

Spectrum (Devon and Cornwall Autistic Community Trust)

Menna House

Inspection report

Menna
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Menna House provides care and accommodation for up to five people who have autistic spectrum disorders. At the time of the inspection five people were living at the service. The service is part of the Spectrum group who run several similar services throughout Cornwall, for people living on the autistic spectrum.

This comprehensive inspection took place on 29 May and 1 June 2018. The first day of the inspection was an unannounced visit. On the second day of the inspection we arranged to visit Spectrum's head office to look at staff recruitment records. The last inspection took place in May 2017 when we identified a breach of the regulations. This was because daily records documenting how people had spent their time were not consistently completed. Audits and checks of records had not highlighted these shortcomings. The service was rated Requires Improvement at that time.

At this inspection we found daily records were completed using Spectrum's recently introduced electronic recording system. This prompted staff to complete information about how people had spent their time and their health and emotional well-being.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service requires a registered manager and there was one in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were comfortable and at ease with staff and within their environment. We observed people were able to choose where they spent their time moving between their own rooms and shared areas of the premises. Relatives told us they were confident their family members were safe and well supported by staff who knew them well and understood their needs.

The premises had been arranged to meet people's needs. Some people had their own lounge areas and could spend time alone if they wanted to. A sensory room was available for use at all times and this provided a pleasant and relaxing atmosphere in an otherwise busy environment. The property was well decorated and maintained. We had some concerns about the safety of the large garden and have made a

recommendation about this in the report.

Staff told us they were well supported and worked well together as a team. Roles and responsibilities were clearly defined and understood by all. Systems for communicating about changes in people's needs were effective.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. DoLS authorisations were in place for everyone living at Menna House. Where relevant, best interest processes had been followed to help ensure any restrictive practices were necessary, proportionate and the least restrictive option.

Activities provided were varied and met people's individual preferences and interests. People were able to go on spontaneous trips out as well as taking part in planned activities. Family contact was valued and encouraged. Relatives told us they were kept informed of any changes and were invited to take part in care plan reviews.

Care plans were detailed and informative. Staff recorded information about how people spent their time and their health and emotional well-being on a computerised system. This could be accessed by the senior management team and the behavioural team as necessary.

There were effective quality assurance systems in place to monitor the standards of the care provided. Audits were carried out regularly by the registered manager and staff. Relatives and people's views about how the service was operated were sought out.

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. There were enough staff to meet people's needs.

Staff knew how to recognise signs of abuse and were confident about how to safeguard people's rights.

Risk assessments were developed with clear guidance for staff on how to support people safely.

The premises were well maintained. However, there were a number of trip hazards in one area of the garden. We have made a recommendation about this.

Is the service effective?

Good ●

The service was Effective. Staff were supported by a robust system of induction, training and supervision.

Advice from external healthcare professionals was sought out when necessary.

People's rights were protected in line with legislation laid out in the Mental Capacity Act and associated Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was Caring. Staff were positive and enthusiastic about their roles.

People were supported to make day to day choices about how and where they spent their time.

Family relationships and personal friendships were respected and valued.

Is the service responsive?

Good ●

The service was Responsive. Care plans reflected people's physical and mental health and social needs.

Activities were planned in line with people's preferences and interests.

Communication tools and additional communication support was provided to enable people to access information and make choices.

Is the service well-led?

Good ●

The service was Well-Led. There was a thorough system of audits and checks in place to help identify any gaps in service delivery.

Staff told us they were well supported by the management team.

There was a positive and empowering culture within the staff team.

Menna House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The first day of this inspection took place on 29 May 2018 and was unannounced. On 1 June 2018 we made an announced visit to Spectrum's head office to check recruitment records. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed previous inspection reports and other information we held about the home including any notifications. A notification is information about important events which the service is required to send us by law. We also reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked around the premises and observed staff interactions with people. We met with the five people living at the service, the registered manager, the deputy manager and two members of staff. We looked at detailed care records for three individuals, staff training records, three staff files and other records relating to the running of the service. We also contacted two relatives and an external healthcare professional to hear their views of the service.

Is the service safe?

