



Inspection Report on

Spectrum Healthcare

**Social Care Training Centre
St Georges Court
Tredegar
NP22 3DU**

Date Inspection Completed

05/11/2021

5 November 2021

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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	21 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. The model of care documented in the service's statement of purpose reflects the support provided. 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 to prevent unnecessary risks of poor physical and emotional wellbeing outcomes for people need to now be embedded into service delivery and sustained.

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 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 about 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. Improvements in the day to day oversight of care delivery have been made.

Leadership and Management

The responsible individual (RI) maintains oversight of the service and completes regular quality reports. An updated statement of purpose (SOP), a key document outlining the visions and functions of the organisation was available. 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 the 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. Improvements in the day to day oversight of care delivery have been made. 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. The comments and feedback from people receiving a service was predominantly positive.

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
26	Reg 26 - Safeguarding	Achieved
34	Reg 34(1) - Staffing	Achieved
41	41(4)(a) - Travelling time	Achieved
64	Regulation 64(2)(d) - management of complaints.	Achieved
21	Regulation 21 (1) - overarching care and support	Achieved
21	Regulation 21(1) - Overarching Care and Support	Achieved
60	Reg 60 - CIW were not told about 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
7	Reg 7(2)(a) - the Statement of purpose is out of date	Achieved
36	Not all staff were receiving supervision as per regulatory requirements (3 monthly)	Achieved
35	More robust staff recruitment processes are required.	Achieved

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