

Spectrum Days

Spectrum Days

Inspection report

Old Coach Road
Droitwich
Worcestershire
WR9 8BB

Tel: 07972704378

Website: www.spectrumdays.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Spectrum Days is a domiciliary care agency which is registered to provide personal care and support to children and younger adults, living with a learning disability and complex health needs in their own homes. At the time of our inspection the service was supporting eight 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.

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

People's equality and diversity had not been recorded. We have made a recommendation about the management of equality and diversity.

Medicines management procedures needed to be improved. We were not assured that people either received their medicines in a timely manner or as prescribed. There were quality assurance measures in place, however the records and quality assurance processes would benefit from further review.

There were enough suitably recruited staff on duty, however an update in recruitment procedures was required to ensure a full employment history was known.

Safeguarding procedures were understood and followed by the management and staff team and incidents and accidents were reported and investigated.

People and staff told us they were happy with care and support received. People had the opportunity to feedback on their experiences, but this had not been recorded and if any action needed had been taken.

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 guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People receive support which took account their needs wishes and choices. The provider ensured staff knew how to involve and promote people's rights and choices.

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

Rating at last inspection

The last rating for this service was Good (published 18 October 2019).

Why we inspected

The inspection was prompted in part due to concerns received about safe care and provider oversight. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well Led sections of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so. We have identified a breach in relation to medication recordings. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Spectrum Days on our website at www.cqc.org.uk.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Spectrum Days

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people in their own houses and flats.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 23 December 2020 and ended on 5 January 2021.

What we did before the inspection

We looked at the information we had received about the service since the last inspection. We also contacted the local authority commissioners and Healthwatch to seek their feedback about the service. Healthwatch is the independent national champion for people who use health and social care services. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

People using the service were not able to communicate by telephone with us to reflect their views. We spoke with three people's relatives about their family members experience of the care provided. We also spoke with nine members of staff including the registered manager, domiciliary care manager and care workers.

We reviewed a range of records electronically. This included three people's care records, and their medicine records and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Improvements were needed in relation to people receiving their medicines in a safe way and records associated with medicine management. Shortfalls were identified in relation to the use of prescribed nutritional medicines and oral creams. Effective medicine audits and the implementation of medicine policies need to be consistently implemented.
- Staff had received medicines training, however we found staff practice had not identified prescribed medicines had not been recorded.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed all prescribed medicines would be recorded on medicine administration charts (MAR).

- Relatives confirmed care staff administered their family member medicines as prescribed.

Staffing and recruitment

- Staff recruitment procedures needed to be developed to ensure a full employment history was known and recorded, including a recent photo of the staff member. Other checks had been completed to confirm new staff's suitability before they started working with people.
- The provider was currently seeking additional training courses, so staff had the knowledge needed to effectively manage known risks. For example, how best to support one person, who was at risk of harm to themselves.
- People received care at the times agreed and for the length of time required to complete the task expected. The provider had sufficient staff to provide people's planned care calls.
- Relatives told us their family members knew the staff members well and there was continuity in the care received. One staff member told us, "There are enough opportunities to get to know the people and their families. We only support a small group of people and we build trust and relationships with them."

Assessing risk, safety monitoring and management

- Risk were known and assessed with actions for staff to support people to manage these safely. Where further information had been sought from professionals, these were available, however had not been

incorporated into the providers own assessments. Staff knew of the assessments and the care needed.

- Staff told us they knew people's risk and how best to support them, relatives confirmed this and were confident the care delivered was done in a safe way.

Systems and processes to safeguard people from the risk of abuse

- People received care from staff who knew the signs of abuse and how to report and support a person. Relatives told us their family members knew staff who provided safe care. One relative told us, "They [staff] know [person's name] so well, she's so safe with them. You can tell by the way her face lights up when [Staff member] arrives."
- Staff training was in place and staff understood their roles and responsibilities to safeguard people they cared for. One staff member told us, "[Care manager name] would report these. If I thought these hadn't been reported I would go to the Police or the reporting line at the council."
- The registered manager had reported safeguarding concerns to the Local Authority and CQC as needed to ensure any allegations or suspected abuse were investigated correctly.

Preventing and controlling infection

- Staff knew about the risk of infection control and had been trained in best practice guidance and in the correct use and disposal of PPE. Staff confirmed they had access to PPE and there was always stock available for use.
- Relatives confirmed staff practiced good infection control by wearing gloves, aprons and face masks whilst supporting people.

Learning lessons when things go wrong

- Where improvements had been identified these had been used to improve and staff told us changes were discussed at staff meetings to prevent a re-occurrence.
- One Relative told us, "The staff do arrive on time, we've had issues with this in the past and I raised it with [care manager name], it was a while ago now. It was addressed straight away, and it's not been an issue since".

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.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager required further knowledge and understanding of their regulatory responsibilities in meeting legislative requirements regarding the Equality Act 2010. Information regarding peoples protected characteristics was not documented and their cultural needs were not identified.

We recommend the provider seek advice and guidance from a reputable source, about supporting people to express themselves and their unique needs are known and celebrated, in line with best practice guidance.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager oversight of care needed to be recorded to show how people's care was reviewed, for example medicines records.
- The providers systems to monitor the quality and safety of the service were not always effective. Checks of care plans and medicine administration records had not been recorded. The care manager told us they checked the records but had not written this down or how they demonstrated identified actions were followed up.
- The registered manager had submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
 - Relatives feedback about the service had been sought by the provider but not recorded to evidence how the provider had used the feedback to improve the service provided.
- The management team gave support to the staff team by individual and team meetings. There helped staff to understand the expectations and requirements of their roles. One staff member said, "We have regular meetings, the managers share information and guidance with us, if you don't understand anything you can go to them at any time".
- The registered manager had recognised the need to improve the overall monitoring and improvement of the service and had recently implemented new auditing systems. These need to be implemented and embedded to show how this support continuous learning and development of people care and support.

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

- The management and staff teams were committed to providing person centred quality care and meet people's needs.
- People and their relatives told us they were able to raise issues or concerns were confident these would be addressed.
- The management team showed willingness to address concerns raised during the inspection process and were committed to making changes to improve the service.

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; Working in partnership with others

- The management team were open and honest and understood their responsibility to offer an apology and inform people when things went wrong.
- The staffing team had developed good working relationships with them, such as occupational therapists, and specialist nurses. The showed people's care had been further supported as other professionals had been involved and any changes to people's care requirements had been made in a timely way.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to manage medicines safely and in line with good practice to keep people safe. Regulation 12(2)(g)