Our findings

At our last inspection in May 2017 we found staffing levels were appropriate and people were supported according to their needs and preferences. At that time there were two staff vacancies and a further two members of staff had handed their notice in. At this inspection we found there was a stable and consistent staff team in place. Rotas and support grids for the previous two weeks showed staffing levels had been consistently maintained. On the day of the inspection people were supported to go out on planned and spontaneous trips. The core staff team were supported by two bank staff members who knew the service well. A member of staff commented; "Staffing levels are better now."

When new staff were recruited they completed a number of pre-employment checks. This included Disclosure and Barring Service (DBS) checks and supplying suitable references. This meant people were protected from the risk of being supported by staff who were not suitable to work in the care sector.

During the inspection we spent time in an office at the service. The door was left open for most of the day and people were able to access the office. People approached staff for reassurance or just to spend time with them. They were comfortable, at ease and were confident when approaching staff. Relatives told us they had no concerns about people's safety. One commented; "We have turned up unexpectedly and never seen anything to worry us."

A safeguarding policy and information on how to report any concerns, was easily available to staff. Safeguarding was covered during the induction process for new staff, and was refreshed regularly. Staff told us they would be confident raising any concerns both within the organisation and outside if they felt that was necessary. One commented; "I know if I went to [registered manager] they would stop it dead."

When any safeguarding concerns were raised the provider and registered manager investigated the concerns to help ensure people's rights were protected. Where necessary, improvements were made to safeguard people in the future. For example, risk assessments were updated and staff given clearer guidance on how to support people in specific situations.

Risk assessments were in place so staff were aware of any identified risk and had clear guidance on how to support people safely. Risk assessments were regularly reviewed and updated as necessary. When people took part in new activities staff considered what the potential risks might be and the actions they could take to minimise them. New risk assessments were then developed to enable people to try new experiences safely.

People living at Menna could become upset or anxious and this could lead to behaviour that challenged staff or put themselves at risk. Each person had a relevant care plan in place which clearly detailed what could cause the person anxiety, how staff could recognise the person felt anxious and how to help them feel calm again.

Any incidents and accidents that occurred were documented. These records included details of the

background to the incident, any possible triggers identified, details of how staff had responded and information about the person's support needs following the event. The records were completed on the electronic record keeping system and reviewed monthly by the registered manager. This meant any trends could be identified and addressed.

The premises were clean and well maintained. Cleaning equipment was available and any potentially hazardous products were securely stored. Staff had completed infection control and food hygiene training. Cleaning schedules were in place and there were systems to help ensure staff were aware of their responsibilities for maintaining cleanliness. People were encouraged to take part in cleaning tasks.

There was a large garden area. A section had been divided off and was used as a private garden for one person. This was well cared for and the person told us they enjoyed spending time there. The rest of the garden was shared. There were a number of trip hazards such as uneven and crumbling paths and exposed pipe work. A garden shed and greenhouse were both in need of repair and a large adult swing was dirty. We discussed this with the registered manager who showed us a plan they were developing to improve the outside area. They told us people did not use the area independently and were always supported by staff.

We recommend that the provider considers how to identify and manage risks associated with the environment.

Fire drills were held regularly and Personal Emergency Evacuation Plans had been developed for each person. These documents provided staff and emergency service personnel with detailed guidance on the support each person would require in an emergency. All fire fighting equipment had been serviced to ensure it was ready for use and further weekly checks were carried out by staff. Water temperatures were checked weekly to ensure these were within a safe range.

Medicines were stored securely in a locked cabinet in people's bedrooms. Staff supported people to take their medicine in private. This meant their dignity was protected. All staff had received training to enable them to administer medicines and competency assessments were regularly completed. Staff were able to tell us the correct process to follow in the event of any identified medicines error which might impact on people's health and well-being. Creams were dated on opening so staff would be aware of when they would become ineffective or at increased risk of being contaminated.

People's monies were secured securely and individually. Records of expenditure and accompanying receipts were kept and these were audited regularly. We checked the amount of cash held against the records for two people and found these tallied.

People and staff's confidential information was protected. Records were stored securely in the service's office. They were up to date, accurate and complete. Information which was no longer required was destroyed.

Is the service effective?

