

Spectrum (Devon and Cornwall Autistic Community Trust)

Trefusis

Inspection report

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Date of inspection visit:
19 February 2018

Date of publication:
17 April 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

This inspection visit took place on 19 February 2018 and was announced. This was because Trefusis is a small service where people often go out. We therefore needed to be sure people and staff would be available. The last inspection took place on 15 December 2015 when the service was meeting the legal requirements. The service was rated as Good at that time. Following this inspection the service remains Good.

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

Trefusis is a detached dorma bungalow and is registered to accommodate three people. At the time of the inspection three people were living at the service. It is part of Spectrum (Cornwall Autistic Community Trust), an organisation providing support and care for people with autism living in Cornwall.

The service has three bedrooms one being on the first floor. There is a lounge and open plan dining and kitchen area. There is one bathroom with bath and shower as well as a toilet and a separate additional toilet. There is a rear outdoor area and raised garden. People living at Trefusis did not require any aids or adaptations to support them. Trefusis is situated in a residential area of the town of Redruth . It is close to the town centre and there is on-street parking.

We spoke with two people living at Trefusis. They told us they had lived at the service for a long time and liked living there. They told us they were supported to maintain their independence and do things they liked, such as taking part in activities and interests of their choice. They said, "Like living here," "I go out on my own which I like doing" and "The staff help me."

There were times when staff were directed to support other services during a shift which reduced the numbers available at Trefusis. This was usually managed so it did not impact on what people living at Trefusis did. However there had been occasions when activities had been missed. We have made a recommendation about this.

The service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Staff who had responsibility for the administration of medication had completed appropriate training. Medicines were administered safely by staff and the arrangements for storage and recording were

satisfactory.

People were supported to make decisions and their rights were protected in line with relevant legislation and guidance. People were supported to access healthcare services. We saw that advice and guidance from healthcare professionals was incorporated into care plans to ensure that staff provided effective care and support. People's nutritional needs were met; their likes, dislikes and special diets were known by staff and were catered for.

The service had an effective recruitment process and this ensured only people considered suitable to work with vulnerable people had been employed. We saw that there were sufficient numbers of staff employed to meet the needs of people who lived at the home.

Staff told us they were happy with the training provided for them, and we saw that there were effective induction training and refresher training programmes in place.

There was an emphasis on promoting dignity, respect and independence for people who lived at the service. People told us staff treated them as individuals and delivered person centred care. People living at Trefusis had lived together for a number of years. However, each person had their own lifestyle choices and interests. This uniqueness was recognised and supported by the staff team.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly.

People had a care and support plan created with their involvement and was written in a person centred way. The care plan documented all aspects of the persons needs including how they wanted their care and support to be provided, their choices, needs, likes and dislikes.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. Capacity assessments were in place to justify restrictions in order to keep people safe. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly.

The service had a complaints procedure in place. Any complaints had been dealt with in accordance with the service's policy and procedure, and to the complainant's satisfaction.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. Some paintwork was chipped and the two main double glazed windows at the front of the service had failed. This meant condensation reduced the clarity of the glass. We found equipment had been serviced and maintained as required.

The registered manager was supported by the provider through regular communication. There was a deputy manager who supported a team of support staff.

There were quality assurances checks being undertaken by the organisation through regular audits and annual surveys. The registered manager also checked daily, weekly and monthly care monitoring tools to ensure people received appropriate care which met their needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not entirely safe. There were times when staff were directed to support other services during shifts which reduced the numbers available at Trefusis.

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

Medicines were managed safely.

Requires Improvement ●

Is the service effective?

The service remains effective.

Good ●

Is the service caring?

The service remains caring.

Good ●

Is the service responsive?

The service remains responsive.

Good ●

Is the service well-led?

The service remains well led.

Good ●

Trefusis

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 announced inspection took place on 19 February 2018. The inspection was carried out by one adult social care inspector.

Before our inspection visit we reviewed the information we held on Trefusis. This included previous reports and notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the service. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with two people who were able to express their views of living at the service. We looked around the premises and observed care practices on the day of our visit.

We spoke with the registered manager, deputy manager and one staff member. We looked at three records relating to the care of people, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Is the service safe?

Our findings

People using the service told us they felt safe and that staff treated them well. One person said, "Yes I am safe here. I've lived here for a long time and like it" and "We all get on but do our own thing."

Observations demonstrated that people were relaxed and comfortable with the managers and staff. There was lots of chatter, smiles and laughs. Observations demonstrated that staff provided a reassuring presence along with support and guidance when needed.

