

Spectrum Days

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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

We undertook an announced inspection on the 9 February 2017. We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides domiciliary care service to people in their own homes and or the family home if needed to be sure that someone would be available at the office.

The provider registered this service with us to provide personal care and support for people in their own homes. At the time of the inspection there were eight people receiving care and support services.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

Relatives told us their family member felt safe when they were receiving support whilst living within their family homes. Staff knew how to keep people safe and what risks people may be subject to, whilst maintaining their independence. Staff had been trained and were able to recognise signs of abuse and how to report it in order to keep people safe.

Relatives felt there were sufficient staff available and told us staff arrived on time at their home to provide the support they needed. Checks were made on staff prior to them starting work to ensure their suitability for employment.

Staff received training and support to enable them to provide care and support to people. Staff felt supported by the registered manager and provider. People had their privacy and dignity maintained and staff were able to describe how they managed this. Staff understood the needed to gain consent to care and treatment before providing any care and assistance. Where people did not have the capacity to consent best interest procedures had been followed.

People received appropriate support to ensure they received their medicines as prescribed and received healthcare support and advice to ensure their well-being. People received assistance with the preparation of meals and drinks as required.

Relatives were satisfied with the support their family member received, in a way they wanted. People had support plans in place describing their needs and risks associated with their support.

Staff told us they enjoyed their work and felt supported by the registered manager. Relatives were confident any complaints made would be listened to and responded to.

Systems were in place to monitor the service provided for people as a means to improve the quality of

support people received.

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.

People received care and treatment from staff that understood how to keep them safe and free from the risk of potential abuse.

There were enough staff to meet their care needs and support people with their medicines.

Is the service effective?

Good ●

The service was effective.

Relatives told us their family members were supported by staff who were well trained and supported. Staff received appropriate supervision and training.

Staff had a good understanding of their responsibilities when people did not have the capacity to make decisions; the correct process was followed to ensure decisions were in people's best interests.

People said staff supported them to access different health professionals as needed.

Is the service caring?

Good ●

The service was caring.

People received care and support that met their needs. Staff provided care that met people's needs and took account of people's individual preferences, whilst maintaining their dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Detailed care plans were in place that showed people's care and support needs. Staff also knew about people's personal histories and preferences.

People and their relatives felt they were able to approach the registered manager and there were regular opportunities to feedback about the service.

Is the service well-led?

Good ●

The service was well-led.

People's relatives felt the service was managed and well-led.

Staff felt they were supported by the register manager. There was open communication within the staff team and staff felt comfortable raising and discussing any concerns.

Regular checks were completed to monitor the quality of the service provided.

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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.

The inspection took place on the 9 February 2017 by one inspector. As part of the inspection we spoke with three relatives by telephone. We did this because the people who used the service at the time people using this service had complex and nonverbal communication needs.

The provider was given 48 hours' notice because the location provides a domiciliary care service for young adults and adults with physical and learning disabilities who are often out during the day; we needed to be sure that someone would be available.

We looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care, including safeguarding matters. We reviewed any notifications that the provider had sent us. Statutory notifications are incidents or events that providers must notify us about.

We asked the local authority if they had any information to share with us about the services provided. The local authority is responsible for monitoring the quality and funding for some people who use the service. Additionally, we received information from Healthwatch, who are an independent consumer champion who promote the views and experiences of people who use health and social care.

We looked at three people's care records, including their medicine records and three recruitment files, training records and other records relevant to the quality monitoring of the service.

Is the service safe?

Our findings

Relatives told us they were comfortable with staff coming into their home to support their family members and were confident they kept them safe. One relative told us, "They keep [person's name] absolutely 100% safe." They told us the registered manager would listen and act if they had any concerns about their safety or the staff that provided their care.

All the staff we spoke with told us they knew how to keep people safe and what to look for that may indicate potential abuse. Staff were aware of their responsibility to report and protect people from the risk of abuse and harm. They told us that any concerns would be reported without delay to the management team and were confident that these would be dealt with. One staff member told us, "I have reported a concern in the past to the manager and I know she dealt with it, straight away."

The registered manager had a clear understanding of their responsibilities to identify and report potential abuse under local safeguarding procedures. The training information for all staff working for the service showed that safeguarding formed part of their required and on-going training.

Relatives told us that staff had discussed all aspects of their family member's care and support requirements with them including any identified risks to their safety and welfare. For example due to one person's medical condition it was vital that staff followed a specific way of moving and handling the person, in order to avoid causing them serious injury. We saw in the care records detailed instructions of how specialised equipment should be used when helping them with personal care so risks were reduced and the person was kept safe. A relative said, "Helping [person's name] wash and dress is a lengthy and detailed process. Staff manage this and give exceptional care."

