Spectrum (Devon and Cornwall Autistic Community Trust)

The Beach

Inspection report

Alexandra Road
Newquay
Cornwall
TR7 3NB

Website: www.spectrumasd.org

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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

We inspected The Beach on 19 November 2015, the inspection was unannounced. The service was last inspected in January 2014, we had no concerns at that time.

The Beach provides care and accommodation for up to fifteen people who have autistic spectrum disorders. At the time of the inspection ten people were living at the service. The accommodation is provided within three adjacent properties and consists of eight flats. Two of the flats were shared by two people and the rest were single occupancy. One of the three buildings has a shared living and dining area where people could spend time if they wished. The Beach is a modern property based on the outskirts of Newquay and overlooks the beach.

There was a registered manager 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.

There was a relaxed and friendly atmosphere and we saw staff and people laughing and chatting together. Staff told us they liked and respected the people they supported and enjoyed their work. Relatives told us; "He's very happy there, always well looked after" and; "She is generally supported by people she likes and trusts."

Staff had received training in how to recognise and report abuse, and all were confident any concerns would be taken seriously by the manager. Recruitment practices helped ensure staff working at the service were fit and appropriate to work in the care sector.

There were sufficient numbers of qualified staff to keep people safe. Staff demonstrated a shared approach to supporting people which emphasised helping people to develop and maintain independent living skills. A relative told us; "[Name] has progressed very well with Spectrum."

People, where appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for people who are, or may become deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals when appropriate. Staff demonstrated a good understanding of the main principles of the Mental Capacity Act (MCA).

People's support plans included clear and detailed information about their health and social care needs. Information about people's needs were regularly discussed and updated so that staff had accurate information when providing care. We saw that, when necessary, support patterns were amended to reflect

sudden changes in people's needs. For example, one person required additional support during the night for a short period following an event which had led to an increase in their anxieties. A waking night care worker had been put into place until the person had become more settled.

People had access to a range of activities. Staff supported people to access the local community regularly and told us they saw this as valuable. One said; "It's helping people to live their lives the way they want to."

The registered manager had a good understanding of the day to day running of the service. There were clear lines of responsibility and accountability within the service which were understood by all. Quality assurance systems were in place to help ensure the safety and effectiveness of the service.

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. People were at ease with staff and approached them for support when they wanted to.

Staff had received safeguarding training and were confident about reporting any concerns.

Care plans contained clear guidance for staff on how to minimise any identified risks for people.

Is the service effective?

Good

The service was effective. New employees completed an induction which covered training and shadowing more experienced staff.

The service acted in accordance with the legal requirements of the Mental Capacity Act and associated Deprivation of Liberty Safeguards.

People had access to other healthcare professionals as necessary.

Is the service caring?

Good

The service was caring. Staff spoke about people with affection and regard for their well-being.

People were supported to develop their independence.

Staff recognised the value of family relationships and supported people to maintain them.

Is the service responsive?

Good

The service was responsive. Care plans were detailed and informative.

People had access to a range of meaningful activities.

There was a satisfactory complaints procedure in place.

Is the service well-led?

Good

The service was well-led. There was an open and relaxed atmosphere at the service.

The staff team told us they were well supported by the registered manager.

There was a robust system of quality assurance checks in place

The Beach

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.

This inspection took place on 19 November 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a 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 reviewed the PIR, 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 spoke with five people who lived at The Beach and two visiting relatives. We also spoke with the registered manager, a deputy manager and five care workers. Following the inspection we contacted two relatives and two external health care professionals to hear their views of the service.

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.

Good

Is the service safe?

Our findings

People told us they felt safe living at The Beach and trusted the staff team. One person showed us the security they had in their flat. They told us: "I can lock the front door from the inside and have a key for my bedroom door." People were at ease with each other and staff and there was a relaxed atmosphere.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff told us if they had any concerns they would report them to the registered manager and were confident they would be followed up appropriately. They were aware of the management hierarchy and how they would escalate concerns if necessary. Notice boards in the service displayed details of the local authority safeguarding teams and the action to take when abuse was suspected. This information was freely available to staff and visitors to the service.