People using the service said there were always staff around when they needed support, but one person liked to have time on their own. This was respected by the management team and staff. There were comments made to us about staff being drawn away to other services operated by the provider, in the close proximity of Trefusis, from time to time. This was when staffing levels were low in other services within the organisation. We looked at a record of when this had occurred in recent months. Records showed staff movement was planned to try and have as little impact on people's lives as possible. For example, the impact this had on peoples' individual support and also their support in the community. Records reported four occasions in January when this practice left one staff member in the service rather than two. On no occasion in the month had this impacted on people's choice of activities or support. In February there had also been four occasions when there was staff movement to other services. There was one occasion in this timeframe where two people missed an evening club, although additional evening choices in-house were put in place for them. Where people had appointments arranged this was included into the staffing rota so there were always staff available to support people. Movement of staff had the potential to place constraints on peoples' choices.

It is recommended the provider reviews staffing levels in the organisation so there are sufficient numbers to cover absences in the organisation's services.

Care plans contained detailed information to guide staff as to the actions to take to help minimise any identified risks to people. There were clear documented measures in place to control and minimise the level of risk to the person. Risk assessments informed staff of the actions to take to support people to maintain their independence safely. For example, whilst accessing the community, cooking, mobilising and receiving personal care. Staff understood the purpose of the risk assessments in place and how they managed the level of risk posed to people. All risk assessments included the involvement from other professionals who offered guidance to staff and regularly attended reviews to help the service manage peoples' needs safely.

Care and support was provided to people whose mood and behaviours could fluctuate and challenge staff at times. One staff member told us, "There are times when we need to be aware of behaviours and challenges which can escalate." Staff told us and records showed where instances occurred there was a focus on distraction and de-escalation to support the management of these situations. People's care plans included strategy behaviour plans which included guidance on behaviours which may indicate early warning signs of the person becoming agitated or stressed or behaviours during crisis point. This showed the service learnt from reflection on individual issues and staff took behaviour management seriously in the

best interest of all those involved.

People using the service were encouraged to make individual choices about their day to day lives. This was acknowledged through risk assessment and planning. For example one person had gradually progressed with staff support to using public transport, going to the shops and staying in the house alone on occasions. In order to manage this risk staff had worked closely with other professionals and found a support network in the community through a safety scheme. The person had a card with their name and address on it. If they felt threatened or anxious for any reason when out alone they could look at local business windows for the logo associated with their card and know that they could present the card in the shop, so staff at the service could be alerted but the person was safe.

Staff told us they worked with people to keep them safe while allowing them to try new experiences and increase their independence. Examples included supporting people to access community events including going shopping which had previously been difficult for the person. Starting to encourage a person to access transport which had been a hurdle for them. A staff member said, "We identify goals and start to work with the person to achieve that. It's very fulfilling but can take a long time. We have to go at their pace". Staff were competent to support people during their activity pursuits while managing the risk involved.

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 accurately described what they would do if they suspected abuse was taking place including the actions and outlined the different types of abuse. Staff told us they supported people in a way that kept people safe. They said they would challenge their colleagues if they observed any poor practice and would also report their concerns to the registered manager. There was a poster on the noticeboard giving details of how to raise a safeguarding alert and who to contact both internally and independent of the service.

There were safe systems in place to support people to manage their finances. Arrangements were in place for people to keep their money securely in the service. Records of when staff supported people to make purchases were kept and regularly audited by the registered manager.

Medicines were managed safely. Medicine administration records had been completed and appropriate storage facilities were available. Staff had received training on how to support people with their medicines and records showed people had received them as prescribed. Medicines policies were available to support staff and accurately reflected staff practices.

The service's recruitment procedures were robust and designed to ensure everyone employed at the Trefusis was suitable and safe to work in a care environment. All necessary pre-employment checks including Disclosure and Barring Service (DBS) checks had been completed for staff as well as having satisfactory references in place.

Electrical testing and gas servicing records were up to date. Records showed fire alarm and fire equipment service checks were up to date.

Is the service effective?

Our findings

We found people received effective care because the service had a clear and consistent care planning system which ensured people's individual needs, aspirations and goals were being met. This ensured people experienced positive outcomes. For example one person had a specific interest in languages. Staff supported them to research this by using assistive technology including a computer and I-pad. The person told us, "Staff help me to find out about things." A staff member told us they were looking for an adult education course in the locality to support the person's interest.

Staff clearly understood how to support people where there could be limitations in communication. For example, using pictorial support plans to help people understand the type of support being provided. This included choice of support in their health and wellbeing. One person wrote their own support plan and reviews and this was typed up by staff. This demonstrated the service supported people through person centred planning in order to deliver effective care.

