

Spectrum (Devon and Cornwall Autistic Community Trust)







# Spectrum Domiciliary Care Service

## 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?	Requires Improvement	

### Overall summary

We carried out this inspection on 12 February 2015. The inspection was announced. We last inspected Spectrum Domiciliary Care Service (Spectrum DCS) in June 2014. At that time we identified a breach in regulation in the management of medicines. The registered manager had

forward us an action plan and updated their medicines guidance. At this inspection we found improvements had been made in relation to medicines and the provider had met the relevant legal requirements.

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

# Summary of findings

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.

Spectrum DCS is a domiciliary care service that provides care and support to people and children in their own home who have a diagnosis of learning disability. The care ranges from a few hours of support a week up to 24 hour care for people in supported living. A supported living service is one where people live in their own home and receive care and support in order to promote their independence. People have tenancy agreements with a landlord and receive their care and

support from the domiciliary care agency. As the housing and care arrangements are separate, people can choose to change their care provider without losing their home.

We visited by agreement, a person living in their own home where supported living support was being provided by this service. Staff supported them throughout the 24 hour period.

We saw that people had developed positive relationships with staff who supported them. We saw staff encouraged people to engage in meaningful activity and spoke with them in a friendly and respectful manner.

The registered manager was confident about the action to take if they had any safeguarding concerns and had liaised with the safeguarding teams as appropriate. Risk assessments clearly identified any risk and gave staff guidance on how to minimise the risk. They were designed to keep people and staff safe while allowing people to develop and maintain their independence.

People were supported by stable and consistent staff teams who knew people well and had received training

specific to their needs. People and their relatives were involved in recruiting and choosing the staff who supported them. Efforts were made to match staff with people by identifying any shared interests and hobbies.

Staff were well supported through a system of induction and training. The registered manager spoke highly of the staff team describing them as committed and enthusiastic in their approach to their work. An external health care professional told us staff were motivated, committed and dedicated to supporting people in the community.

Staff had high expectations for people and were positive in their attitude to support. They helped people set goals and found innovative ways to work towards achieving them. Staff were respectful of the fact they were working in people's homes. The service offered flexible support to people and were able to adapt in order to meet people's needs and support them as they wanted.

Care records were detailed and contained specific information to guide staff who were supporting people.

People and relatives told us they felt involved in the development of the service and that management listened to any ideas and suggestions they had and took them on board.

The Health and Social Care Act 2008 requires providers to notify the Care Quality Commission of events and incidents which may have an effect on services. Whilst we had received notifications as required by Spectrum DCS staff, Spectrum senior management team had failed to notify us of incidents and events which might have impacted on the running of their services including Spectrum DCS.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. Risk assessments supported people to develop their independence while minimising any inherent risks.

There were sufficient numbers of staff to meet people's needs.

People were involved in recruiting staff and the associated processes were robust.

Good



### Is the service effective?

The service was effective. Staff were supported by a system of induction, training and supervision.

People received support from stable staff teams who knew their needs well.

People were supported to access other healthcare professionals as they needed.

Good



### Is the service caring?

The service was caring. Staff knew the people they were caring for well and communicated with them effectively. This showed us staff were able to respond to people's needs.

People were treated with dignity and their privacy was respected.

Staff supported people to access the community and extend their social networks

Good



### Is the service responsive?

The service was responsive. Care records were detailed, informative and regularly updated.

There were systems in place to help ensure staff were up to date about people's needs.

There was a complaints policy in place which people had access to.

Good



### Is the service well-led?

The service was not always well led. Spectrum had not notified the Care Quality Commission of events which might have affected the running of the service.

All new employees undertook Values Training as part of their induction.

Quality audits were carried out to monitor the quality of the service.

Requires Improvement



# Spectrum Domiciliary Care Service

## 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 12 February 2015 and was announced. The provider was given two days' notice because the location provides a domiciliary care service. The inspection was carried out by one inspector.

Before the inspection we reviewed any information we held about the service including past inspection reports. During

the inspection we spoke with the registered manager and divisional manager. We looked at two care plans, two staff files, staff training records and records relating to the running of the service.