Our findings

People's needs were assessed holistically to help ensure their physical, mental health and social needs were known and recorded in a range of care plans. For example, one person suffered from depression. This was recorded and there was guidance for staff on how to support the person during these times. Support provided as a result of assessments was focused on achieving positive outcomes for people.

Technology was used to drive improvement. Spectrum had introduced an electronic system for the recording of daily notes, appointments and incidents and accidents. This was accessible to senior management and Spectrum's behavioural team as well as staff at the service. This meant any changes in people's needs could be quickly identified and shared with relevant staff.

The registered manager considered how equipment could be used to help people develop their independence. For example, they had purchased a specialist teapot for one person so they could be encouraged and supported to pour drinks for themselves safely. Tea and coffee was very important to the person and they could become fixated on other people's drinks. The registered manager explained how they hoped giving the person more control over their own drinks might help them in this respect.

Staff had the appropriate skills, knowledge and experience to deliver effective care and support. Staff completed an induction when they started employment with the organisation which involved them completing the Care Certificate. The Care Certificate is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. Staff told us the induction was 'thorough.' An external healthcare professional commented; "Staff seem quite confident with them [people]."

Training identified as necessary for the service was updated regularly. This included safeguarding, the Mental Capacity Act and positive behaviour support. The registered manager and another member of staff had attended training for sensory needs provided by an external agency. The registered manager told us this had been useful and relevant to the people they supported. They were hoping to arrange for the rest of the team to attend. Staff received training in Equality and Diversity so they would be aware of how to protect people from discrimination when making decisions about their care and support.

Staff told us they were well supported by the registered manager. Supervision meetings were held which gave them an opportunity to discuss working practices and raise any concerns or training needs. The provider was introducing a system of annual appraisals for all staff. The registered manager arranged their working hours to make sure they had regular contact with all staff. For example, they often started early or finished late to give them an opportunity to meet up with night staff. They told us; "I want one [staff] team, not two."

People were able to make choices about what they ate and drank using pictures and photographs. Staff were aware of people's individual dietary needs and preferences and these were recorded in care plans. A relative told us; "Food is very important to [person's name]. He loves eating and staff often take him out for

lunch." It had been identified that one person sometimes seemed uninterested in meals. The registered manager had recognised that they might sometimes want to eat alone rather than in a group. They had put a table in the shared lounge so the person could choose where they ate. People were being supported to get more involved in food preparation. This demonstrated people were encouraged to develop an enthusiasm and interest in food which can reinforce healthy eating habits.

People were supported to access external healthcare services for regular check-ups. For example, they attended GP, dentist and optician appointments. One person was reluctant to attend medical appointments and arrangements had been put in place to ensure they received medical advice when necessary. Health Action Plans had been developed to share with other healthcare professionals if people needed to access external services.

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 Act 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. Capacity assessments had been completed to record when people were not able to give consent to certain decisions. Decisions taken on people's behalf had been made in line with the best interest process and involving external professionals, families and staff. Any restrictive practices were regularly reviewed to check they remained proportionate and the least restrictive option.

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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS authorisations were in place for everyone living at Menna House. Any conditions associated with the authorisations were adhered to.

Improvements to the environment had been made. The décor was light and gave the building a homely feel. A sensory room was available for people to use at any time and this was well equipped with coloured lights and comfortable seating. Shared areas were spacious and there was a choice of areas where people could spend their time. Private space and the opportunity to spend time alone was particularly important to two people and they had their own separate sitting rooms. One person also had their own kitchen area. Both people were able to choose time in shared areas and we observed this occurred on the day of the inspection. Living areas and bedrooms were personalised and reflected people's personal taste and interests.

Is the service caring?

Our findings

People appeared happy and contented and reacted positively to the staff supporting them. Throughout the inspection we observed staff being kind and compassionate to people. They thought about what might affect people's moods and took steps to help ensure people did not become anxious or worried. A relative told us; "[Person's name] is happy, that's the bottom line as far as we're concerned."

Staff told us they enjoyed their work and were positive and enthusiastic when talking with us. Comments included; "It's nice to see people coming on because of the time you've taken, really rewarding" and "I love it, I should have done it years ago. I'm a naturally caring person and I'm being paid to care for people!"

