

Spectrum (Devon and Cornwall Autistic Community Trust)

Trefusis

Inspection report

38 Trefusis Road
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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 Trefusis on 18 December 2015, the inspection was unannounced. The service was last inspected in September 2013, we had no concerns at that time.

Trefusis provides care and accommodation for up to three people who have autistic spectrum disorders. At the time of the inspection three people were living at the service. 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.

Trefusis is part of the Spectrum group. It is located on the outskirts of Redruth within walking distance of the town. There are good local transport links to the nearby city of Truro. People were able to access the local community and amenities easily. An external professional we contacted prior to the inspection noted; "The staff are very proactive in taking the residents out in the local community so I hope you find them at home for your visit!"

The atmosphere at Trefusis was relaxed and welcoming. People approached us on arrival and introduced themselves. Throughout the day we chatted with people as they popped in and out of the office between trips out and daily chores. Interactions between staff and people were friendly and supportive. One person preferred not to spend time with the others and staff described to us how they worked to support them according to their preferences. We heard staff asking people when and how they wanted to be supported. Bedrooms had been allocated to give the person as much personal space and privacy as possible within the house. In addition staff had worked with them to develop their independence so they were able to spend short periods of time alone. Risk assessments were in place relating to people's support needs and lifestyle. They reflected the actions needed to minimise risk while promoting well-being and independence.

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

People 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 vulnerable 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).

Staff had access to regular training, supervision and appraisals. It was a small staff team and they

communicated well sharing knowledge and information effectively. Staff meetings were an opportunity to contribute to the development of the service and individuals.

People's support plans included clear and detailed information about their health and social care needs. Although care plan reviews were held regularly information within the plans was not always up-dated in a timely manner. A new member of staff told us they had gained most of their knowledge about people from more experienced staff.

Roles and responsibilities were well-defined and understood by the staff team. The registered manager was supported by two deputy managers who were in a job share role. There was a key worker system in place. Key workers are members of staff with responsibility for the care planning for a named individual.

There were effective quality assurance systems in place to monitor the standards of the care provided. Learning from incidents, feedback and complaints had been used to help drive improvement across 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. 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 while allowing them to develop their independence.

There were sufficient numbers of suitably qualified staff to keep people safe.

People were protected by safe and robust recruitment practices

Is the service effective?

Good ●

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

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

Allocation of people's personal space supported their autonomy and preferences.

Is the service caring?

Good ●

The service was caring. Staff demonstrated a fondness for people and took pride in their achievements.

People were supported to develop their independence.

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

Is the service responsive?

Good ●

The service was responsive. Care plans contained information about people's background, preferences, and support needs.

People had access to a range of meaningful activities and led full and busy lives.

People were supported to raise any concerns they had about their care and support.

Is the service well-led?

Good 

The service was well-led. There were clear lines of responsibility within the service.

Staff demonstrated a shared approach to supporting people which focussed on developing people's independence.

There was a robust system of quality assurance checks in place.

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 inspection took place on 18 December 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 also 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 spoke with the people living at Trefusis and observed staff interactions with people. We spoke with the registered manager and four care workers. We contacted four relatives and two external health care professionals to hear their views of the service.

We looked at detailed care records for two individuals, staff training records, staff rotas, four staff files and other records relating to the running of the service.

Is the service safe?

Our findings

People told us they felt safe living at Trefusis and relatives said they believed their family members to be; "very, very safe." We saw people accessing all the communal areas of the building, using the kitchen and popping in and out of the office. They were comfortable and at ease with staff and approached them for advice, support and assistance throughout the day.

There were sufficient numbers of staff to meet people's assessed needs. On the day of the inspection visit people were supported to go out on planned activities and take part in daily chores and routines. We heard staff asking people if they wanted support to undertake certain activities and arrange the day according to people's preferences. Rotas for November showed the minimum staffing levels were consistently met apart from two occasions. Relatives said their family members were supported to take part in a range of activities. When people needed additional support, for example, on long journeys to visit family, there was enough flexibility within the service to accommodate this. This demonstrated staffing levels could be flexible enough to meet people's needs. One relative said a recent change in staffing had been unsettling for their family member but things had improved recently.

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. This meant people were protected from the risk of being supported by staff who did not have the appropriate skills or knowledge.