We visited one person's home where we spoke with one person and met their relative. Following the inspection visit we spoke with another relative on the telephone. We also contacted two external health care professionals to gather their views on the service.

The registered manager told us that they provided personal care to four people in their own homes. They also provided outreach support to 10 people. Outreach support provides an opportunity for the person to go out during the day and for their carer to have some respite. Spectrum Domiciliary Service provided personal care and support to children and adults.

# Is the service safe?

## Our findings

We found at the inspection on 7 May 2014 medicines systems were not robust and therefore could place people at risk of harm. The registered manager had forwarded us an action plan and updated medicines policies. Staff had attended medicines training. From reviewing the systems we found that medicines were managed in a safe way. Care plans clearly stated what medicines were prescribed and the support people would need to take them. It also included what actions staff needed to take if someone declined to take their medicines which included liaising with the appropriate health professionals. Relatives told us people were reminded when to take their medicines when they needed them and that the new systems which had been put in place were “much better”.

We did not speak with people who used the service due to their health needs. Relatives told us they felt their family member was cared for safely. There were appropriate arrangements in place to keep people safe and reduce the risk of abuse. In the office were safeguarding and whistleblowing policies and procedures and staff were trained to recognise the various forms of abuse and were encouraged to report any concerns. The registered manager had a sound knowledge of safeguarding and had raised issues with the Local Authority when concerns had been identified.

The service had risk assessments in place which reflected the ethos and values of the service. They were designed to encourage people to develop their independence and normalise their lives. In discussions with the registered manager it was clear they recognised people needed to be exposed to an element of risk in order to achieve this as long as they and staff were not put at unacceptable risk. Risk assessments identified the risk and when it was more likely to occur. They described any precautions in place and further actions needed. There was clear guidance for staff on how to minimise the risk.

Accidents and incidents were recorded so any patterns or trends could be identified and action taken to reduce the risk of reoccurrence. The care plans gave clear guidance in what actions staff should take and in what sequence should someone they were supporting start presenting behaviour which was challenging to them.

The registered manager told us there were six support workers plus the registered manager. They had interviewed more people to undertake outreach work and a deputy manager post was to be advertised. The registered manager explained that following the candidates first interview by Spectrum staff, they invited the person or their relative to undertake a second interview with the candidate. One relative told us they had undertaken previous interviews and had been asked to attend the second interviews which were in process so that their view would be taken into account.

Recruitment processes in place were robust. New employees underwent relevant employment checks before starting work. For example references from past employers were taken up and Disclosure and Barring (DBS) checks carried out.

People were supported by a sufficient number of staff to keep them safe and meet their needs. Initial assessments were carried out by local authority commissioners and the registered manager then decided whether they could meet those needs.

Relatives told us that the system for supporting people with their finances was robust. They explained that a care worker had produced a spread sheet which showed all financial transactions. The relative felt this system provided more accountability and showed clearly where, when and on what money was spent. Spectrum had policies in how to support people with their finances.

# Is the service effective?

## Our findings

People received care and support from staff who were well trained and supported and knew their needs and preferences well. The registered manager told us, “We have a really committed staff team.” Staff teams were built around the person and staff were recruited to teams according to their specific skills and interests. For example one member of staff had an interest in fun fairs and trains which they shared with the person they supported?. Therefore on outings related to those interests that member of staff went with the person to help make the experience more enjoyable. This approach helped the development of positive relationships between people and staff.

Relatives told us when a relationship had broken down with a particular staff member, or people had expressed a preference they were able to exercise choice about who supported them. For example we were told that a person wished to receive care from female care staff only, this was respected and adhered to.

People were supported to attend regular health appointments with GP's and dentists. The service worked closely with other health professionals to help ensure people had access to the services they required to maintain their health. If the person wished to attend a health appointment with a relative, this was respected and if staff support was needed this was provided.

On starting work for Spectrum staff underwent an induction training programme which comprised of a mixture of training in the organisations head office and shadowing more experienced staff in people's homes until such a time the new employee felt confident to work on their own.. The induction programme enabled new staff to familiarise themselves with the services policies and procedures and undertake some training. Training included moving and handling, health and safety and medicine awareness. Any training specific to the needs of people being supported was also included for example autism and both adult and child protection training. The induction programme was in accordance with the requirements of the Common Induction Standards (CIS) which are recognised as good working practice in the caring sector.

