



Inspection Report on

Spectrum Healthcare Gwent

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

Date Inspection Completed

09/05/2024

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About Spectrum Healthcare Gwent

Type of care provided	Domiciliary Support Service
Registered Provider	SPECTRUM HEALTHCARE GWENT LIMITED
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	First inspection following 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 Gwent Limited is a domiciliary support service that provides care and support to people in their own homes within Gwent.

Each person receiving a service has a personal plan, that includes people's needs and wishes. Identified risks to people are not consistently assessed or provide guidance for care staff to follow to manage these risks. Plans are reviewed on a regular basis: however, following changes in care needs plans are not always updated in a timely manner. We found consistently early and sometimes late calls, result in calls not being sufficiently spaced throughout the day to meet people's identified needs and preferences. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address these issues.

People are supported by care staff who are safely recruited and vetted. Care staff receive supervision and attend regular training. Staff we spoke with are complimentary about working for the service and said the management are accessible and approachable. New governance arrangements, monitoring and auditing systems are being introduced to support the operation of the service. The Responsible Individual (RI) is a regular presence at the branch office and is an active part of the management of the service.

Well-being

People do not have as much choice as possible about the care and support they receive. Prior to the service commencing, an assessment of needs is completed for each person and care visit times are agreed. We were told and saw that care staff can often be very early and sometimes late and that staff continuity is not always consistent. Comments included *“call times can vary greatly and be too close together”* and *“I usually see the same staff, I am sorry to see the good staff leave which they always do, there has been lots of changes in the last twelve months”*. Reviews of personal plans should be completed as soon as changes in a person’s need have been identified to ensure they are fully reflective of the care and support to be provided. People are encouraged to share their views about the service they receive. We saw feedback from recently returned questionnaires was positive overall.

People do not always receive the support they need to maintain their health and well-being. The regular changes to call times impact on the care and support provided. Early and late calls result in them not being sufficiently spaced throughout the day to meet people’s identified needs for example support with continence care. Early evening calls result in people being supported to retire before their preferred time. People receive their prescribed medicines and have input from the relevant professionals when they need it. Care staff receive medication training and competency checks are carried out. Audits of medication administration will be overseen by the service manager going forward. The staff training programme includes bespoke training by healthcare professionals to meet individual needs.

Systems and processes in place to safeguard people require development. Personal plans which have identified risks for people do not always have accompanying risk assessments to outline how care staff can manage the risks to people’s safety and well-being. 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 and moving and handling. The provider has a safeguarding policy and guidelines for staff to follow. A programme of spot checks helps ensure staff maintain good standards of practice in the community.

Care and Support

Personal plans cover core areas of how an individual's care and support is to be provided. Plans are reviewed on a regular basis; however, when there is a change in care required, plans are not updated in a timely manner. For example, one person's package of care had increased with additional responsibilities for care staff including medication administration. The person's plan had not been updated fully to reflect the changes in the care and support staff are to provide. This is an area for improvement, and we expect the provider to take action.

The plans we reviewed were person-centred and contained people's likes, dislikes, preferences and social histories. Plans are usually signed by either people receiving services or their representative to evidence their agreement of the package of care to be supplied. 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 choking did not have an appropriate risk assessment in place to direct staff in the event of a choking incident. 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.

The service provider is failing to ensure that care and support is provided in keeping with individual assessments and personal plans. An electronic call monitoring system is in use. This requires staff to log when they start and finish the call. We found there is a lack of oversight and monitoring of call times. When reviewing call monitoring logs, we noted calls are consistently early and sometimes late resulting in calls not being sufficiently spaced throughout the day to meet identified needs for example, with continence care. We also noted individuals being supported to retire very early, on numerous occasions this was two or three hours before their preferred time. Staff rotas we reviewed showed the scheduled call times for staff to follow each day, yet these did not correspond to the actual call times logged. Representatives for people receiving a service we spoke with confirmed that call times can vary on a regular basis, causing anxiety for people receiving a service. The constant changes in call times are placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address these issues.

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 monitor the quality of the service provided. The current monitoring and auditing arrangements are not sufficiently robust, for example the monitoring of call times as discussed in the care and support section of this report. We saw no evidence of regular monitoring of calls to establish any patterns and trends, and if remedial action is required and taken. This is an area for improvement and we expect the provider to take action.

A newly appointed manager and a care manager oversee the day-to-day running of the Gwent 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 and undertakes an active role in the management of the service. 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. Bespoke training is provided by health care professionals. 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) 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
21	The service provider is failing to ensure that care and support is provided in keeping with individual assessments and personal plans in relation to call times.	New

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
15	The service provider has failed to ensure identified risks for people are assessed and set out what steps are to be taken to reduce these risks.	New
16	Personal plans were not updated in a timely manner to reflect changes in care and support needs.	New
8	The service provider has failed to ensure effective monitoring of call times.	New

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