Some people could become anxious or distressed which might lead to them presenting behaviour which could challenge staff. Care plans clearly outlined the process to follow in this situation, including phrases or reactions staff should avoid in order to prevent escalating the situation. There was information about possible triggers that might result in people developing anxiety and how to recognise when people were becoming distressed. One member of staff told us; "The care plans are useful to get to know people's triggers. They tell you how to cope and calm people down." Behavioural review sheets were completed following any incident. These were analysed on a monthly basis in order to highlight any trends. All members of the staff team had received training in Positive Behaviour Management (PBM) in order to help ensure they were able to support people effectively when they became distressed. Staff told us they were confident supporting people in any situation.

Care plans contained detailed information to guide staff as to the actions to take to help minimise any identified risks to people. The information was contained within the relevant section of the plan. There was clear guidance for staff on how to support people and any actions they could take when they identified a risk to people's well-being.

There were sufficient staff on duty to support people to go out on individual activities, attend appointments and engage in daily chores and routines. During the day of the inspection visit one person was supported to go to work, another went to the cinema and a third went out for a walk. The registered manger told us there was one staff vacancy. Bank staff was used as necessary but these were staff who were familiar with the service and knew the people and their needs well. We looked at rotas for the previous three weeks and saw the minimum staffing levels were adhered to at all times.

Recruitment processes were robust; all appropriate pre-employment checks were completed before new employees began work. For example Disclosure and Barring checks were completed and references were followed up.

People's medicines were stored securely in a locked cabinet in their individual flats. There were appropriate storage facilities available for medicines that required stricter controls. Medicines Administration Records

(MAR) were completed appropriately. We checked the number of medicines in stock for one person against the number recorded on the MAR and saw these tallied. Where medicines errors were identified staff were issued with a performance management note. The registered manager told us anyone receiving three notes would be subject to a formal disciplinary although this had not been necessary. All staff were trained to administer medicines. One person had stated they would like to administer their own medicine in the future and staff were working with them to facilitate this.

Good

Is the service effective?

Our findings

People were supported by skilled staff with a good understanding of their needs. The registered manager and staff talked about people knowledgeably and demonstrated a depth of understanding about people's specific support needs and backgrounds. People had allocated key workers who worked closely with them to help ensure they received consistent care and support. The registered manager told us that, where possible, staff were allocated to work with people with whom they had shared interests. For example one person enjoyed music and was frequently supported by a member of staff who played a musical instrument.

New staff were required to undertake an induction process consisting of a mix of training and shadowing and observing more experienced staff. The induction process had recently been updated to include the new Care Certificate. A new employee told us they had found the induction thorough and useful.

Training identified as necessary for the service was updated regularly. This included health and safety, food hygiene and infection control. Staff also had training specific to people's needs such as autism awareness. There was an up to date training record on the wall in the office which staff could refer to in order to check what training required refreshing. In addition staff told us the deputy manager reminded them of any updates they required. Relatives told us they found staff to be competent and knowledgeable. One commented; "Staff know what they are doing. We have no worries there."

Staff told us they felt well supported by their manager and received regular supervision and annual appraisals. This gave them an opportunity to discuss any changes in people's needs and exchange ideas and suggestions on how best to support people.

Staff had received training in the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. DoLS provides a process by which a provider must seek authorisation to restrict a person for the purposes of care and treatment. Mental capacity assessments and best interest meetings had taken place and were recorded as required. These had included external healthcare representatives and family members to help ensure the person's views were represented. DoLS authorisations were in place for two people and the conditions were being adhered to. Staff described to us how they ensured people consented to their care and action they would take if people refused care.

People were supported to eat varied and healthy diets. Everyone was involved in their own food shopping and meal preparation and staff encouraged people to develop their skills in this area. Care plans contained information in respect of people's likes and dislikes and any specific dietary requirements. One person preferred not to eat meat and the details of this were well documented.

People were supported to access other health care professionals as necessary, for example GP's, opticians and dentists. In addition people were supported to have access to more specialist professionals to support them with their specific individual needs. Care plans contained records of appointments and Health Action

Plans for detailed information regarding people's health. Annual health checks were carried out at the local surgery.

The building was divided into eight flats two of which were shared by two people. The flats overlooked the beach and were modern and well decorated. People and relatives all told us it was a nice place to live and they were happy with the standard of the building generally. One relative told us; "It, [the premises] is very good, a lovely setting." However, one relative told us their family member's bathroom had developed an odour over time which had become impossible to eliminate. We discussed this with the manager and deputy who acknowledged there was a problem. They said they would investigate the possibility of having different flooring installed to solve the issue and help lessen the likelihood of it reoccurring.