Staff met with their line manager, called 'supervision', every six to eight weeks. The registered manager told us annual appraisals were due to commence. Records evidenced that supervisions occurred and covered training needs, individual professional targets for the staff member, any concerns regarding working practices or individuals using the service and ideas for progressing the individual development of people using the service. This showed us staff had the training and support they required to help ensure they were able to meet people's needs.

Staff had the knowledge and skills necessary to carry out their roles and responsibilities effectively. Training was updated regularly and staff told us they felt they had enough to do their jobs properly. Relatives and health professionals told us they considered care workers to be competent. We looked at the training records for the home and saw staff received regular training in areas essential to the service such as fire safety, infection control and food hygiene. Further training in areas specific to the needs of the people using the service was provided. For example training in autism awareness, Positive behaviour management and communication techniques. Staff all said they had enough training to do their job properly.

Staff had received Mental Capacity Act (2005) training. This is legislation which makes sure people, who do not have the mental capacity to make decisions for them, have their legal rights protected. From our discussions with management we found they had an understanding of the need to gain consent from people when planning and delivering care. We saw in people's records that capacity assessments had been undertaken. Where it had been assessed the person did not have capacity to make a decision a multi-agency best interest meeting was held with the persons representatives so that how care would be provided in the future could be discussed and agreed, for example how to receive dental treatment.

People were supported to maintain a healthy lifestyle where this was part of their care plan. People chose what foods they would like and were supported to go shopping to purchase the items. A record of food provided was kept which showed the person had a varied diet. People's 'likes and dislikes' were also identified, for example one person's care plan stated, 'I like cheesy chips' and this was then provided.

# Is the service caring?

## Our findings

Relatives told us they thought the staff were caring and respectful to people they supported. We observed interactions between staff and a person they supported. We saw staff were respectful and spoke to the person kindly and with consideration. They were unrushed and caring in their attitude towards people.

The registered manager spoke fondly of the people they supported. Comments included; “It’s just great to see how [person’s name] has grown in confidence.” The registered manager told us about people’s backgrounds and described the progress they had made and the pride they took in their achievements. An external healthcare professional told us staff “go over and above and listen to people and their relative’s views in how to support the person.” And, “staff members are motivated, committed and show great dedication.”

Care records contained information about people’s personal histories and detailed background information. This enabled staff to gain an understanding of what had made people who they were today and the events in their past that had impacted on them.

People’s care plans showed preferred communication skills were identified and respected. The service had liaised with the Speech and Language Therapist (SALT) to look at creative ways of communicating with people. For example the use of technology, and sound mats. A newsletter had been devised to ensure staff were aware of the differing communication skills that could be considered. People the agency supported communicated in a variety of ways, for example some people responded verbally and others also

used picture symbols as a visual tool to assist them in understanding what activity they would undertake next. We saw pictures and photographs were used to help people make choices and supplement information, for example within care documentation. We saw that an easy read version of the persons support plan had been devised and that the person had signed this to show they agreed with how their support was to be provided. This showed the agency shared information with people in a meaningful way.

Staff explained how they worked with the person to help ensure they had a voice and opportunity to contribute to decisions about their day to day lives. Relatives told us they felt their family member was treated with respect and their privacy was upheld. Care plans described how people needed to be supported in order to protect their dignity. Staff told us they always checked before providing personal care and ensured people were happy to continue. They were able to explain what they would do if personal care was refused.

Peoples care records contained one page profiles which outlined their likes and dislikes, preferences, what others liked about the person and what was important to and for the person. For example one of the profiles stated the person liked to visit steam trains. Staff supported the person on a trip to see the steam trains. This positive information allowed staff to gain an understanding and knowledge of the person.

Staff talked about the need to remember they were working in people’s homes and be mindful of this. For example they asked the person for their permission as to whether an inspector could visit them in their home.



# Is the service responsive?

## Our findings

Care records contained information about people's initial assessments, risk assessments and correspondence from other health care professionals. People had care plans which detailed the support to be provided on a daily basis. For example when providing personal care to a person it detailed that the person's preference was to 'rinse hair with clean water using the shower head.' Therefore the care plans informed directed and guided staff in what support was needed and how it should be provided.

