



Inspection Report on

Spectrum Healthcare

**St Georges Court
Church Square
Tredegar
NP22 3DU**

Date Inspection Completed

05/11/2021

5 November 2021

Welsh Government © Crown copyright 2021.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk

You must reproduce our material accurately and not use it in a misleading context.

About Spectrum Healthcare

| | |
|--|--|
| Type of care provided | Domiciliary Support Service |
| Registered Provider | Spectrum Healthcare Domiciliary Care Limited |
| Registered places | 0 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 18 January 2021 |
| Does this service provide the Welsh Language active offer? | Yes |

Summary

We (CIW) undertook an unannounced focused inspection due to deficits found at the previous inspection around the delivery of care and support and the management of the service. At inspection, we saw that new monitoring systems have been introduced to support the running of the service. Staffing levels have improved, reducing the number of late calls and improving continuity. Travel time is included in staff rotas. People's personal plans are more detailed and reviewed in a timely manner. New care staff are recruited safely, provided with support and training. Senior staff undertake a range of spot checks to ensure staff provide appropriate care and support. Improvements made to prevent unnecessary risks of poor outcomes for people need to be embedded into service delivery and sustained going forward.

Well-being

The service sets out to promote people's wellbeing. Personal plans are detailed and person centred. Plans include what matters to people and outlines people's routines. Consistency of care staff is improving. Late calls are reducing. Care staff recruitment and turnover has improved. Systems to safeguard people from harm have improved. Complaints are now addressed appropriately.

Care and Support

People's experience of care and support has improved. People's personal plans are detailed providing clear guidance for staff how to meet individual needs. Call monitoring systems showed a reduction in the number of late calls. When late calls occurred explanations and evidence of communication with people receiving the service were available. Increase in care staff numbers improves reliability, provides better continuity and reduces the need for care staff to work excessive hours. The provider undertook a review of staff rotas with amendments made to ensure they are reflective of tasks required within calls. Staff we spoke with stated they had time to travel from call to call. Staff rota's we examined confirmed this. The provider is currently reviewing reimbursement arrangements for staff. Staff told us they felt supported to carry out their roles and management were always available to discuss any concerns.

Leadership and Management

The responsible individual (RI) maintains oversight of the service and completes regular quality reports for the service. Following our previous inspection the provider had produced an action plan to support and evidence actions taken to improve the service. The introduction of new monitoring and audit systems improves service delivery to ensure people remain as safe as possible. Including a full review of all personal plans, to ensure they are up to date and contained required information for staff to follow. Increased oversight of accidents and incidents have been introduced. The provider submits the required notifications of relevant events to CIW. Complaints are logged, investigated with outcomes identified and put in place, letters explaining outcomes are sent to person raising the concern. For ease of reference information relating to each complaint should be kept together.

The care staff files we viewed showed all pre-employment checks are completed before staff start work. Staff receive training and support to ensure they had the skills and competence to support people. Care staff receive regular supervision with their line manager. This one-to-one support provides opportunity for staff members to discuss any concerns or training needs they may have and for their line manager to provide feedback on their work performance. Senior staff undertake regular spot checks of staff performance when providing care to people in their own homes. During these spot checks, senior staff also ask the views of the people receiving support. We saw one person said, *“Nothing is ever too much for them.”*

Summary of Non-Compliance

| Status | What each means |
|---------------------|---|
| New | This non-compliance was identified at this inspection. |
| Reviewed | Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection. |
| Not Achieved | Compliance was tested at this inspection and was not achieved. |
| Achieved | Compliance was tested at this inspection and was achieved. |

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

| Regulation | Summary | Status |
|------------|--|----------|
| N/A | No non-compliance of this type was identified at this inspection | N/A |
| 21 | Reg 21(1) - Care and support (overarching) | Achieved |
| 26 | Reg 26 - Safeguarding | Achieved |
| 34 | Reg 34(1) - Staffing levels | Achieved |
| 60 | Reg 60 CIW are not being informed of all reportable incidents. | Achieved |

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

| Area(s) for Improvement | | |
|--------------------------------|---|---------------|
| Regulation | Summary | Status |
| N/A | No non-compliance of this type was identified at this inspection | N/A |
| 36 | Not all staff are being supervised at appropriate intervals. | Achieved |
| 35 | Not having sufficiently robust staff recruitment arrangements in place. | Achieved |

Date Published 10/12/2021