Relatives who we spoke with told us that staff's availability and reliability was good. Staff we spoke with said they worked in small teams which ensured continuity of care for people they supported. Staff said that through training they were enabled to gain the skills to meet the specific needs of people they supported. Staff also told us their schedules allowed for them to spend the full allocation of time with each person they supported. A relative told us, "They are very good at covering any gaps if a staff goes off sick or on holiday." The registered manager told us they recruited staff to meet the needs of the people they supported. They were in the process of interviewing new staff due to the demands of the service growing in popularity.

We saw the provider's records of the checks they made to ensure staff were suitable to deliver care and support before they started working at the service. The provider checked with staff's previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. The staff records we looked at showed the results of these checks which helped the provider to make sure that suitable people were employed so that people were not placed at risk through their recruitment practices.

Some people needed support from staff when taking their medicines. We saw people's support plan guided staff in supporting people with their medicines. This included medicines which some people needed at certain times to meet their mental and emotional needs so that staff understood the circumstances about

when to give these medicines. Staff told us they had been given training to support people in taking their medicines, which included an assessment to ensure they were competent. They were able to explain the procedure they would follow if they found a medicine discrepancy. We saw medicines were checked weekly and any problems reported to the senior staff and the registered manager.

Is the service effective?

Our findings

Relatives we spoke with told us the staff were confident and knowledgeable when providing their family member's personal care. Staff knew people's individual needs and told us the training gave them confidence when delivering care and that it matched people's needs.

All staff told us the registered manager supported them in their role with regular meetings and supervisions and they felt valued. Staff were confident communication was good and as a small team were always in contact with each other. Staff told us if they had any problems or questions they were able to ask the registered manager. A staff member told us there was an 'out of hours' number for them to access help and advice should they require assistance from a senior staff member.

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

Relatives told us that staff always explained things to their family member and respected their decisions. We saw in people's care records communication aids for staff to follow indicating facial expressions a person may use if they did not want certain tasks completed and staff understood and respected this.

Staff told us they had received training on the MCA and understood the importance of obtaining someone's consent when they supported them. Staff explained they knew the people they were supporting well and understood their behaviour. A staff member gave us an example of how they had applied this training to their practice. A person they supported may prefer to have a later start on certain days and preferred to stay in bed longer. They now appreciated this was the person's choice and made arrangements for them to attend their day activities later in the day. The registered provider did not currently support anyone that had been referred to the Court of Protection but had the knowledge about this if they needed to.

We saw people were offered a choice of meals or snacks and that staff would happily prepare something for them to eat later in the day. In people's care records there were detailed instructions of how each person's eating and dietary needs should be met. Staff were aware and had been trained to follow the directions of the speech and language therapist's assessments, where people were at risk of choking. For example, for one person their support plan listed foods that were not suitable for the person to eat and how their food needed to be pureed in order to maintain their health and welfare.

Each person had their own health action plan which recorded any health information and appointments

attended. These plans reflected people's on-going health needs and provided staff with guidance on how to support people and recognise any deterioration in their health. Records showed referrals to dentists, psychologists, and speech and language therapists had been made for specialist advice.

Is the service caring?

Our findings

All the relatives we spoke with were positive about the staff who supported their family member. One relative told us "The service [person's name] receives is exceptional they treat [person's name] with the greatest care and dignity. They told us that staff knew how to provide their care in the way their family member wanted it. Another relative said "I would certainly recommend this service to others, well I have. I am very happy with the level of care [person's name] receives.

Staff we spoke with said they enjoyed working with people and had developed good relationships. One member of staff told us, "I love my job...Everything I do is centred around the person I support." Another staff member said, "We are a small consistent team, so that helps us get to know everyone using the service well." A relative said, "The service [person's name] receives is brilliant. [staff name] is wonderful and caring. They have spent a lot of time getting to know [person's name].

All the relatives we spoke with told us staff tried to assist their family member to maintain their independence, were involved in their care and were able to guide staff daily to how much help or support they needed. Staff told us it was important for people to remain involved in their day to day care choices which they felt promoted their independence. Staff told us care plans detailed how to help people to maintain their independence and any challenges that may arise and how to prevent them. For example, it was recorded in each person's support file "Things I like and Things I don't like". For one person it was important to avoid loud noises because it made them anxious.

