to be supported on a daily basis. For example they described in

detail the best way to help a person with behaviour that may challenge and the importance of supporting them in a very specific order to avoid them becoming anxious and distressed. They tried to make their personal care routine fun and keep regular staff that they trusted.

We saw that people had been asked about their views on the service they had received through satisfaction surveys. The provider had analysed the results and took action as required to improve people's experience of the service.

People and their relatives told us they knew how to raise a complaint and who to speak to. Currently the service had not received any complaints but the management team showed us their complaints policy and their procedures on how to respond should they receive any in the future.

A copy of how to complain about the service was provided to each person when they started to use the service. This was put in easy read format to help everyone who used the service.



# Is the service well-led?

## Our findings

Relatives told us they and the people who used the service liked the registered manager. They described them as approachable and easy to talk to. One person told us that if they had a problem they were confident the registered manager would sort it out.

The provider had a clear management structure and an out of hours on call system, which supported people and staff on a daily basis. The provider told us of their plans to grow and expand the business whilst ensuring that the level of care remained constantly good for people.

Relatives told us they felt that the provider and management listened to them, and took their suggestions into account when developing the service. One person said the service was flexible to their needs, for example if they needed extra time for their visit it was accommodated. The registered manager had sent out customer satisfaction feedback forms to audit the service there were positive responses recorded.

Staff we spoke with told us they felt the service was well-led and they felt involved in the running of the service. One staff member said they could speak to the manager at any

time and get support if required. They described that the service was proud of their care approach and the fact they received positive feedback from the families. We saw from staff team meetings minutes that they were encouraged to make suggestions how to contribute to the overall development of the service.

The manager gave us an example of how she responded to staff suggestions. She recalled how, one member of staff had suggested the staff team adapted their work hours in order to support a person whilst they were in hospital. This had had a positive impact on the person.

The registered manager monitored and took action to ensure that people's support kept them safe and well. They did this through regular checks auditing medication, care plans and spot checks on service delivery.

We saw from the quality audit files there was system of care staff recordings any incidents or concerns. Where there had been incidents or accidents there was not an action plan recorded so lessons could be learned and a risk of future occurrence reduced. The chair of trustees recognised this would be beneficial for future learning and prevention of reoccurrences.