

Spectrum Continuing Care CIC

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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 ●

Summary of findings

Overall summary

About the service

Spectrum Continuing Care CIC is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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.

At the time of this inspection they were providing a personal care service to nine people with a variety of care needs living in the Southampton area.

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

We found some information was missing from staff recruitment files for staff who were recruited before the registered manager was registered. The registered manager took immediate action to rectify this. The registered manager was aware of the duty of candour and what this meant for them in practice. The culture of the service ensured people were at the centre of how the service was run.

People told us they felt safe with staff who visited them. The provider had policies and procedures in place designed to protect people from the risk of suffering harm and abuse. Risk assessments were in place which identified possible risks to people living in their own homes. People's needs were met by suitable numbers of staff.

People's needs were assessed before the service started to support them, to ensure their needs could be met. People were supported by staff who were trained to meet their individual needs, including personal care and support with eating and drinking. The service worked with other agencies to improve the care and support they offered to people.

Staff asked people for their consent before supporting them with their personal care.

People felt they were supported well by the staff team, who respected their choices and decisions. People were supported by trained staff who respected and promoted their privacy and dignity.

People were involved in planning and reviewing their care which meant support plans were specific to their needs. People's communication needs were identified within their support plans. The provider had a complaints procedure in place which had been given to people using the service.

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.

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 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-led findings below.

Spectrum Continuing Care CIC

Detailed findings

Background to this inspection

The 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 living 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

This inspection was unannounced.

Inspection activity started on 20 August 2019 and ended on 5 September 2019. We visited the office location on 20 and 28 August 2019.

What we did before the inspection

The provider was not asked to complete an up to date 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. We took this into account when we inspected the

service and made the judgements in this report.

The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications received since the last inspection as well as the previous inspection report.

We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and three staff. We looked at support plans and associated records for two people. We also looked at a range of records, including three staff recruitment files and quality assurance audits.

After the inspection

We spoke with one person and two relatives of people using the service.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff who visited them.
- The provider had policies and procedures in place designed to protect people from the risk of suffering harm and abuse.
- Staff had completed training in safeguarding adults and were aware of the different types of abuse and what they would do if they suspected or witnessed abuse. The registered manager knew how to contact the local authority safeguarding team if necessary.

Assessing risk, safety monitoring and management

- Risk assessments were in place which identified possible risks to people living in their own homes. These included risk assessments of the environment and any equipment they used.
- Staff confirmed, and records showed, risk assessments were reviewed regularly and were up to date.

Staffing and recruitment

- People's needs were met by suitable numbers of staff.
- One person told us staff always turned up, arrived on time, stayed the amount of time they were scheduled to stay, "and a little bit longer if necessary." They also confirmed the staff team was consistently the same staff.
- Staff told us that people used a system which enabled them to find the information about which staff were visiting each time, in advance. This benefitted people because they knew who they were expecting.
- Staff also told us they arrived on time because they had travel time built into the system and that they were not put in a position where they were rushed.
- People had choice about which staff supported them. Staff told us, "[People] know if they are not happy with the [support worker], the [registered manager] and [other staff member from the office] are very approachable." This meant that the staff member would not continue to visit the person if they did not wish them to. This approach was confirmed by a relative we spoke to.
- Recruitment procedures were in place, which included seeking references and checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- We found gaps in employment history for some staff, who had been employed before the manager was registered. The gaps had not been explored and there was not a written explanation as to the reason why. Recruitment records did not contain verification as to why staff members' employment finished where they worked for other care providers. We brought this to the attention of the registered manager who took

immediate action to seek the necessary information. After the inspection the registered manager continued to gather the information needed to ensure the files were complete.

Using medicines safely

- Some people were supported with their medicines. Records were kept which showed that people received their medicines as prescribed.
- Staff were trained in administering medicines and their competency was assessed by the registered manager. Staff told us they felt confident that the training met their needs and were clear about what they could and could not do with regard to medicines.
- People's medicines were managed safely.

Preventing and controlling infection

- People were protected from the risks of infection.
- Staff received training regarding infection control and used personal protective equipment such as gloves and aprons when supporting people with personal care.
- The registered manager told us when they first visited people at home to undertake an assessment of their needs, they always looked at the environment to ensure there was safe handwashing facilities.
- Staff were also trained in food hygiene as they prepared food for some people.

Learning lessons when things go wrong

- The registered manager said the service was "learning every day". Staff and management reflected on how issues had been managed and sought to do things differently in the future. An example was given where the registered manager had recognised one person's need for independent advocacy to assist them in their understanding and decision-making process. An advocacy service was therefore found.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before the service started to support them, to ensure their needs could be met.

Staff support: induction, training, skills and experience

- People were supported by staff who had the appropriate training and skills.
- One person told us staff knew what they were doing with regard to supporting them.
- People were supported by staff who were trained to meet their individual needs. This included moving and handling and first aid, as well training in specific health support needs.
- Staff told us about the training they undertook which was both online and face to face. One staff member told us they liked the practical training as they got to experience how people might feel, for example, by wearing special glasses to simulate sight loss. Another staff member told us they learnt through online training because there was reading to complete, then questions to answer.
- Staff told us the registered manager and another office staff member knew when training was due and gave them "quite a lot of notice" when booking training. They also said they could approach the registered manager with ideas for other training they were interested in.
- New staff completed an induction, which included the provider's mandatory training, such as moving and handling.
- Staff were supported through the use of regular supervision. One staff member told us, "They ask us if we are happy, they ask us if [people] are happy, if there is anything we would like to change and whether there is any training we would like to do."

