

Spectrum Days

# Spectrum Days

## Inspection report

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Date of inspection visit:  
03 May 2023

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Spectrum Days is a domiciliary care agency which is registered to provide personal care and support to children and younger adults, living with a learning disability and complex health needs in their own homes. At the time of our inspection there were 5 people receiving personal care from the service. 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were skilled in the management of medicines. Risk assessments were in place and provided enough detail for staff to provide safe care. Staff were recruited safely and in line with the providers policy.

### Right Care:

People received care that was provided by trained staff who knew them well. Care records provided enough detail, so people received care which was person centred and relevant to their needs. Staff received specific training in how to support people with learning disabilities and autistic people.

### Right Culture:

The provider had good oversight of the service. They promoted a positive culture where support and care of people was the highest priority. People received safe care in a timely way. The registered manager and staff worked with other professionals to achieve good outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 29 January 2021) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from Requires Improvement to Good based on the findings of this inspection.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 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 Health and Social Care Act 2008.

#### Inspection team

One inspector carried out the site visit and an Expert by Experience made phone calls to relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 03 May 2023 and ended 04 May 2023. We visited the location's office on 03 May 2023.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

People using the service were not able to communicate by telephone with us to reflect their views. We spoke with 3 relatives of people using the service about their experience of the care provided. We spoke with 6 members of staff including the manager, senior staff, and care workers.

We reviewed a range of records. This included 3 people's care records in detail, and multiple medication records. We looked at 3 staff files in relation to recruitment and staff support. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection, the rating has changed to Good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to demonstrate people's medicines were managed and administered safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was now meeting this regulation.

### Using medicines safely

- Medicines were managed safely. Medicines administration charts were completed. All prescribed medicines including oral creams were included so staff knew what to administer and could do this safely.
- Staff received training in how to administer medicines. They gave clear examples of how they follow the protocols and medicines administration sheets to do this.
- The registered manager and senior team audited the medicines administration sheets and used this to identify where improvements could be made. Actions had been taken in response to omissions identified.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks for people had been and monitored. A relative said "We have reviews, and the care plan is sent to us, so we put in a couple of tweaks if we think it's needed."
- People's safety and ongoing risk was managed well. People received a comprehensive assessment before admission to the service to identify their needs. Care plans and risk assessments were detailed and personalised to help ensure staff provided safe care.
- Lessons had been learnt. For example, if someone had a fall this was assessed using e systems and processes in place to ensure steps were taken to prevent this reoccurring. Information from lessons learnt was shared with staff to improve the care provided.

### Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to help identify and protect people from the risk of abuse.
- A relative said "They [person's name] do get safe care. Staff know [person's name] well. "
- Staff understood their responsibilities to keep people safe. They knew what type of concerns to report to their manager and how to do this to ensure they were acted upon.
- The registered manager had effective safeguarding systems in place. They ensured staff received training in safeguarding for both children and adults and understood what to do to keep people safe from harm. They had regular contact with the local safeguarding team to ensure concerns were followed up.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- The service was working within the principles of the MCA and staff understood their responsibilities to keep people who lacked capacity safe.
- Staff supported people to make decisions about their care which was person centred. This included their preferences for staff who knew them well.

#### Staffing and recruitment

- There were enough staff to support people safely. A relative said, "The majority of carers are the same ones who know [name of person] well. New staff work alongside experienced staff for a while."
- Staff were recruited safely and in line with the provider's policy. This included asking for references and completing checks with the Disclosure and Barring Service. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- Systems were in place to ensure staff worked safely and in accordance with the provider's Infection, prevention, and control policy.
- Relatives said there had been no issues with staff using personal protective equipment (PPE) while providing care.
- Staff had received training in the use of PPE and discussions with staff confirmed they followed the guidance set out in the providers policy.



# 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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection we recommended the provider seek advice and guidance from a reputable source, about supporting people to express themselves and their unique needs are known and celebrated, in line with best practice guidance. At this inspection we found improvements had been made.

- The provider, management team, and staff received training and demonstrated a good understanding of equality and diversity. This included the protected characteristics of the people they supported. This information was reflected in the care records so that care was personalised.
- Staff said the service was well managed. They said the culture was supportive and spoke of the registered manager and senior leadership team being approachable. One staff member said, "It's a very supportive environment." Another said, "I love it here."
- The registered manager ensured staff were trained and received regular supervision. Staff stated they could ask questions and knew they would receive a prompt and supportive response.
- People and relatives gave feedback about the service. This is a small service, so the registered manager and senior staff knew people being supported well and this helped to ensure people were happy with the care they received.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had good oversight of the service. Audits were completed and action plans developed to ensure continuing quality improvement.
- The provider ensured the service was supported by a strong leadership team who were experienced in providing diverse and bespoke care packages to people with complex needs.
- The registered manager understood their role and responsibilities for informing CQC when reportable events occurred such as safeguarding.

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; Working in partnership with others

- Relatives views about communication with managers was mixed. This related to call times and not always being informed if calls would be late or missed. One relative said, "they're on time but if they are late, they

call or text saying if they're stuck in traffic." Another relative said "If staff change on the day, they [management team] don't always tell me. It's all about communication and needs to be sorted." The registered manager said this would be addressed to ensure people knew who would be providing their support at the earliest opportunity.

- The registered manager and staff ensured each person had the right professionals involved in their care and support, so they felt safe and happy. This included health professionals and social care staff.