Good

Is the service caring?

Our findings

People were relaxed and at ease with staff. We heard staff and people laughing and chatting together. Staff talked about people affectionately, comments included; "[Name] is a lot of fun to support." A relative told us; "Staff seem to have a genuine affection for people. They know them very well and all their foibles." Information in care plans focused on people's gifts and talents. One described the person as; "Has a generosity of spirit, warm, very caring."

People were supported in a way which meant their privacy and dignity was upheld. Signs on some doors indicated visitors and staff should not enter without being invited. Care plans re-iterated this with one noting; "I do not like others entering my bedroom without others knocking and waiting to be invited in." During the inspection we asked to see some information which was kept in one person's flat. However, the person had gone out and the manager told us the person did not like staff going into their flat when they were not there. This demonstrated staff respected people's privacy and personal space.

Staff supported people to be independent in their day to day lives. A relative said; "They try and push her independence as much as they can." Staff told us how they had supported one person to start using public transport. This had been a gradual process which had started with staff accompanying the person on a bus trip. As the person became more confident they had slowly withdrawn the support. Firstly by sitting apart from the person, then just walking them to the bus stop and eventually the person was able to do the trip totally independently. The staff member said; "It took a long time but you don't let that put you off." The registered manager told us they were working with one person in order to try and develop their living skills. They hoped they would reach a point where the person could move into a more independent setting with limited support. They commented; "We're trying to develop independence where we can, accepting small steps as success." An external professional noted; "They work towards reducing client support packages as progress is made towards independence."

Care plans included personal histories and information about people's backgrounds. This meant staff were able to gain an understanding of past events which may have contributed to who people were today. A staff member told us they were important when they were new to the service and attempting to get to know people.

People's flats were highly individualised and decorated to reflect their personal tastes, interests and hobbies. One person had a pet in their flat and we saw personal photographs on display. A staff member told us; "They're real homes, they feel like homes."

Staff recognised the importance of family relationships and supported people to maintain them. Where families were unable to visit regularly staff kept contact either by telephone or email. People had telephones in their flats so they were able to contact families independently. One person's telephone use had resulted in them receiving an unexpected high bill. The manager had made arrangements to prevent this happening again while allowing the person to continue to have access to a telephone. Relatives described staff as; "Friendly and welcoming."

Care plans contained detailed information in relation to how staff should communicate with people. There was information regarding what might indicate when someone was distressed and how to support them and recognise any triggers. There was also guidance for how to engage effectively with people. For example; "I sometimes stutter and take a while to say what I want to but I do not like people finishing off my sentences." One person could become anxious and depressed at times. The manager told us that, during these periods, the person found it difficult to tell staff how they were feeling. Spectrum's internal psychologist and an external healthcare professional were working with the person to help them learn how to express their emotions. The manager told us having access to a clinical psychologist in the organisation was invaluable as it meant they had the time to develop a positive relationship with them.

Good

Is the service responsive?

Our findings

People's care plans were detailed and informative, outlining their background, preferences, communication and support needs. Where certain routines were important to people these were broken down and clearly described, so staff were able to support people to complete the routine in the way they wanted. Care plans were regularly updated and relatives were invited to attend reviews when appropriate and with the person's consent. Relatives told us they were kept informed of any changes in people's health. People had signed care plans to indicate they agreed with their content. One person told us they attended care plan reviews with a relative. They commented; "I go to them because they're and interesting and because I get to say what I want." Parts of the care plan were in easy read format to help facilitate people's understanding of them. For example one page profiles used photographs and limited text to outline what was important to and for people.

The staff team worked well together and information was shared amongst them effectively. Daily logs were completed throughout the day for each individual. These recorded any changes in people's needs as well as information regarding appointments, activities and people's emotional well-being. In addition there was a communication book to record more general information which needed to be shared amongst the team. Because people were often supported in their own flats by one member of staff the manager had considered how staff could communicate with each other quickly if they needed assistance. It had been identified that one person may sometimes require more than one member of staff to support them. A walkie talkie had been provided to enable staff to summons help if required.