Staff had the knowledge and skills required to meet the needs of people who used the service. The registered manager told us that all staff were required to complete an induction in line with the Care Certificate and training relevant to the needs of people using the service. The Care Certificate is the national benchmark that has been set for the induction standard for new social care workers.

Records showed that staff had completed training that the provider considered mandatory. This training included first aid, food safety, medicines, infection control, safeguarding adults, health and safety and the Mental Capacity Act 2005 (MCA). Staff had also completed other training relevant to the needs of people using the service for example autism, epilepsy and values.

Staff told us they had completed an induction when they started work and they were up to date with their training. Records showed staff received regular supervision from the registered manager and deputy manager. In addition staff told us managers were always available if they wanted to discuss any issue. Where staff had worked at the service for over one year they had received an annual appraisal. One member of staff said, "When I started working here recently and I had an induction and training. The support is generally good here."

There was a flexible approach to people's choice of meals. Weekly discussions were used for meal planning for the following week. The menu plan was well balanced and varied. People told us they discussed what they wanted to eat with the staff team and staff knew what they liked and didn't like. Some people liked to prepare their own meals and this was identified in the risk planning framework. Others preferred staff to make their meals. One person told us, "Yes like the meals here. I like to make my own choices." Staff were continuing to support a person who had made a choice to lose weight and had lost a significant amount over a period of time. They were supported through their GP practice and staff followed any advice or guidance they offered.

People had access to a GP and other health care professionals when needed. Staff monitored people's

mental, physical health and wellbeing daily and at review meetings. When there were concerns people were referred to appropriate healthcare professionals for advice and support. The registered manager told us that people were registered with a GP. They had access to a range of other health care professionals such as the local Community Mental Health Team (CMHT), dentists and opticians if and when they required them. Peoples care files included records of their appointments with healthcare professionals. One person said, "I feel very well looked after."

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. Staff had a good understanding of this legislation and the importance of respecting people's decisions and choices. Care plans included information about how to support people to make decisions and where necessary assessments of people's capacity to make specific decisions had been completed.

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). Some people had authorisations in place due to specific restrictions. These were up to date and reviewed and updated as necessary. One person was supported by an Independent Mental Capacity Advocate [IMCA]. Their role was to support people who lack mental capacity to make a decision about medical treatment or an accommodation move.

The service was generally well maintained although the double glazing units in the front windows of the lounge and office had failed resulting in 'foggy' outlook. People living at the service did not require any additional aids and adaptations to support them. Bedrooms had been decorated in accordance with people's individual tastes and personalised with posters, keep sakes and personal items. People were able to access the service's garden independently and a recent addition had been the installation of a summerhouse for a person who liked to have their own space. The person told us they were looking forward to using this during the summer months. We noted that carpeting in the office was badly stained. We discussed these issues with the registered manager who told us a number of these issues had been shared with the maintenance team and there were plans the areas noted here would be addressed.

Is the service caring?

Our findings

People told us staff were caring and respectful. One person said, "Been here a long time. Yes the staff care for me." Another person said, "I like them [staff] and they like me as well."

Throughout the course of the inspection we observed staff speaking with and treating people in a respectful and dignified manner. It was clear staff knew people well and responded to each person in a way they felt comfortable with. We observed people were given time and space to do the things they wanted to do. They respected people's choice for privacy as some people preferred to spend time in their own rooms. People told us they could use their room whenever they wanted to and staff would always knock and wait to be invited in. One person said, "Yes, staff always knock on the door if they want to come into my room. I can ask them in or not if I don't want to." Staff told us that all the people using the service were independent and did not require any support with personal care. Although staff told us they sometimes needed to remind people regarding appearance.

People's opinions were valued and respected. Care plan's included guidance for staff on how to communicate effectively and present information to support people to make choices and decisions. During our inspection these techniques were used effectively to support one person to plan an activity. In another instance staff were supporting a person regarding the planning of a forthcoming event. Staff recognised the importance of supporting people to make decisions and choices. Staff comments included, "Its important people have every opportunity to make choices."

The staff on duty clearly understood people's needs and preferences and gave examples of how they supported people in their care. For example, they were able to describe behaviours which indicated when a person was happy or anxious. Also what action and prompts that might be taken if they were in an anxious state of mood. This showed the registered manager understood the care and support people needed.

People were supported to maintain relationships with families and friends. One person was regularly supported to visit their relative at home. In other instances staff supported people to maintain contact with family and friends. One person had their own e-mail address to make communication easier.

