

Standwalk Ltd

Spectrum Care Services

Inspection report

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Tel: 01612563519

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30 April 2019
08 May 2019

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service: Spectrum Care Services provides care and support to people living in a number of 'supported living' settings, so that they can live as independently as possible.

The care service had been developed and designed in line with the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary life as any citizen.

People's experience of using this service:

People's care needs were assessed, and they received good quality person-centred care from support workers who understood their needs well.

Support workers promoted people's choice and independence and ensured they had access to a range of individualised activities.

People were engaged and involved in the day to day running of their home. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Support workers were knowledgeable and received training, supervision and support to carry out their roles effectively. Support workers were committed to providing person centred support.

The atmosphere at the supported living houses we visited was relaxed and friendly. People told us that they liked their homes, which were able to meet their needs, for example accessible to wheelchair users.

Support workers used a variety of communication methods to ensure people's wishes were heard and acted upon.

More information is in the full report.

Why we inspected: This was a planned inspection based on the rating of good at the last inspection undertaken in September 2016.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in accordance with our re-inspection programme.

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

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 remained safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained well-led

Details are in our Well-Led findings below.

Spectrum Care Services

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one adult social care inspector.

Service and service type: Spectrum Care Services provides care and support to people living in a number of '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.

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 24 hours' notice of the inspection visit because we needed to be sure that staff would be in the office to support the inspection.

We visited the office location on 30 April 2019 to meet with the registered manager and to review records connected with the management of the service. We also visited 3 supported houses on 8 May 2019.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority, and other professionals who work with the service. We assessed the information we require providers to send us at least once annually, which is called a provider information return (PIR), to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we met seven people to explore their experience of the care provided. We spoke with two service managers and three support workers, as well as the registered manager and the nominated

individual (person responsible for the organisation).

We reviewed the care plans and risk assessments for four people, three staff recruitment files, the training matrix for all staff and a range of records relating to the management of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met

Systems and processes to safeguard people from the risk of abuse

- Support workers and people who were able to speak or indicated said they felt safe.
- Support workers received safeguarding training. They had a good understanding about how to raise concerns and were confident that action would be taken if they raised any concerns.
- A relative commented, "Yes the service is safe, and staff follow guidelines carefully."
- A community based professional stated, 'Staff work extremely hard to ensure [person's] safety and implemented an action plan agreed in a safeguarding meeting. Staff have been flexible to meet [person's] needs and have always communicated extremely well with myself.'

Staffing and recruitment

- We checked staff recruitment procedures were followed. We found that all the required employment checks such as criminal records were undertaken. However, staff employment histories in some cases need to be strengthened to show a full employment history on the application form. This was addressed during our inspection.
- People were involved in the recruitment of staff to their team. Matching the right support workers to the right people was seen to be very important to ensure trusting relationships develop.
- Safe support worker staffing levels were maintained, and we observed people received consistent and timely support.
- Staff told us that they would cover any absences from within the staff team or the regular bank to ensure that people were supported by staff who knew them well.

Assessing risk, safety monitoring and management; learning lesson when things go wrong

- Risk to people's health and safety were assessed and a range of detailed risk assessments were completed.
- Accidents and incidents were recorded and investigated. Where incidents had occurred, this had been acted upon.

Using medicines safely

- Medicines systems were well organised, and people received their medication when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- The registered manager had introduced new blue cabinets into services for the storage of medicines.
- One person showed us how they were involved in taking their own medicines, taking more responsibility with the support of staff.
- The service had recognised recent warnings and new guidance associated with the fire risk of topical creams.

Preventing and controlling infection

- Support workers completed training in food hygiene and infection control. They confirmed they had access to aprons and gloves when supporting people with personal care or preparing food.
- In one person's plan there was information about the need for good hygiene. This related to a condition which could spread from person to person if procedures were not followed.
- The 'red bag' system was used to manage any soiled items of laundry to help control infection.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Support workers we spoke with were knowledgeable and skilled. They told us they received a range of training. This provided them with the skills to provide effective care and support to people. Support workers received regular one to one supervision which provided them with the opportunity to discuss any issues including their development needs.
- New staff and service managers received a comprehensive induction which included regular meetings and the opportunity to shadow experienced staff.
- We reviewed the training matrix for the service which demonstrated most support workers were up to date with training. Outstanding training had been scheduled to ensure all staff were up to date.
- Additional training was provided where people needed specialist support with stoma or catheter bags.
- Staff thought teamwork and support was good. The staff teams could have open and honest conversations with each other
- Staff said they received good management support. New managers felt they had been made to feel very welcome and supported by people and their staff teams.

