

Spectrum Days

Spectrum Days

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 Days is a domiciliary care agency that provides care and support to people living in their own homes. It provides services to children, younger and older adults who have a range of needs which include learning disabilities, varied complex health conditions, physical disabilities, varied complex health conditions and sensory impairments. At the time of the inspection eight people were receiving support.

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.

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

Relatives told us their family members benefitted from receiving care and support from staff who approached their work with caring attitudes and treated people with dignity and respect.

People were supported by staff who had the knowledge to protect them from potential abuse as they knew how to recognise different forms of abuse and how to report this. Prospective staff underwent pre-employment checks to ensure they were suitable to provide care and support to people who used the service.

People's needs, and wishes were assessed alongside their representatives before their care and support started and; then kept under regular review.

The provider had processes to support people where required with their medicines. People would only require support to take their medicines if this was part of their care service.

Staff supported people with their diverse needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People had encouragement and support to carry on with the things they enjoyed doing in line with their support plans. Where required staff also supported and encouraged people to have enough to eat and drink.

Relatives felt their family members were treated with dignity and respect and staff showed warm and caring attitudes to the people they supported. The care and support people received reflected their personal needs and preferences.

People were supported to access appropriate health and social care professionals and services to ensure care remained responsive to their individual needs.

People were supported by their relatives who knew how to raise any concerns or complaints with the provider. The management team sought to involve people, their relatives and staff in the service.

The management team had processes to monitor and improve the quality of the service, there was a culture of openness and of reflection and learning.

People benefitted from a service where the management and staff team were committed to continue to provide personalised, supportive care to enhance people's lives as the service expanded.

Rating at last inspection:

The last rating for this service was good (published 10 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.

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 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 Days

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

This 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 homes. CQC regulates the personal care provided.

The service had a manager registered with the Care Quality Commission (CQC).

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection site visit activity started on 23 September 2019 and ended on 30 September 2019. We visited the office location on 23 September 2019 to see the registered manager and staff; and to review care records and policies and procedures.

What we did before the inspection

We looked at the information we had received about the service since the last inspection. Due to technical problems, the provider was not able to complete a Provider Information Return. 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.

We also contacted the local authority commissioners and Healthwatch to request their views of the service. Healthwatch is the independent national champion for people who use health and social care services. We used all of this information to plan our inspection.

During the inspection

We looked at a range of records. This included three people's care records and medicine records for one person receiving support to take their prescribed medicines. We also looked at a variety of records relating to the management of the service, including policies and procedures and quality assurance monitoring. We spoke with the registered manager, service manager, domiciliary care supervisor and three care staff. We also spoke with the relative of a person who used the service.

After the inspection

At the time of our inspection people who were currently using the service would have found it difficult to answer specific questions about their care and experiences of the support provided. In view of this we spoke with five people's relatives by telephone following our inspection visit to the providers office. This was to obtain their views and experiences of their family members care and support. We also continued to seek clarification from the provider to validate evidence found. We looked at staff training information.

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

Assessing risk, safety monitoring and management

- Relatives felt staff provided safe care and support to their family members in their homes and when going out. One relative told us, "They [staff] are very aware of the support [family member] needs to keep them safe." Another relative told us, "So safe, they [staff] know [family member] so well."
- Systems were in place to identify and reduce risks to people who used the service. People's care plans included individual risk assessments. These provided staff with clear information of any risks and guidance on the level of support people needed. For instance, one person had a particular health need where step by step guidance was in place to meet this need and show how risks would be reduced.
- Staff understood where people required support to reduce the risk of avoidable harm and how to promote people's independence whilst reducing potential risks. For example, supporting people with parts of their personal care they were unable to do safely whilst acknowledging what people could do.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who had received training in the subject of abuse and had been provided with written information by the registered manager about promoting people's safety.
- Staff knew people well and gave us examples of how they would recognise changes in people's behaviour or mood which could indicate people may be being harmed.
- Staff knew what action to take to support people if they felt they were at risk of harm or abuse. This included stating any concerns to the management team and external organisations with responsibility for upholding people's safety.
- The management team had a clear understanding of their responsibilities to identify and report potential abuse under local safeguarding procedures.

Staffing and recruitment

- Relatives and staff told us they believed there were enough staff to be able to support people's safety both in their home or when going out.
- Each person had an agreed amount of support, related to their individual needs and abilities, as agreed with the commissioners of care.
- Staff told us and rota's showed people who used the service were supported by a regular and consistent team of staff who had supported the same people for some time.
- There was an on-call system in place and staff confirmed they could always seek additional support from the management team or their colleague's on-call when needed.
- Staff told us how the rota's and on-call systems were managed and how they gave assurance people's safety was set at a high priority by the registered manager.