Systems were in place to help ensure staff had access to the most up to date information about the people they supported. Information was also recorded in people's daily records and communication books which were kept at people's homes. Staff were required to sign these to confirm they had read them. At households where twenty four hour support was provided, there were staff handovers when shifts changed. Learning logs were completed which identified what activity the person had participated in, and how the person responded to the activity. For example when a person went shopping the logs recorded what went well and where the person needed assistance. This then enabled staff to identify how to appropriately support the person in this task.

People's support was designed around their individual needs and there was evidence the service had worked with other health care professionals in order to develop support plans which met their needs. For example we saw one person had a goal to go become more independent and wanted to reduce the level of staff support as their confidence in their self-care skills increased. A plan was put

in place by the multi-disciplinary team which outlined how this was most likely to be achieved and the steps staff would need to take to help the person accomplish this. The level of staff support the person received had reduced from 63 hours a week support to 14 hours. This demonstrated people were supported to develop and maintain their independence.

The registered manager prided themselves on their ability to adopt a flexible approach to supporting people. A relative told us the care worker had changed the hours they worked to accommodate the persons routine so that they could attend a day placement. We saw during our inspection the persons relative negotiate with staff so that they could both attend a party that day.

People were supported to access the local community and they told us they were taking part in activities that they enjoyed and wanted to do. Relatives told us people were supported to attend activities that interested them, for example going to the fair and steam trains.

Relatives knew how to contact the office at all times and would contact them if they had any concerns or complaints. We saw the complaints book and noted that Spectrum had received concerns in 2014. The action Spectrum took to address the concerns raised was documented and showed an appropriate response was taken to resolve the issue and within the guidelines laid down in the complaints policy. One relative said they felt that if they reported issues they had a mixed response in how they would be received. Another relative said if they had any 'niggles' they would talk with staff or the registered manager and were confident their concerns would be addressed.



# Is the service well-led?

## Our findings

The Health and Social Care Act 2008 requires providers to notify CQC of events and incidents which may have an effect on services. Whilst we had received notifications as required by Spectrum Domiciliary Care Service (DCS) staff, Spectrum senior management team had failed to notify us of incidents and events which might have impacted on the running of their services including Spectrum DCS.

Relatives and a person told us they were involved in developing and running the service at an individual and organisational level. Their views were sought out and acted upon. The registered manager had meetings with people, their relatives and staff to gather their views on how the service was ran and to consider ideas for future development of the service.

An external healthcare professional told us, “the staff support (person’s name) in the manner that she wants, which shows they listen to what (person name) says and respond to their wishes.” And “Spectrum DCS was open to new ideas and suggestions to continue to support the person.”

The registered manager held team meetings and individual supervisions sessions with all staff. Minutes of these meetings were seen which evidenced that work practice was reviewed and training provided to develop staff skills further.

The registered manager was kept up to date with current guidance and passed any relevant information directly to staff. During induction new employees were required to undertake ‘Values training’. This introduced staff to organisational values contained in their policy which included giving people they supported ‘the same

opportunities for community living and development as anyone else in society.’ The registered manager told us staff who had been with the organisation for some time would also receive this training as it had not always been part of the induction programme.

Relatives were consulted regularly both formally and informally. There was an annual satisfaction survey and we saw the results from the most recent one were positive. Relatives told us they were pro-actively encouraged to approach the registered manager with any concerns or ideas they might have. They told us the registered manager was; “approachable.”

The registered manager and staff told us they were continually gathering the views of people who used the service. They did this formally using pictures and symbols to attempt to make the process meaningful for people. They ascertained people’s satisfaction verbally and also by observing and monitoring behaviour. This was recorded in a variety of ways including daily logs, incident sheets, and learning logs. This helped to capture people’s views.

The registered manager told us they had regular supervision and attended monthly managers meetings. They also had access to on-going support from the operational manager as they needed it. They told us they felt well supported in their role.

There were systems in place to monitor the quality of the service provided to people. Staff undertook a range of monthly and weekly checks which included financial records and medicines. There was an effective quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures.