



Inspection Report on

Spectrum Healthcare Powys Limited

**11 Gwent Shopping Centre
Tredegar
NP22 3EJ**

Date Inspection Completed

03/05/2024

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About Spectrum Healthcare Powys Limited

Type of care provided	Domiciliary Support Service
Registered Provider	SPECTRUM HEALTHCARE POWYS LIMITED
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	First inspection following a re-registration of the service under a new company name.
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

Spectrum Healthcare Powys Limited is a domiciliary support service that provides care and support to people in their own homes within the South Powys region of Wales.

People receiving a service and their representatives are mostly complimentary about the service provided. Each person receiving a service has a personal plan, that includes people's identified needs and preferences. Plans are reviewed on a regular basis. Identified risks to people are not consistently assessed or provide guidance for care staff to follow to manage these risks.

People are supported by care staff who are safely recruited and vetted. . Staff we spoke with are complimentary about working for the service and said the management are accessible and approachable. Care staff receive supervision and attend regular training which supports them to perform their duties.

New governance arrangements, monitoring and auditing systems are being introduced to support the operation of the services. The Responsible Individual (RI) is a regular presence at the branch office.

Well-being

The service tries to encourage people to have as much choice and control over their everyday lives as possible. Prior to the service commencing, an assessment of needs is completed and care visit times are agreed. People are given information about the service and how they can complain if they are not happy with the service they receive. People's preferences are included in their personal plans. People are encouraged to share their views about the service they receive. We saw feedback from recently returned questionnaires which were positive overall. Personal plans are usually signed by either people receiving a service or a representative confirming their involvement in the development of the plan. People receiving a service and their families told us they are generally happy with the care and support they receive.

People receive the support they need to maintain their health and well-being. The service assesses people's care and support needs. These are documented in personal plans which, include guidance for staff to follow on each call on how to support individuals with their needs. Feedback from people and their representatives suggests care staff treat people with dignity and respect. The service has systems in place for the safe management and administration of medication. Care staff receive medication training and competency checks are carried out to ensure people are safeguarded.

Systems and processes in place to safeguard people require development. Personal plans which have identified risks do not always have accompanying risk assessments to outline how care staff can manage risks to people's safety and well-being. The RI assured us this would be prioritised. Character and suitability checks of staff to undertake their roles are in place. Staff files and training records show care staff receive training to ensure people's safety; this includes training in safeguarding, medication, moving and handling. The provider has a safeguarding policy and guidelines for staff to follow. A programme of spot checks in the community helps ensure staff maintain good standards of practice.

Care and Support

People receiving a service and their representatives are overall positive about the service they receive, *“A really good service”* and *“staff do their best for him”*. Recently returned questionnaires were also overall positive with comments including *“I am very happy with the carers and the service provided”*.

Each person receiving a service has a personal plan in place, covering core areas of care and support needs. Plans are person centred and contain information about individual needs, which explains to staff what matters most to the people in their care. On a daily basis staff record the care and support delivered to each person. This can often be task orientated and minimal in content. Personal plans are usually signed by either people receiving services or their representative. Personal plans which identify risks to the person and those supporting them, do not always have accompanying risk assessments to show how these will be managed or provide clear guidance for staff to follow. For example, a person at risk of falls did not have an appropriate risk assessment in place with steps to minimise harm. Other people with identified risks of verbal and physical aggression towards staff did not have an appropriate risk assessment or guidance for staff to follow. This is an area for improvement, and we expect the provider to take action.

There are measures in place to assist people with their medication. A medication policy and procedures are in place that provides guidance to staff. Personal plans document the extent to which individuals need support with medication administration. Staff undertake routine medication training and competency assessments are carried out to further safeguard people.

Leadership and Management

The service provider has recently re-registered the service with Care Inspectorate Wales (CIW) due to a change in the legal entity. The service has been operating for a number of years under the same service provider/RI.

New governance arrangements are being implemented to support the operation and assess/monitor the quality of the service provided. A manager with a small team of care managers oversee the day-to-day running of the Powys service. Systems to inform the RI of issues that occur and actions taken as a consequence are being further developed, including a monthly desk top audit as described in the Statement of Purpose. The RI is a regular presence at the registered offices which allows him to be part of the management team. Quarterly quality assurance processes that review standards of care, including the views of people receiving a service, representatives and staff are being further developed to follow statutory guidance and will be reviewed at the next inspection.

Selection and vetting arrangements for staff are sufficiently robust. Pre-employment checks are completed in the form of a disclosure and barring (DBS) check, employment histories, proof of identity and obtaining satisfactory references. There are systems in place to support staff and develop their skills. Staff receive regular formal supervision with a line manager. This one-to-one support provides an opportunity for staff members to discuss any concerns or training needs they may have and for feedback on their work performance. Staff have opportunities for updating their knowledge via internal and external training. Care staff can attend team meetings to discuss the operation of the service, the frequency of these meetings needs to be embedded going forward. There is commitment to ensuring all care workers undertake the qualifications required to enable them to register with Social Care Wales (SCW) the workforce regulator.

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

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
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15	The service provider has failed to ensure identified risks for people are assessed and what steps are to be taken to reduce these risks.	New
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