- The provider had a recruitment process which had the relevant checks to ensure new staff were of good character and suitable to support people who used the service.

Using medicines safely

- At the time of our inspection relatives mostly supported their family members with their medicines.
- Medicine records for one person were completed to show they had received their medicines as required. This included the time the person was supported to take their medicine.
- The registered manager had a process for checking medicine administration records regularly to ensure staff were supporting people with their medicines correctly.

Preventing and controlling infection

- The provider had processes in place to reduce the risk of the spread of infection.
- Staff had access to disposable gloves and aprons. Staff understood the importance of good infection control and what measures needed to be taken, including effective hand washing. All staff had received training in safe infection control practice.

Learning lessons when things go wrong

- The registered manager had processes in place to review any incidents if these happened, so lessons could be learnt. In addition, staff showed they had knowledge of how to reduce incidents which may impact on people's safety and welfare.

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 has 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, planned and regularly reviewed to ensure any changing needs were met. On this subject, one relative told us, "The care for [family member] is tailored to meet their needs."
- People's assessments included information about their individual health and care needs, personal preferences and cultural requirements.
- Staff applied learning effectively in line with best practice, which led to positive outcomes for people and supported a good quality of life. One relative told us, "They [staff] have a good relationship with [family member] and [staff] support them really well."

Staff support: induction, training, skills and experience

- Relatives described how staff had the right skills and abilities to support people effectively. One relative told us, "They [staff] are all fantastic at helping [family member]." Another relative said, "They're [staff] really good, they know what to do."
- New staff were provided with an induction period and were introduced to the care certificate which includes training in the fundamental standards of care for all staff that work in the health and social care sector.
- Staff told us they felt well prepared, because they had time to get to know people well over time. A recently employed staff member said before they worked with people independently they had worked with other experienced staff. The staff member explained how this approach had assisted them to understand people's individual needs and their preferences.
- Staff told us they were provided with the training they needed to be confident in their practice. One staff member told us their training had helped them to understand the specific needs of people they supported. Another staff member said they were provided with, "Good opportunities to learn more about people's needs. I did enjoy the sign language training."
- Staff had regular supervision [one to one] meetings where they could discuss their caring roles and personal development. Unannounced observational spot checks in how staff supported people in their own homes took place on a regular basis.

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

- People had the support they needed to ensure they could eat and drink safely. For example, staff knew about any specific dietary requirements and any choking risks.
- Where required there was a system that was used to record what people were eating and drinking and highlight any concerns staff may have so this could be followed up.

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

- Staff worked closely with other organisations to ensure the best possible quality of service was provided.
- Staff gave us examples of work they had undertaken with other professionals, so people's needs would be met. This included working with dieticians and attending reviews held in schools.
- People had advice and treatment from health and social care professionals.
- People's care records showed they had access to the advice and treatment from a range of healthcare professionals. These plans provided enough information to support each person with their health needs.

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 and found they were.

- Relatives told us staff communicated with their family members during the support provided and used different communication clues to ensure their involvement in any activity.
- Staff we spoke with understood people's rights under the MCA, including the need to support and respect people's day to day decision making.

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

- Relatives told us their family members were treated with kindness and were positive about staff's caring attitude. One relative told us, "Care is absolutely wonderful" and "[Domiciliary care supervisor] is a knight in shining armour. They [domiciliary care supervisor] understand the impact on us too." Another relative said, "They [staff] are very caring."
- Staff showed they had caring attitudes as they gave examples of how when assisting people with bathing or showering they would make this time interesting for the person whilst meeting their needs. For example, using sensory lights to stimulate people and create an enjoyable experience.
- Staff and management recognised the need to promote people's equality and diversity as part of their work. This included having knowledge of people's personalities, individual needs and what was important to people.

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

- Staff enabled people to make decisions about their care; and knew when people wanted help and support from their relatives.
- When people had expressed their views about their preferences these were respected. Staff could describe, and records confirmed, people's views about how they preferred to be supported had been acted on to promote positive outcomes.
- People's individual communication needs had been assessed and recorded to enable staff to promote effective communication with each person. On this subject one relative told us, "They [staff] know [family member] well enough to understand what [family member] likes and dislikes."
- The registered manager had systems and procedures in place to encourage people and their relatives to share their views and suggestions regarding the service.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us people were treated with dignity, respect and their independence were promoted. One relative said, "Without any shadow of doubt they [staff] are always respectful and helpful."
- Staff told us they took pride in providing care that was high quality and tailored to people's individual needs. Staff reinforced the importance of promoting dignity and respect in everything they did. For example, staff told us they ensured doors were closed when assisting people with their personal care needs.
- Confidential information was securely stored and protected in line with General Data Protection Regulations (GDPR). This showed people's sensitive and private information was not unnecessarily shared with others.

