

Spectrum (Devon and Cornwall Autistic Community Trust)

East Wheal Rose

Inspection report

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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

About the service: East Wheal Rose is a residential care home that provides care and accommodation for up to three people who have autistic spectrum disorders. It is part of the Spectrum group who have several similar services in Cornwall. They are providers of specialist care for people with autistic spectrum disorders and learning disabilities. At the time of the inspection two people were living at the service.

What life is like for people using this service:

- 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.
- Staff were committed to delivering care in a person-centred way based on people's preferences and wishes. There was a stable staff team who were all knowledgeable about the people living at the service and had built trusting and meaningful relationships with them.
- Staff were recruited safely and there were sufficient numbers to ensure people's care and social needs were met. Staff knew how to keep people safe from harm.
- There was time for people to have social interaction and activity with staff. Staff actively encouraged people to maintain links with the local community, their friends and family.
- People's care was individualised and focused on promoting their independence as well as their physical and mental well-being. People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible.
- The environment had been adapted to meet people's individual needs and keep them safe from harm. Staff had received appropriate training and support to enable them to carry out their role safely, including the management of medicines.
- People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately. People were involved in meal planning and preparation. Staff encouraged people to eat a well-balanced diet and make healthy eating choices.
- Where restrictions had been put in place to keep people safe this had been done in line with the requirements of the legislation as laid out in the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards. Any restrictive practices were clearly recorded and regularly reviewed to check they were still necessary and proportionate.

- There was a clearly defined management structure and regular oversight and input from senior management. Staff were positive about the management of the service and told us the registered and deputy managers were supportive and approachable. Any concerns or worries were listened and responded to and used as opportunities to make continuous improvements to the service.

Rating at last inspection: Overall Good (Safe rated Requires Improvement). The report was published on 1 November 2016.

Why we inspected: This inspection was a scheduled comprehensive inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The full details can be found on our website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-led findings below.

East Wheal Rose

Detailed findings

Background to this inspection

The 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.

Inspection team: The inspection was carried out by one adult social care inspector.

Service and service type: East Wheal Rose is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at.

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. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced. We visited the service on 5 April 2019.

What we did:

Before the inspection we reviewed the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report. We also reviewed notifications we had been sent. Notifications are specific issues that registered people must tell us about.

Due to people's health care needs we were not able to verbally communicate with people who lived at the service to find out their experience of the care and support they received. We spoke with the registered manager, deputy manager and three care workers. Following the inspection visit we spoke with two relatives to hear their views of the service.

We looked at people's detailed care records, staff training records, staff rotas, three staff files and other records relating to the running of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to help ensure people were protected from the risk of abuse.
- Safeguarding processes and concerns were discussed at staff meetings.

Assessing risk, safety monitoring and management

- Risks were identified and staff had guidance to help them support people to reduce the risk of avoidable harm.
- People were supported to take positive risks to promote their independence. For example, care plans detailed what support mechanisms were needed when accessing the local community, or when preparing meals.
- Where people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans included instructions for staff to identify triggers, so they could respond quickly to help prevent a situation from escalating.
- The environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Staffing and recruitment

- There were sufficient numbers of staff on duty to meet people's assessed needs.
- The service did not use agency staff and if any additional hours were needed these were provided by existing staff, that people knew and trusted.
- Where people were assessed as needing specific staffing ratios, for example, when going out in the community, this was always provided.
- Staff confirmed staffing levels enabled them to keep people safe and meet their care needs. For example, staff could spend quality time with people.
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.

Using medicines safely

- People received their medicines safely and on time. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- Medicines were audited regularly with action taken to make ongoing improvements.

Preventing and controlling infection

- The premises were clean and free from malodours.
- Staff had access to aprons and gloves to use when supporting people with personal care. This helped prevent the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- When accidents and incidents occurred these were discussed with staff, at regular staff meetings, as a learning opportunity.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the service, to help ensure their needs were understood and could be met.
 - Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed.
- Staff support: induction, training, skills and experience
- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.
 - There was a system in place to monitor training to help ensure this was regularly refreshed so staff were kept up to date with best practice. Training methods included online, face to face training and competency assessments.
 - Staff training covered those areas identified as necessary for the service and additional training to meet people's specific needs. For example, staff completed positive behaviour management (PBM) and epilepsy training.
 - New staff completed a comprehensive induction and worked alongside more experienced staff to get to know people. Due to the complex needs of people living at the service new staff continued to shadow existing staff until a trusting relationship had been formed with people. Where staff were new to care, they completed the Care Certificate, a set of national standards social care workers are expected to adhere to.
 - Regular supervision sessions were arranged when staff were able to discuss any training needs as well as raising issues around working practices. Staff told us they were well supported by management.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff assisted people to maintain good nutrition and hydration, encouraging people to eat a well-balanced diet and make healthy eating choices.
- People were supported with their menu planning in line with their needs and preferences.
- One person liked to be involved in their meal preparation and their kitchen was suitably equipped to support them to do this. Staff ensured food supplies were provided in limited amounts to enable them to make choices without being overwhelmed.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to see their GP, community nurses, and attend other health appointments

regularly.

- If people found attending healthcare appointments difficult, because it might cause them to become anxious, suitable arrangements were made to ensure people still had access to the support they needed. For example, professionals seeing people at the service or in an environment more comfortable for them.
- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.

Adapting service, design, decoration to meet people's needs

- The premises were suitable for people's needs and provided people with choices about where they could spend their time.
- Each person had access to their own enclosed garden area, which had been suitably adapted to meet their individual needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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). We checked whether the service was working within the principles of the MCA.

