

Spectrum Social Care Ltd

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Inspection report

125 John Street
Sheffield
South Yorkshire
S2 4QX

Tel: 01142499988
Website: www.spectrumsocialcare.co.uk

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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

Spectrum Social Care is a domiciliary care service registered to provide personal care for people living in their own homes. At the time of the inspection the service was supporting three people. We were not able to speak with some people using the service, because we were unable to communicate verbally with them in a meaningful way.

There was a manager at the service who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

At the last inspection on 6 March 2015 the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good.

Relatives we spoke with felt their family member was safe.

All the relatives we spoke with made positive comments about the care their family member had received and about the staff working at the service. Relatives we spoke with told us they would recommend the service.

We saw there were sufficient staff to provide a regular team of care staff to people who used the service.

Staff had undertaken safeguarding training and were knowledgeable about their roles and responsibilities in keeping people safe from harm.

The service had appropriate arrangements in place to manage medicines so people were protected from the risks associated with medicines.

There were recruitment procedures in place so people were cared for by suitably qualified staff who had been assessed as safe to work with people.

People's care records showed that people had a written plan in place with details of their planned care. We saw they had been personalised to reflect their personal preferences.

People were supported with their health and dietary needs, where this was part of their plan of care.

The service promoted people's wellbeing by providing support to people to attend daytime activities and to go out into the community, where this part of their plan of care.

Staff received induction and refresher training to maintain and update their skills. Staff received specialist training to meet the needs of people using the service. Staff were supported to deliver care and treatment safely and to an appropriate standard.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Relatives we spoke with were confident that if they raised any concerns or complaints, these would be taken seriously and appropriate action taken.

Relatives we spoke with made positive comments about the way the service was managed.

The registered provider actively sought the views of people and their representatives to continuously improve the service.

There were systems in place to monitor and improve the quality of the service provided.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains 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 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.

This inspection took place on 12 July 2017 and was announced. The registered provider was given short notice of our inspection, because the location is a domiciliary care service and we needed to be sure that someone would be available. The inspection team consisted of an adult social care inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example, where a person who uses the service experiences a serious injury. 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 gathered information from the local authority and Healthwatch. 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.

During the inspection we spoke with the registered manager, the service co-ordinator and four care staff. We were not able to speak with some people using the service, because we were unable to communicate verbally with them in a meaningful way. We spoke with two people's relatives by telephone to obtain their views about service. We looked at a variety of records including: three people's support plans, four staff

records and records relating to the management of the service.

Is the service safe?

Our findings

Relatives we spoke with felt their family member was safe whilst being supported by staff. One relative described how the registered manager ensured staff supporting their family member had the right level of experience and training to ensure their family member was safe.

Staff spoken with had an understanding of their responsibilities to protect people from harm. Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. One staff member said, "We have procedures we need to follow and this clearly outlines what I need to do in this situation."

We found there were satisfactory arrangements in place for people who had monies managed by the service, so people were safeguarded from the risk of financial abuse.

We did not receive any concerns from relatives about the staffing levels at the service and relatives we spoke confirmed their family member was supported by regular care staff. Relatives value the continuity of care and support provided by care staff who knew their family member well. We reviewed a sample of people's care rotas and saw that people were supported by regular team of care staff so they received continuity of care.

The registered manager told us there were some instances when agency staff provided cover for staff on annual or sick leave. However, they always checked the agency staff member had the right level of experience and training to ensure people using the service were safe. The agency staff member was introduced to the person prior to supporting them. The registered manager also described how they carried out spot checks when support was being provided by agency staff.

We noticed the service's recruitment policy required updating so it reflected current legislation. The registered manager informed us that the service coordinator had identified that the policy required updating and were in the process of reviewing the policy.

We reviewed staff recruitment records for four staff members. The records contained a range of information including: satisfactory conduct in previous employment and Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service (DBS) provides criminal records checking and barring functions to help employers make safer recruitment decisions. This meant people were cared for by suitably qualified staff who had been assessed as safe to work with people.

People had risk assessments in place, to ensure that potential risks to people were managed and minimised whilst still promoting independence.

We found the service had appropriate arrangements in place to manage medicines so people were protected from the risks associated with medicines.

We saw there were systems in place to ensure managers and staff learned from events such as concerns, accidents and incidents. This reduced the risks to people and helped the service to continually improve.

Relatives we spoke with did not raise any concerns relating to infection control.

Is the service effective?

Our findings

Relatives we spoke with were satisfied with the quality of care their family member had received and made positive comments about the staff working at the service. One relative commented, "It is a friendly organisation who care and listen." All the relatives we spoke with told us they would recommend the service. One relative described how the service ensured people living in the same household were compatible and happy to be living together.

People were supported to maintain good health. If people required escorted doctors or hospital appointments this could be arranged. People were supported with their health and dietary needs, where this was part of their plan of care.

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

We found that support plans contained clear information about the type of decisions people were able to make and how best to support people to make these decisions. Staff spoken with knew people and their individual ways of communicating and were aware that some people needed more time and support to make decisions. One relative we spoke with described how staff supported their family member to be as independent as possible. They told us their family member was involved in making decisions relating to all aspects of their care. For example, staff supported their family member to go shopping and choosing what to eat.