All of the relatives we asked told us staff were considerate and treated their family member with dignity and respect. One staff member said, "I always treat people the way I would like to be treated." We saw in the support files reminders for staff to ensure they communicated with people in their preferred way before carrying out personal care tasks. A relative commented, "The staff treat [person's name] with dignity, for example when they give personal care, they always ensure the blinds and doors are closed and ensure they are covered with a towel. Whilst doing this they constantly interact with them."

Care plans were developed with the person and reviewed every year or sooner if there were changes. Relatives had been involved in these reviews where appropriate and any changes suggested were recorded and action taken. People's preferred routines or preferences were followed which suited them. The registered manager and senior staff discussed the care people required with their relatives before starting the care to make sure they were able to meet their requests

Is the service responsive?

Our findings

Relatives were involved in making decisions about the care and support needs of their family member. For example, staff took advice from people's appropriate relatives who they felt could support and advise them in the care plans. Relatives said they would happily contact the office staff, when needed to make changes to any planned calls or care needs. Care plans were also reviewed and amended if staff raised concerns about people's care needs, such as changes in their mobility, or in their health needs.

Relatives told us their family member's plan of care was decided when they first began receiving personal care and the plans were kept in their home. One senior staff member told us, "I do the initial assessment and meet with the families so we know care is provided the way they want. The family help us develop those skills."

Staff we spoke with knew people's needs and provided examples of how people who had a particular illness may be affected and the actions to take if something changed. For example staff knew how to check a person's blood sugar levels, if they thought they looked unwell. All staff had been trained knew how people's supporting equipment worked. For example some people had received their nutritional needs through a feeding tube. We saw staff had instruction how to check the tube was kept clean so it did not get blocked.

The care and support people received was recorded after each visit which the senior staff member collected and reviewed at the end of each month. People also told us that any changes to their needs were updated quickly and were communicated to staff. The registered manager told us any immediate changes were communicated to staff. Staff confirmed changes were sent through to them in person and they always checked care plans for any changes.

We looked at three care records which showed they had been updated regularly or when a change had been required. All relatives and staff we spoke with felt the records were current and reflected what care and support people needed. Records showed staff the preferred way to provide care and how to support each person. These included examples of what was important for each person in photographic and easy read format to help the person understand. A relative told us, [Staff's name] has gone out of their way to get to know what [person's name] enjoys. They've taken them to the local choir."

All the relatives we spoke with knew the provider's complaint procedures and were happy to contact the registered manager or staff if they had any concerns. Whilst no complaints had been recorded in the last 12 months processes were in place to investigate and respond to people. The provider had a formal complaints process in place and this had been included in people's information pack when they joined the service. The information gave people details of who to contact and the steps that would be taken to address their concerns.

Is the service well-led?

Our findings

Relatives told us they and their family members liked the registered manager who was approachable and available if they needed to speak with them. They also told us they were happy with the reliability of staff. A relative said, "I am very pleased with the progress [person's name] has made and the service they receive. They have no worries and we've even seen improvement in their eye contact."

There was a clear management structure and out of hours on call system to support people and staff on a daily basis. Relatives told us that they had good communication with the registered manager who was usually available for contact with on a daily basis. They said the registered manager was always responsive to their views. Relatives told us they could contact the registered manager at any time which enabled them to communicate with them by telephone or visits to discuss any issues.

Staff we spoke with all told us they thought the service was well-led and they felt involved in the running of the service. We also saw meetings were held with the staff teams who were encouraged to think about how the care and support provided to people could be improved for each person. This was to ensure the staff teams could have ownership in the areas of the service that were important to people and also to develop their awareness of the overall service.

The registered manager listened to what people felt about the service they received in their homes and what they thought could be better. We saw feedback from the last satisfaction questionnaire they had sent out to people and their families. All responses were positive. They included comments such as "I am totally delighted with Spectrum days, who often go beyond the call of duty to ensure my individual needs are met. What a brilliant team." Another relative commented, 'My relative always arrives immaculately clean. They greet staff with a smile that speaks volumes.'

The registered manager monitored and took action to ensure people's support kept them safe and well. People's welfare, safety and quality of life were looked at through regular checks of how people's support was provided, recorded and updated. For example, checks were undertaken on medicines and people's home environment risks, were also evident so that the registered manager had a clear overview of activity in people's homes.

The registered manager talked about their vision for the future of the service. They told us as a response to requests from relatives and their family member's they were looking to expand the service further and planned to fund raise to start a supported living service for the people they supported.