- Mental capacity assessments were completed for people. Staff were provided with training on the Mental Capacity Act 2005 and were aware of how to protect people's rights.
- Where restrictions had been put in place, to keep people safe, this was carried out in line with the requirements of the MCA and associated DoLS. Authorisation for these restrictive practices had been sought and kept under regular review to check they were still necessary and proportionate.
- One person was given some of their medicines hidden in food. This had been considered in line with legislation and after taking appropriate medical advice.
- Decisions taken on behalf of people, who were unable to make decisions for themselves, were in line with the best interest principle. Where possible relatives who knew the person well were involved in the decision-making process.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness and compassion. There was a stable staff team and staff knew people well and what mattered to them. Positive and caring relationships had been developed between people and staff.
- Care plans contained information about people's abilities and skills. Staff took a pride in people's achievements and were keen to talk with us about this.
- Relatives were complementary about the care and support the service provided. They told us, "Staff know him well and all work in the same way, which is right for his needs" and "Staff are all very good."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make decisions about their daily living. Relatives confirmed staff involved them if people needed help and support with decision making. Where needed, staff sought external professional help to support decision making for people such as advocacy.
- Both people living at the service had limited verbal communication. Care plans contained information about people's specific communication methods. For example, one person had a board of pictures and symbols they could point to so staff knew what they wanted. Another person had a series of cards, each with a smaller number of pictures, as the person could be overwhelmed by too many choices at one time.
- Staff understood each person's communication needs and we saw they knew how to recognise what specific signs and gestures meant.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. The premises had been arranged so both people had their own private living areas and gardens, with separate entrances. Confidential information was kept securely.
- People were encouraged to do as much for themselves as possible. People's care plans showed what aspects of their care they could manage independently and when they needed staff to support them. One person's care plan stated, "[Person] is very able and will often try to get staff to help them with tasks they are capable of completing. Staff are to promote their independence by encouraging and praising them."
- People were supported to maintain and develop relationships with those close to them. Relatives were regularly updated with people's wellbeing and progress. Relatives told us, "We visit regularly and [person] is always happy to see us" and "Now there are enough staff they are going to bring [person] to visit me. I am looking forward to this and hope it will become a regular event."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were personalised to the individual and recorded details about each person's specific needs and wishes. These were reviewed monthly or in response to changing needs to help ensure they remained up to date and accurate.
- Daily notes were kept and these detailed what people had done during the day and information about their physical and emotional well-being. This information was used to handover to staff when shifts changed.
- Care plans contained information about support people might need to access and understand information. For example, their methods of communicating and whether they needed aids such as wearing glasses. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard.
- People's rooms were decorated and furnished to meet their personal tastes and preferences. Personal photographs and posters were on the walls.
- People were supported to pursue their interests and hobbies. Each person had their own personalised activity plan, which had been developed with them. Both people enjoyed activities outside of the service such as walking, cycling, ice skating, swimming, picnics and pub lunches. Each person also had a range of activities they enjoyed in the service. These included, baking, watching TV and films and activities in the garden.
- Each person had their own transport and the service ensured there were sufficient staff on duty to drive the vehicles. Staff were allocated to work with each person, in the numbers agreed in their care assessment, which meant there were enough staff on duty to provide people with the choice of going out or staying at home.
- Records showed that both people went out most days. Days when outside activities did not occur were either due to the person's choice or weather conditions. Relatives told us, "[Person] is going out all the time now, which is just what he likes to do" and "[Person] has been doing lots of outside activities recently."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale.
- Relatives knew how to make complaints and felt confident that these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service.

End of life care and support:

- The service was not providing end of life care to anyone at the time of our inspection.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff were positive about the management of the service. They told us the registered and deputy managers were approachable and always available for advice. We found managers were knowledgeable about all the people living at the service and had high expectations for them.
- Relatives expressed confidence in the management team. Comments included, "I can't fault the home, [person] is very happy living here", "[Registered manager] has a good team" and "Communication with managers and staff is good and they always listen to our views."
- The service had clear visions and values in place focusing on community inclusion and supporting people to live fulfilled lives. These values, and any organisational changes, were communicated to staff through emails, newsletters and meetings.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Roles and responsibilities were clearly defined and understood. The registered and deputy managers were supported by care workers. Key workers had oversight of named individual's care planning.
- The registered and deputy managers were both involved in the day to day running of the service including working hands on, alongside staff where required. The provider had a defined organisational management structure and there was regular oversight and input from senior management.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service. One worker commented, "I love working here. We are a really good supportive team."
- There was good communication between the management team and care staff. Important information about changes in people's care needs was communicated at staff handover meetings each day and regular staff meetings.
- The management and staff worked to drive improvement across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.
- Regular audits took place and these were supported and overseen by senior managers.

- The provider had notified CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed in the service and on the provider's website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular staff meetings took place to give staff an opportunity to discuss any changes to the organisation, working practices and raise any suggestions. Staff said they felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly. One worker said, "Managers are open to new ideas and we push each other as a team to achieve the best for the people living here."
- People and their relatives were asked for their views of the service through questionnaires and informal conversations with management.

Continuous learning and improving care

- The registered provider and manager were keen to ensure a culture of continuous learning and improvement. For example, there had been periods since the last inspection when the staffing levels had regularly fallen below the numbers needed to ensure people could go out when they wished to. This was partly due to staff vacancies and also because sometimes staff were re-deployed to work at other services in the provider group.
- Staff vacancies had been filled and there was now a stable staff team. The registered manager and provider had recently reflected on this period of instability at the service. This had resulted in the realisation that unless this service had a stable staff team, in the right numbers, people's needs could not be effectively met.
- The registered manager and staff kept up to date with developments in practice through working with local health and social care professionals.