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

- Relatives spoke positively about how the care and support provided met their family member's individual needs. One relative commented, "I can see it in my [family member's] face. Staff collect [family member who has] beams of smiles for them [staff]. They [staff] just know his needs." Another relative told us, "They're [staff] absolutely know how to provide the right support to [family member]."
- Care and support plans were in place which identified people's support needs and preferences for their care. Care records contained relevant information and were up to date. On the subject of care records the management team shared they were continuing to review these and make further improvements.
- Staff knew people's needs well which one staff member told us helped them to respond to people's needs in the best way for each person. Another staff member said, "They [people who used the service] have all got their own different needs and it's about helping them in ways they prefer."
- Staff and the management team had a strong commitment to putting each person at the centre of the support they provided. This commitment was evident in all staff we spoke with and in how people's needs were flexibly responded to. For example, a relative needed to receive hospital treatment and emergency care could not be found for their family member. However, it was agreed overnight care would be provided by a staff member who knew the person and it meant their relative was reassured their family members needs would be effectively responded to.
- Another example, showed how staff transported a persons equipment in the provider's vehicle. This action was taken so the person was able to also use their equipment to improve and support their physical needs when they were away from their home prior to their hospital treatment .
- People and their representatives were involved in the review of their care. One relative described how they were updated regularly and were assured staff were responding to their family member's needs.

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 care records included detailed information about their communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where the provider was responsible for supporting people to access community-based activities and pursue their interests this was provided in line with people's preferences. The provider had a day care

service. People were supported to attend the day care service and had opportunities to do different things for fun and interest. One relative described how friendships were kept going at the day centre.

Improving care quality in response to complaints or concerns

- Relatives we spoke with knew how to make complaints should they need to and were confident they would be addressed.
- The provider had a complaints policy and procedure and the registered manager acted on complaints in an open and transparent way. They used any complaints received as an opportunity to improve the service.

End of life care and support

- At the time of the inspection, no people using the service were receiving end of life care. The management and staff team understood the importance of providing good end of life care to people.
- Relatives were supported to have conversations about their family members' wishes for the end of their life.

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.

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

- Relatives consistently told us their family members received good quality care which achieved positive outcomes for people. One relative told us, "I can't thank them [management and staff] enough. Absolutely impeccable at looking after my [family member]."
- The registered manager was committed to ensuring people who used the service were at the centre of their care. It was evident during discussions with staff they knew people who used the service well and put these values into practice. One staff member, "I love knowing I've made a difference to someone's [people who use the service] life."

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 understood and acted on their duty of candour. Processes were in place to investigate incidents and complaints, apologise and inform people why things happened.

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

- The registered manager was supported by the service manager and domiciliary service manager. As a management team they monitored the care and support provided on a continual basis. They addressed any issues quickly and encouraged people to raise any niggles or concerns, so they could be resolved. All feedback received was used to continuously improve the service.
- Staff spoke about people's care and their work for the provider with clear enthusiasm, referring to a strong sense of teamwork. They felt well supported and valued by the management team. One staff member told us, "They [management team] are very supportive. It's a nice place to work. We are all [staff and management] here for the same reason."
- The management team were continually making improvements to monitor the quality of the care and support people received. These included, care and support plans, observations of staff practice, quality checks and regular reviews of people's care.
- The management team were passionate and worked to develop their staff team so staff at all levels understood their roles and responsibilities as the service continued to grow.
- The registered manager understood their role and responsibilities which included communicating all relevant incidents or concerns both internally and externally to the local authority and the Care Quality Commission [CQC] as required by law.

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

- People who used the service, relatives and staff were included in the development of the service. Surveys about the views and experiences of people were completed, and responses analysed and used to plan and improve the service. Feedback from surveys was very positive. For example, one relative comments read, "All staff treat [family member] with respect which also extends to the rest of the family. Staff are friendly, polite, punctual and ensure that all of [family member's] needs are carried out to exacting standards. We would be lost without the valuable support that we received from Spectrum Days."
- Meetings were held for all staff at all levels for people to share ideas and make suggestions.

Continuous learning and improving care

- The registered manager understood their legal requirements. They were open to change, keen to listen to other professionals and seek advice when necessary.
- Staff meetings took place. These meetings covered updates about the service, people receiving the service, updates and any other business.

Working in partnership with others

- The management and staff team worked in partnership with other professionals including social workers and dieticians to ensure people's needs were met and good outcomes achieved.