We saw that, when necessary, support patterns were amended to reflect sudden changes in people's needs. For example, one person required additional support during the night for a short period following an event which had led to an increase in their anxieties. A waking night care worker had been put into place until the person had become more settled.

People had access to a range of pursuits which were meaningful to them and reflected their individual interests. These included visiting the gym, work placements, cinema trips and socialising. One person was preparing to leave for work when we arrived. We spoke with them and a member of staff who told us it was a positive experience for them which gave them an opportunity to spend time in a different environment and with different people. The person said; "I have a laugh with the blokes." Although the person was assisted to get to and from work they did not require support during the working day apart from at lunch time. They were working with staff to try and decrease the support further.

The building had a shared living/dining area where people could meet up to spend time together or with staff. There was a television in the room and a variety of board games which were in good condition. There were facilities for preparing drinks and light snacks. The manager told us people sometimes chose to eat together in this area.

People were protected from the risk of social isolation because the service supported them to have a presence in their local community and access local amenities. People regularly visited the nearby pub. The

service had three vehicles to use when supporting people to attend appointments or go out on activities. People were also supported to use public transport which would increase their potential involvement in the local community and teach them a useful life skill to further their independence.

The service had links with the local Residents Association. People had supported the Association with their efforts to keep the community looking nice and shared some responsibility for maintaining flower beds.

There was a satisfactory complaints procedure in place which gave the details of relevant contacts and outlined the time scale within which people should have their complaint responded to. Relatives told us they had not needed to complain but would not hesitate to do so if necessary. They told us staff and the manager were approachable and they were confident any concerns would be acted on. One told us; "I'm happy they do their best." An easy read copy of the complaints procedure was on the notice board in the shared living area. We saw records to show people were supported to make a complaint when they wished. The last complaint had been a year previously. It had been dealt with appropriately and action taken to prevent the situation reoccurring.

Good

Is the service well-led?

Our findings

There was a positive atmosphere within the service and staff and people interacted with each other in an open and friendly manner. A new member of staff told us they had been well supported when they started work. They told us; "You can always ask someone if you're not sure. I get really good support from staff and managers." Another said; "We're a good team, we pull together."

Staff told us they were able to raise any issues they had with the registered manager or the deputy manager. They felt any concerns were listened to and acted on appropriately. People and relatives told us the manager was approachable. An external healthcare professional said; "I believe they have good leadership."

During the inspection several members of staff referred to people taking; "small steps" when developing their independence. This demonstrated a shared approach and ethos to supporting people. Staff told us; "We help these guys be independent and live in, and access, the community as best they can." And; "It's about support but it's also about getting people into the community."

Roles and responsibilities were well-defined and understood by the staff team. The registered manager had two deputy managers which helped ensure a manager was always available if required. There was a key worker system in place. Key workers are members of staff with responsibility for the care planning for a named individual. In addition there was a developmental support worker, (DSW), in place and another was due to be recruited. DSW's are used in several of Spectrums services to act as a link between the service and Spectrum. The deputy manager told us they believed the DSW role gave staff an opportunity to develop their careers without committing to a managerial role. They said this had been of personal benefit to them.

There was a system of meetings in place both within the service and at an organisational level. Staff meetings were held regularly. Monthly manager meetings were held across Spectrum services. DSW's had monthly meetings which could be used for training, group supervision or to exchange ideas and update each other about the various services.

Spectrum communicated with the staff team via newsletters and emails. In order to try and improve links between care staff and the higher organisation they had recently re launched a Works Council to allow representatives from all levels to have a voice within the organisation.

There were a range of quality assurance systems in place which were used to identify shortfalls and to drive continuous improvement. Checks and audits were made in areas such as medicines, records, fire safety and the environment. An in-house maintenance team was available to deal with any faults or defects in the building. Where a defect was considered an emergency they were reported on-line and prioritised. Minor faults were reported in maintenance logs and addressed monthly. Records showed that incidents were analysed and monitored. These were used to improve the service and reduce the risks of incidents re-occurring. Quarterly audits based on the Care Quality Commissions key lines of enquiry (KLOE) were carried out by the provider. Any highlighted issues or areas requiring improvement would result in an action plan with a clearly defined time frame. The registered manager had responsibility for producing a monthly report.