People's support plans were clear, detailed and written entirely from the perspective of the person they were about. Care records contained information about people's personal histories and detailed background information. This helped staff to gain an understanding of the person and what topics might be suitable to discuss and areas where a certain approach may not be suitable.

Staff were responsible for making daily records about how people were being supported and communicated any issues which might affect their care and wellbeing. Staff told us this system made sure they were up to date with any information affecting a person's care and support.

Is the service responsive?

Our findings

People using the service were at the centre of their care planning. Care and support plans contained referral and assessment information in order for staff to have the necessary information to respond to individual needs. For example, risk assessments, support guidelines for staff and records of appointments with health care professionals. Care and support plans described people's mental and physical health needs and provided guidelines for staff on how to best support them to meet these needs. For example, where people required specialist emotional support, the service had worked with other professionals and the families to deliver this. This showed Trefusis did not make decisions without sharing necessary information and making people feel they were involved. To support this there were pictorial prompts for staff to use to explain care and support if necessary. Care plans and risk assessments were being kept under regular review and people were supported to attend medical and other health appointments with the necessary health professionals when required.

The registered manager told us and records confirmed that daily events were monitored which were then reviewed and the information shared by staff when changing shifts. Documentation was shared about people's needs should they have for example hospital appointments. This meant staff and other health professionals had information about individuals care needs before the right care or treatment was provided.

Focusing on the importance of supporting people to develop and maintain their independence was a clear aim of the service. It was important to the registered manager, deputy manager and staff team that people who lived at Trefusis were supported to be as independent as possible and that their diversity, beliefs and values were respected and responded to. For example, meeting each person's emotional needs through family involvement, Supporting people in relationships, attending church, discussing political topics which may arise and supporting a person's cultural interests in other languages. It demonstrated the staff team understood and embraced people's diverse needs without making judgements. A staff member told us, "Everybody is different. With different views and ideas and we accept people for who they are and for what they bring." In some instances people's choices might need to be restricted due to risk factors. This was reflected in the care documentation.

There were no set routines for activities and the three people using the service had their individual choices responded to, although at times there were some group activities for example two people spent time attending the same social activities and clubs which met their individual interests. We identified this was their choice. Activities included domestic tasks and developing independent living skills such cooking with staff, social and leisure activities such as going for walks, shopping and eating out. One person liked to spend time alone and this was factored in to routines so that their individual needs were responded to. People told us they had everything they needed in their rooms for example music, computers, reading and writing material.

Records showed that peoples end of life wishes had been discussed with them For example, choices family involvement and religion if that was important to the person.

The service had a complaints policy and there were systems in place to ensure that any complaints received were appropriately investigated and addressed. People told us they were happy with the support they received and records showed where concerns were made the service responded within the timeline of its own policy and procedure.

Is the service well-led?

Our findings

The service is required to have a registered manager. 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 service had a registered manager in post. People, relatives, staff and visiting healthcare professionals told us the manager was approachable and friendly.

The registered manager was responsible for the management and oversight of three registered services within the organisation but all within the local area. Time was spent between each service. People and staff told us the registered manager was 'very visible' in the service and was always available when not in the service. The registered manager was supported by a deputy manager who worked in the service on a daily basis. This meant there was continuity in the management team. There was an organisational structure with a number of tiers in place for the operational and strategic management of the services.

People using the service were positive about the registered manager, deputy manager and staff team. One person said, "Yes, manager is good. I talk to the staff and they help me" and "I can come in here [office] any time I want to talk." It was clear throughout the inspection that people liked to sit in the office which also had a lounge suite. They felt comfortable speaking with the registered and deputy managers and staff on duty. The deputy manager told us people were always coming in and out to have a chat or just socialise.

There were appropriate arrangements in place for monitoring the quality and safety of the service that people received. The registered manager and deputy manager carried out weekly and monthly checks on medication records, maintenance issues, residents meetings, menu plans, activities, staff training; people's finance records and testing the fire alarm system. Monthly audits included a health and safety check of the service and any accidents and incidents. The supplying pharmacist carried out annual checks on medicine systems. These were to ensure the service was managing medicines safely and within pharmaceutical guidelines.

Communication was good at all levels due to the size of the service which was small and people living there engaged with managers and staff daily. There was a small staff team to ensure continuity of care and information was shared daily. There were staff meetings but not regularly due to the day to day sharing of information. Staff told us they generally felt supported and comfortable to raise any issues or concerns with the management team. Families were consulted about their thoughts on the care being delivered to their relatives. Comments were positive from the last survey and included, "Friendly, bright and cheerful," "It's a very good home" and "Staff are excellent."

Records were well organised and staff were able to access information readily during the inspection process. All confidential information was stored securely when not in use.