Supporting people to eat and drink enough to maintain a balanced diet

- Some people were supported with cooking, eating and drinking. Staff told us they offered people choice about what they would like to eat. One person did not like to eat a lot and staff made several suggestions to find something the person could be tempted by.
- Some people received their nutrition and medicines directly into the stomach with a surgically fitted medical device. Staff were trained in how to do this.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other agencies to improve the care and support they offered to people. This included working with Clinical Commissioning Groups, GPs, social workers, diabetes nurses, stoma nurses, occupational therapists.

Supporting people to live healthier lives, access healthcare services and support

- Staff told us that people they supported accessed healthcare professionals, such as GPs and dentists, with support from their families. However, staff could support people in this regard where needed.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA. People currently using the service had capacity to make their own decisions.

- A staff member told us, "I always ask permission [before supporting people with their personal care], I check they're comfortable, ask if it is okay, the way I am doing it. Asking for permission is important." They went on to say people could choose not to have support with personal care as they had the capacity to make that decision.
- Another staff member told us, "It's important in your own home, that you feel comfortable, especially getting dressed etc. It's very important."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt they were supported well by the staff team. One person told us, "[Staff] are very caring." People were supported by staff who treated them with respect and cared about them.
- A relative told us their relative had been in hospital for a period of time and "[Staff] were ringing me, to see how I was!"
- Another relative told us the service had been, "Good, [my relative] likes all [their] carers."
- A staff member liked that they had the time to build relationships with people. They told us, "With Spectrum, we have a small number of service users, which means you can build up a good rapport with people."

Supporting people to express their views and be involved in making decisions about their care

- People made decisions about their care and were encouraged to express their views.
- Staff gave us examples of how they supported people to make decisions about their care. For example, one person had equipment in place before they needed it but knew when they were ready to use the equipment, to ensure their safety. Staff supported them in this decision.

Respecting and promoting people's privacy, dignity and independence

- People were supported by trained staff who respected and promoted their privacy and dignity.
- Staff described how they ensured people's privacy was maintained when they supported people with their personal care, such as covering people with a towel.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were involved in planning and reviewing their care which meant support plans were specific to their needs.
- Personal support plans covered all aspects of people's individual needs
- Staff confirmed when people's needs or routines changed, they advised the office and the support plans were updated straight away.
- Staff told us how they supported one person in ways which enabled them to go out to work.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified within their support plans.
- The registered manager was aware of the need to communicate in ways people could understand. For example, training had been booked to train staff in how to communicate with one person in a sensory way, as they did not communicate verbally.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place which had been given to people using the service. People had also been sent a copy of the fundamental standards which we use to inspect the service. This meant people were aware of what the service was doing to ensure they offered a good service to people.
- One person and a relative confirmed to us that they would feel able to complain, if necessary.
- The service had not received any complaints, but the procedure was clear about who people should contact if they had a complaint.

End of life care and support

- The service did not specifically provide end of life care. However, people's wishes were sought during the assessment process and the registered manager was conscious that people could change their mind later.

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 remained the same. 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

- There was a clear management system in place, which included the registered manager and the chief executive. The registered manager had worked at the service before becoming the registered manager in August 2019.

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

- People and staff spoke highly of the registered manager and the service.
- One staff member told us, "I feel 100% supported [by the management]. They've been brilliant, very supportive, I've been made to feel comfortable here, I was able to take the time I needed. They're a pleasure to work for." Another staff member told us, "[The registered manager] is very understanding."

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

- The registered manager was aware of the duty of candour and what this meant for them in practice. They said duty of candour was about, "being open and transparent, if service users are not happy with something, or we have done something wrong, it's about being hands up, speaking with the service user and apologising."

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

- The culture of the service ensured people were at the centre of how the service was run.
- People's views were sought regarding the quality of the service provided. This was done through regular contact with people on a face-to-face basis as well as questionnaires.
- One person told us that the registered manager and office staff were "good at getting back to me."
- A staff member said, "The communication from the office is brilliant. If there is anything you need to know, [you get to know]."
- One staff member told us, "[The service] is small, and people know who they're dealing with. Everyone's happier and service users get what they need from the service."

Continuous learning and improving care

- The service had previously commissioned a review of the service by an external consultant. This had

resulted in some areas for improvement being identified, for example, inconsistencies in medicines administration records. The service had acted to ensure staff completed the records correctly.

- The service sent the chief executive (CE) a monthly report which gave an overview of events or issues that had occurred that month. The reports were read by the CE, as well as the other services within the group. This ensured transparency and that support could be provided where necessary.
- If any serious concerns were to be identified, the registered manager would meet with the CEO straight away to ensure they were fully informed.
- There was a system of auditing and quality assurance in place. This included regular audits of records, processes and systems. Spreadsheets were used to identify areas for improvement and to monitor the progress of the improvements. This system was effective in driving improvement.

Working in partnership with others

- The registered manager and staff knew when to involve other agencies so people would benefit from a consistent approach to their care and support which involved different professionals.