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

- People's nutritional needs were assessed and met by the service.
- Eat well guides were in place to make staff aware of what foods may irritate people and impact on their health needs.
- People were encouraged to prepare their own food and eat a healthy diet.
- People told us they were involved in menu planning and shopping for food.
- One person using pictures showed us how they communicated with staff the need to go shopping to pick up more cheese and Guinness their favourite food and drink, in their car.
- We saw that where a person needed support with feeding from an enteral pump, staff had received the training to undertake this task.
- We were told that the person had put on weight since the change of feeds and their general health had improved. Another person told us that they had been encouraged to drink more water and that this had a positive impact on the management of a health condition.

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

- People's needs were fully assessed before they moved into supported living or shared lives accommodation. Compatibility with and co-tenants was a key consideration and regular meetings took place to match people accordingly.
- People's care plans described the support required. We found care plans were detailed and contained person centred information. People had positive behaviour support plans which provided comprehensive

information about how to recognise signs they may become anxious or upset. Proactive strategies were followed to help reduce people's anxiety.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- We were present when an emergency arose. Staff immediately contacted the district nurses who arrived at the house within minutes. A support worker who knew people well was asked to come to the house to provide additional support. Every attempt was made to avoid a stressful hospital admission.
- People's care plans contained information about their health needs.
- Some people had reflexology and said they really enjoyed the sessions they had.
- A relative said, "My [relative] has more complex needs. At first staff did not have the knowledge and skills to meet the needs of someone with complex health needs. However, they have responded well to further training from the hospital staff and community medical learning disability team and are always keen to learn."
- A community based professional commented, 'Staff have an excellent knowledge of the residents needs and are always up to date with appointments.'

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- Information about people's capacity to make decisions had been clearly assessed. Where people lacked capacity, we saw best interest decisions had been made.
- We saw a range of individual person-centred assessments had been completed for different decisions.
- People used thumbs up thumbs down signs where they could not verbally give consent, and this was recorded also who could help people make decisions for example a relative.
- People's fluctuating capacity was recognised. Some people's ability and mood improved as the day went on and they were able to do more things for themselves at that time.
- We observed carers and support workers asking for consent from people before they provided support or care.
- The registered manager understood the principles of MCA and how to protect people's rights.
- A copy of the MCA easy read version was available for people and staff to use.
- People were supported to vote in elections. The service had produced a voting passport which people completed to show whether they wished to vote and if they did what support would be required to enable them to participate, for example, using a postal vote.

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

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 appeared well groomed and cared for. People wore age appropriate clothes of their choice and items of jewellery.
- During the inspection the staff we spoke with were kind and caring. They knew people's preferences and used this knowledge to support them in the way they wanted.
- Staff spoke positively about working at the houses. They said, "It's the people. It's like a family. I like chatting to people and there is a lot of good humour here", "It is important to know people well and recognise small changes" and "It is person centred and your supporting people with activities."
- One person told us the move to the service was the best thing that had happened to them. They said, "I love my house and living here. I am calmer, more in control, more independent, make more choices, surrounded by good staff and people. I have a positive relationship with someone and a better relationship with my family and a job. The staff have helped me through some difficult times."
- A community based professional commented, 'Keyworkers want what's best for people and support them appropriate to their needs. There is always a lovely atmosphere when I visit [house] staff always show respect and kindness.'

Respecting and promoting people's privacy, dignity and independence

- People's choice and independence were promoted.
- People's had their own spacious bedrooms which were personalised to their own tastes with many belongings.
- We saw people were involved to varying degrees in the day to day running of their home, including shopping, laundry, cleaning and food preparation.
- People's homes had disabled access, user friendly gardens and equipment was used to promote people's independence.
- A community based professional commented, '[Support workers] have increased [person's] independence and ensure [person] has a busy, meaningful timetable. They have facilitated work experience for [person] and have worked with [person] so they now access the community and public transport alone. They encourage [person] to attend different sessions and [person] attends different groups because of this.'

