

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Spectrum Social Care Limited is a domiciliary service. The service provides the regulated activity personal care to people with a learning disability and / or autistic people living in their own homes. At the time of our inspection 3 people were using the service.

People's experience of the service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and 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 assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

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. We made a recommendation about the provider strengthening audits specifically relating to medicines and follows best practice for medicines. People were fully involved in managing personal risks and in taking decisions about how to keep safe. Staff were skilled in recognising signs when people experienced emotional distress and knew how to support people to keep them safe.

Right Care

Care was person-centred and promoted people's dignity, privacy and human rights. People had full access to healthcare services.

Right Culture

The provider promoted a culture of inclusion, diversity, and equality. People were supported to express their individuality. The ethos, values, attitudes and behaviours of managers and support staff ensured people using services lead inclusive and empowered lives. Staff placed people at the heart of everything they did.

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 the service at the last inspection was Good (published 31 August 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

This was a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

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?

Good 

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

Spectrum Social Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This service also provides care and support to people living in 2 '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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 relative about their experience of the care provided. We had contact with 4 members of staff including the registered manager. We reviewed a range of records. This included care plans and a variety of other records relating to the management of the service were also considered as part of the inspection.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. The inspection started on 24 November and ended on 29 November 2023.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines administration records (MARs) were not always completed in line with best practice guidance. For example, handwritten entries were not signed, and times 'as and when' required medicines were administered were not clearly recorded.
- People were receiving their medicines as they were prescribed.
- There was a policy and procedure in place for staff to follow when people needed support with their medicines and staff had received appropriate training.
- Guidelines were in place to guide staff how to safely administer 'as and when' required medicines.

We recommend the provider updates their processes in line with best practice guidance.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff demonstrated knowledge of the safeguarding processes in place to keep people safe. One staff member told us, "I have had safeguarding training, and I learnt how to protect any vulnerable residents I am supporting from harm and abuse."
- People were further protected from abuse because all staff had received safeguarding training on how to recognise and report abuse appropriately. The staff members we contacted could explain what action they would take if they suspected or witnessed abuse.

Assessing risk, safety monitoring and management

- Sufficient risk assessments were in place to ensure people received safe care.
- Risk assessments gave staff clear guidance on how to support people safely. For example, people who were at risk due to their physical health or their medical conditions, had a risk assessment in place. Risk assessments were reviewed regularly to ensure they were accurate.
- Staff were aware of potential risks to people and ensured they were safe when carrying out any tasks.
- Where there were changes in people's risks, their risk assessments were reviewed accordingly.

Staffing and recruitment

- There were enough staff to meet the needs of people using the service. Staff rotas had been planned to ensure people were supported by a regular team of staff so that the care and support they received was consistent.
- The provider carried out satisfactory background checks for all staff before they started working. These included checks on the staff member's qualifications and relevant experience, their employment history,

references, criminal record checks and proof of identification. This reduced the risk of unsuitable staff working with people who used the service.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff told us they had access to personal protective equipment, to maintain safety, particularly in the event of an infectious outbreak.
- The provider had an up-to-date infection control policy and procedures in place.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- The registered manager was aware of the requirements to report accidents and incidents and to share any lessons learnt to prevent similar incidents from happening again.

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.

- The provider was aware of the MCA, its requirements, and their responsibilities.

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 our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had a range of checks and audits in place. We found that audits in relation to checking medicines needed strengthening and embedding into practice.
- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- Staff told us they were well supported by the registered manager. One staff member told us, "I feel well supported because when I raise a concern it gets dealt with immediately and without delay."

We recommend the provider strengthens governance checks relating to medicines.

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- People were supported and enabled to express their views and needs.
- Staff told us they were able to express their views and opinions of the service and felt listened to. One staff said, "I am able to make suggestions and they [management] respond to my queries and questions timely."
- The provider had created a learning culture at the service which improved the care people received.

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

- People and their relatives were encouraged to express their opinions. Systems were in place to gather feedback and hear the views of people, relatives, and staff.
- Relatives were happy with the service. One relative told us, "I would highly recommend, they are efficient and good at communication."
- The staff team spoke of a positive culture at the service and said they enjoyed their roles. One member of staff said, "It's a good place to work. I enjoy the team spirit." Another staff member commented, "It is a good place to work because I feel valued and respected. I love that I feel inclusive in my clients plan and my opinions are considered and regarded. I do not have any worries."
- Duty of candour requirements were met. This manager and provider fully understood their responsibilities to be open and honest with people.

Working in partnership with others

- The provider worked with other agencies to ensure people received the care they needed.