Some people had advocates to support them. The registered manager told us they valued this input. They arranged for advocates to meet with people outside the service so they could see them taking part in activities they enjoyed.

People were valued. Information in care plans was positive, for example, one page summaries focussed on people's strengths and abilities. Daily records were also positive with one record stating; "[Person] has been good company." The registered manager had high expectations for people and they shared this approach with the staff team. Staff were respectful when talking about and to people. They introduced us to people and asked if they minded us seeing their rooms and spending some time with them.

Staff knew people well and had an understanding of their communication needs and styles. There was detailed and informative information in care plans describing how people used words, simple signs and body language to express themselves. Social stories were sometimes used to help prepare people for specific events. For example, visiting the GP or hospital.

People were able to make day to day decisions and choices. Staff told us how they supported people to do this. For example, by holding up different boxes of cereal to choose from or different outfits. One person had a small photo album with pictures in to help them tell staff what they wanted. The registered manager told us the person could become frustrated if they were not able to communicate what they wanted and the album was a useful tool. They told us; "It's the small things that make the difference."

Care plans contained information about people's histories and backgrounds. This information is important as it can help staff gain an understanding of the events which have made people who they are. A relative told us staff knew their family member well and had an understanding of their needs. They commented; "We all know each other and we all get on alright. Staff are very nice, very helpful."

The registered manager told us they believed it was important people were supported to access the local community. For example, one person had started to visit a local hairdresser when previously their hair had been cut by staff using clippers. They told us; "[Person's name] really seems to enjoy it. They sit there very happily and it looks much nicer." People were involved in shopping for food and personal shopping. This meant they were able to be involved in choosing products they liked. For instance, staff encouraged people

to smell shower gels before choosing them.

Staff recognised the importance of family and personal relationships and worked to support them. The registered manager told us they had regular phone and email contact with families according to their preferences. This meant they were able to keep them up to date with any changes in people's health or social needs. When contact with families had decreased over time the registered manager had identified why this might have happened and made arrangements to re-establish regular contact. On the day of the inspection one person had a visit from a friend. The registered manager told us the two people had recently started to visit each other regularly and clearly enjoyed each other's company. They commented; "They have so much in common."

People's cultural and religious needs were respected. One person had recently lost a relative. A memorial garden was being created to help them to remember their family member.

Is the service responsive?

Our findings

At our last inspection in May 2017 we found daily records used to document how people had spent their time were not consistently completed. For some people there were days when no entries had been made in the records at all. Some of the entries lacked detail and therefore did not provide an overall picture of what people had been doing and their general well-being.

At this inspection we found daily records were completed using Spectrum's recently introduced electronic recording system. This prompted staff to complete information about how people had spent their time and their health and emotional well-being. The deputy manager told us they had discussed with staff how to complete the records to ensure they provided a comprehensive pen picture of people's days. We saw a sample of the records and saw these were informative and descriptive. For example, we saw written; "Lots of happy smiles and sounds."

Care plans outlined people's needs over a range of areas including their health and emotional well-being. There was information about what was important to and for people and their likes and dislikes. Staff had clear guidance on how they could support people with their emotional well-being as well as their health needs. There were detailed descriptions of people's routines and how they liked to be supported. These included information about what people could do for themselves and what they needed support with. The plans were relevant and up to date.

People were not able to access their written care plans due to their cognitive abilities and health conditions. The registered manager provided people with information that was meaningful and accessible to them. For example they had a series of extra-large photographs of places people visited to help inform them what was happening or enable them to make choices about where they went. The photographs included images of entrances to the facility as well as the interior or related pictures.

Care plans contained information on how people communicated and how they could be supported to understand any information provided. For example, with the use of social stories or simple signing. This meant the service was identifying and recording people's needs when accessing information in line with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Any changes in needs or how care and support was delivered were recorded and care plans updated accordingly. Staff had handovers between shifts to help ensure they were up to date with people's needs. Communication books were also used to record information. Staff told us they were kept well informed of any change in people's needs.