Relatives we spoke with felt care staff were well trained and able to meet people's needs. Staff underwent an induction and shadowing period prior to commencing work, and had regular updates to their training to ensure they had the skills and knowledge to carry out their roles. We saw that care staff were provided with specialised training to meet the needs of people they supported. This meant that people were being supported by suitably trained staff.

Care staff spoken with told us that senior managers undertook unannounced spots checks to check that people using the service were being appropriately supported by staff. Care staff supporting the three people using the service told us they felt supported by senior managers. We saw the process in place to ensure all staff received regular supervision and/or an observation of their competency to provide care would benefit from being more structured. We shared this feedback with the registered manager and service coordinator. We saw that staff had been provided with an annual appraisal. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months.

Is the service caring?

Our findings

Some people using the service had complex needs and we were not able to communicate with them in a meaningful way so they could share their views and experiences with us. Relatives we spoke with told us their family member was treated with dignity and respect. Relatives made very positive comments about the care and office-based staff. Their comments included: "[family member] gets on brilliantly with staff" and "definitely treated with dignity and respect."

Staff we spoke with told us they enjoyed working at the service. Their comments included, "I love it here" and "It is a pleasure working here. I have worked in care for over xx years, I know what is a good or bad company - this is certainly a good family-run company."

Staff we spoke with described how they preserved people's privacy and dignity and treated people using the service with respect. Their comments included, "I give the service user the utmost respect, dignity and respect - at all times confidentiality is adhered to" and "I always place the service user at the centre of care."

Relatives we spoke with told us that their family member was encouraged to be as independent as possible by staff and to make choices for themselves. This included completing household tasks such as hoovering and using the washing machine. Staff we spoke with described how some people they supported used different communication methods to indicate choice which included gestures, facial expression, physical reaction and hand signals. One staff member commented, "I talk to the service users, some service users have difficulty in speaking or limited vocabulary. I speak to them in a way they understand. I give them dignity and respect they need, I treat them as an individual and how I would like to be treated."

We saw the service had provided some information for people using the service in an easy-read format. The registered manager told us they were planning to provide more information in this format. Easy-read information is sometimes called 'easier information' or 'simple words and pictures'. It is a way of making information easier to read and understand for people with learning disabilities.

Is the service responsive?

Our findings

Relatives we spoke with told us the office based staff and senior manager's responded to their enquiries positively. Relatives also told us they were fully involved in their family member's support planning. One relative commented, "If there are any problems, or [family member] is unwell they [staff] let us know straight away."

The service's main office was open five days a week from nine o'clock in the morning to five o'clock in the evening and operated an on call service outside of those hours. Relatives we spoke with did not raise any concerns regarding the on call service. Care staff we spoke with told us they could contact the office or the on call service if they needed advice or assistance whilst providing support to people using the service. Care staff also described the steps they would take if a person became unwell to ensure they received medical assistance if needed.

Support plans included details of people's life histories, personal preferences, and community connections. They also included details of people's relatives and their representatives and how they had been involved in their support planning. We found support plans were person centred, promoted people's independence and reflected their personal preferences. We saw there was a system in place to ensure people's support plans were regularly reviewed and responsively to meet people's need.

We saw that the service had provided people and their representatives with information about how to complain including an easy read version. All the relatives we spoke with had no concerns about the quality of care being provided. They felt confident that if they had a concern, that it would be listened to, investigated and handled appropriately.

Relatives we spoke with knew who the registered manager was and knew they could ask to speak with them if they had any concerns.

We saw the service promoted people's wellbeing by providing daytime activities and opportunities to go out into the community, where this part of their support plan. Two people using the service were supported to attend a day centre on a regular basis. One person's relative described how much their family member enjoyed going out in the community and how they particular enjoyed walking a dog in one of Sheffield's parks.

Is the service well-led?

Our findings

There was a manager at the service who had been registered with CQC since July 2013. It was clear from our discussions with the registered manager that they knew people who used the service well and were able to describe people's individual needs.

Relatives we spoke with made positive comments about the way the service was managed. One relative commented, "I am impressed with the managers." In people's records we saw there were records to show that people and their representatives views were actively sought by the provider in 2016 and 2017. In the examples we reviewed the feedback received from people and their representatives had been very positive. For example, one person had indicated they were happy with the staff working with them.

Staff supporting the three people using the service made positive comments about the registered manager and staff team working at the service. Staff meetings took place to review the quality of service provided and to identify where improvements could be made. One staff member commented, "We have quarterly meetings, we discuss how to improve things, they [senior staff] ask our opinions, the meetings work with a person centred approach." Regular staff meetings helps the service to improve the quality of support provided and to underline vision and values.

We found the registered provider had a system in place to assess, monitor and improve the quality and safety of the service provided. During the inspection we saw some of the systems in place would benefit from being more structured and shared this feedback with the registered manager.

During the inspection we saw that some of the provider's policies and procedures required updating to ensure they reflected current legislation and up to date information. For example, details of ombudsman services available for people if they were not satisfied with the outcome of a complaint. We shared this feedback with the registered manager; they assured us the action would be taken to review the provider's policies.

There were systems in place to make sure that managers and staff learned from events such as accidents and incidents, concerns and investigations. This reduces the risks to people and helps the service to continually improve.