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

- Support workers had formed good relationships with people who used the service and engaged positively with people.
- One person had asked to move into another house because they wanted to live in a quieter environment and this had happened.
- We saw records which included photographs of tenants' participation and consultation sessions. People

wanted daily rotas to show pictures of staff, so they knew who was on duty and when. This idea had been put into place.

- People received an easy read welcome pack which informed them about what to expect from the service.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery. The service was tailored to meet the needs of people and ensured flexibility and person-centred care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received person-centred care which fully revolved around their needs.
- We saw support plans were very detailed and included information on how personal care should be carried out and included how to promote independence.
- Plans included people's goals and checks were made to see if opportunities to undertake them had been carried out and if not to find out why.
- Support plans were seen to be written in a positive strength led way and recognised people's abilities. Support plans were a 'live' working document.
- People were allocated a key worker who wrote regular reports on the progress the key person was making.
- People participated in activities in the local community such as, shopping, going to church, going on a themed holiday western songs weekend.
- The service worked in line with the Accessible Information Standard (AIS). The AIS is a framework put in place making it a legal requirement for services to ensure people with a disability or sensory loss can access and understand the information, they are given. Some people used Makaton signs or Skype. We saw information could be presented in easy read or pictorial format and the service had prepared various pieces of information in this way. Support plans were in a picture format. Translators were used where a person's first language was not English and policies and procedures had been produced in Urdu.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. People who were able to, told us they would speak to someone they trusted if they were not feeling happy about something.
- A log of complaints was maintained and showed what action had been taken and any outcomes and learning

End of life care and support

- The service was not providing any end of life care and support at the time of our inspection; however, the service had previously supported people who were at the end of their life to remain in their own homes with support from other health care professionals until their death.
- Photographs of one such person were seen in the house that they had lived with others so that they could be remembered and talked about

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

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 was well organised and understood their responsibilities about the Health and Social Care Act 2014 and demonstrated good knowledge of the needs of people they supported and the staff team. They were also aware of their responsibilities to send us notifications about changes or incidents that affected people they supported.
- The nominated individual for the provider was actively involved in the day to day running of the service and knew people who lived in the supported houses well.
- The service had a clear management structure. Staff told us that all the managers were approachable and supportive. New service managers who had recently joined the service said that the registered manager was always available to them and they felt they could ask any questions without feeling embarrassed and uncomfortable. They said, "[Registered manager] has been with me every step of the way."
- Staff felt they were listened to by the registered manager and that they would take any action required to support them and people who used the service.
- Staff and managers understood their responsibility to ensure risks were identified and care records indicated how risks were managed. Risks to people's health and well-being were effectively managed through ongoing monitoring and review.
- Policies and procedures were regularly reviewed and revised to ensure that they stayed in line with current legislation and best practice. The policies and procedures were also produced in an easy read format.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service was committed to providing high quality care. The registered manager informed us that they would not accept new referrals if this had a negative impact on the people already using the service.
- The registered manager told us that their biggest challenge had been standardising the service and consistent use of procedures by staff. They said that they were pleased that this had now been achieved.

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

- Following an inspection at another of the providers services a sexuality and relationship resource pack was introduced into all services. Staff had received training on the subject that they told us they had enjoyed. People also had access to a local LGBT+ group that they could attend.
- Following an incident involving a person's finances the service had strengthen their procedures to prevent this type of incident happening again.

- The service had a set of values that underpinned the running of the service and a mission statement to continually improve and maximise the independence of the people the service supports.
- The service had systems in place to monitor the quality and safety of the service. Regular audits were undertaken to ensure the service maintained high standards. Quality assurance checks were carried out to check records were accurate and up to date.
- Checks in people's homes enabled the registered manager to obtain feedback from people and check the environment, equipment, medicine management and safety.
- People were asked to comment on the service they received during monitoring visits, and support workers completed surveys. The results from the last survey had been analysed and used to compile an action plan to improve the quality of the service.
- Staff said they now thought they were being listened too and action was being taken where it could be on any concerns they had.
- Staff groups met frequently, and the management team met with staff regularly to support them in their role.
- The service produced and distributed regular newsletters to keep people and staff updated with service news.

Working in partnership with others

- The service worked closely with families and with professionals such as social workers, district nurses and commissioners to ensure that the service they provided was consistent with local authority and national guidelines and met the assessed needs of people who used the service.