On the day of the inspection people went out on planned and spontaneous trips. Activities were arranged which met people's individual interests and preferences. For example, one person was interested in aircraft, enjoying the associated sensory experiences afforded by the loud noises. Staff had recently started taking them to the local airport to watch planes take off and land, checking first that flights were expected. They

were considering how they could develop this interest further. They had supported the person to visit an aircraft museum which they had enjoyed but were reluctant to climb the steps to go onto a plane. Staff told us they hoped to gently support the person to become more familiar with the environment and increase their confidence so they could board the plane. One member of staff told us; "People go out much more now."

The service had a policy and procedure in place for dealing with any concerns or complaints. There was an easy read version available for those who needed it. A relative told us, "I've always been able to talk to the staff. If I've had a problem, and it's never been anything big, I talk to them."

No one at Menna House was receiving end of life care. The registered manager had started to gather the views of people's families regarding the care they would receive at this stage of their life and afterwards. It is important people are given the opportunity to think about their end of life care before a crisis situation forces hurried decisions in emergency situations.

Is the service well-led?

Our findings

At our last inspection in May 2017 we found audits had failed to pick up on gaps in the daily records. At this inspection we found there was a series of audits and checks in place to help ensure any gaps in service delivery were quickly identified and addressed. Audits covered areas such as care plans, MARs, people's personal monies and incidents and accident reports.

The service requires a registered manager and there was one in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was supported by a deputy manager. Between them they had 12 hours protected administration time when they could focus on their managerial responsibilities. The registered manager told us they were able to request more protected time from senior management if necessary.

Both the registered manager and deputy manager worked alongside care staff. The registered manager told us they enjoyed this and felt it was important as it enabled them to know people and the staff team and have an understanding of the day to day running of the service. Staff told us they were well supported by the management team. Comments included; "Both of them are very approachable. Anytime, if you need them you can contact them" and "[Registered manager] is amazing, they have turned the whole unit around. They had a lot of sorting out to do but they also took time to get to know every service user." The deputy manager told us they were actively supported by the registered manager to develop their skills and knowledge. They commented; "[Registered manager] is 100% supportive."

Roles and responsibilities were clearly defined and understood. Key workers had oversight of specific individual's care planning reviews and any appointments. The deputy manager had responsibility for health and safety and fire checks. Shift leaders were identified at each shift and they completed a series of daily checks.

The last two team meetings had been cancelled due to adverse weather and a flu outbreak. In order to make sure staff were kept up to date with any external developments extended handovers were used to pass information to staff. For example, staff had been told about changes to data protection legislation during a handover. This was refreshed regularly to check all staff were aware of the changes and how it would impact on the service.

There was a positive and enabling culture within the staff team. The registered manager told us; "I encourage them to question why we do things, not because it's wrong but just to get us all thinking. And staff have just jumped on board." A member of staff confirmed they were able to make suggestions or raise questions at any time. They commented; "We can feedback any points. And they [registered manager] will ask, "What do you think?"" Staff told us the service was well organised and they performed well as a team. One commented; "A nice team has been built."

The senior management team at Spectrum communicated regularly with staff via email. Staff were aware of the hierarchy and told us they knew members of the senior management and behavioural teams. The registered manager submitted monthly manager reports to senior management. These served to highlight any gaps in the delivery of service, both to head office and themselves. Manager meetings were held across Spectrum services. These were an opportunity for managers to update each other on any developments and share learning. An area manager visited the service to carry out audits every six to eight weeks. The registered manager told us they were well supported by the organisation. They commented; "It's nice to be listened to, it means you feel valued."

Families were asked for their views of the service provided to their family member. We looked at some completed questionnaires and saw these were positive. Comments included; "{Person} is happy in his familiar surroundings" and "There are staff who communicate well with [person's name]."

Staff completed values and equality and diversity training as part of the induction. This meant they were aware of Spectrum's visions and values. People and staff were protected from harassment and discrimination. If any employee had specific needs reasonable adjustments were made to support them to complete training and fulfil their roles and responsibilities.

In line with their legal obligations the service had notified the Care Quality Commission (CQC) of all significant events which had occurred. CQC ratings from the last inspection report were displayed at the service and on Spectrum's website.