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. The registered manager had taken additional safeguarding training aimed at managers and provided by the local authority. 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, both within and outside of the organisation. One member of staff said; "I definitely would report it if it was effecting the service users. They are the ones that are important, 100%." Flyers and posters in the office and the kitchen/dining area displayed details of the local authority safeguarding teams and the action to take when abuse was suspected.

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. Staff recognised people's right to make choices and take everyday risks that promoted their well-being. One person had been supported to increase their independence and was accessing the community independently on circular walks. The risks had been identified and strategies put in place to minimise these. For example, the person took a mobile phone with them and had agreed with staff the routes they would take. Staff and Spectrum's internal clinical psychologist had worked with the person to help them understand 'stranger danger' and learn how to keep themselves safe. An external professional noted; "The team have worked with the residents to set new goals and amend personal support plans accordingly with appropriate risk assessments in place."

People's medicines were managed safely. Medicines were stored securely in a locked cabinet. The amount of medicines held in stock tallied with the amount recorded on medicine administration records (MAR). MARs were completed consistently and in line with current guidance. Creams, ointments and liquid medicines had been dated on opening so staff would be aware when the medicines were at risk of becoming ineffective or contaminated. All staff were trained to administer medicines. Any errors in administering medicines were dealt with appropriately. If a member of staff made a mistake they had to retake medicines competency assessments and be signed off by the registered manager before they were able to administer medicines independently again. Incident sheets were completed in order to identify any patterns. One person was being supported to become more independent with their medicines. Staff were working with them to help them understand what each medicine was for and the possible consequences not of taking it. The registered manager told us; "We're getting [person's name] skills as good as we can get them."

People's monies and bank cards were stored securely. One person told us they had their own PIN and did not share it with staff. Records of expenditure were kept and audited daily by the deputy manager. In addition an external audit was completed monthly by Spectrum's finance team. A relative told us; "The money is all well-controlled."

Is the service effective?

Our findings

People received care and support from staff who knew them well and had the knowledge and skills to meet their needs. 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. Although there had been some recent changes to the staff team a small group of staff had worked in the service for a number of years and knew people well. An external professional noted; "Her progress must, in a large part, be put down to consistent support from staff that know her well, and comfort and familiarity in her environment." A relative said; "They do a wonderful job."

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. This is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. A new member of staff told us they had met with people as part of their induction process. They described the induction as; "Thorough." Another said; "There has been a significant improvement in the induction over the years. Spectrum do it very well." Training identified as necessary for the service was updated regularly. Staff told us they were happy with the amount of training they received and believed it equipped them to do their jobs effectively.

Staff told us they received regular supervision. This gave them an opportunity to discuss any changes in people's needs and exchange ideas and suggestions on how best to support people. One staff member had been off following an injury. Before returning to work a 'back to work' interview had been held.

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.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met. An application for a DoLS authorisation had been made for one person and the service were waiting to hear the outcome. The applications and other related records showed the correct procedures had been followed. Mental capacity assessments and best interest meetings had taken place and were recorded as required.

Staff had received training in the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS). These areas were covered during the induction process and updated with regular on-line training. Staff were able to tell us where the associated policies were kept and talk confidently about the

principles of the legislation. One told us; "Unless it's documented otherwise I assume people have capacity." We saw people made everyday decisions for themselves such as how and where they spent their time.

People ate varied and healthy diets. People were supported to be involved in meal preparation and menu planning for the week. During the inspection visit we saw one person telling staff doing the on-line weekly shop what drinks they wanted and what flavour. People prepared food and hot drinks for themselves with staff support when they requested it. People were offered a wide range of meal options and choices were rotated to help ensure people had a varied diet.

People were supported to access other health care professionals as necessary, for example GP's, opticians and dentists. Care documentation contained information about past appointments and any action taken as a result. Where it had been identified as necessary, regular health screenings were undertaken. One person had completed a health questionnaire prior to a health check to assist them to understand the areas to be looked at. Information about specific conditions was supplied to people where relevant.

The interior of the building was well maintained and decorated. Bedrooms were decorated to suit people's personal taste. One room was used as an art and computer room. The kitchen and dining areas were open plan and people had free access to them at all times. The bedrooms were small and one person in particular liked to spend time in their room away from other people. We discussed this with the registered manager and staff. They told us the person had been offered an alternative larger room to use as a bedroom. However they refused this as they preferred a room upstairs as it felt more separated from the rest of the house. A member of staff commented; "[Person's name] takes a lot of comfort in her own room and her own space." The outside of the building was in need of updating, a relative described it as; "A bit tired." We discussed this with the registered manager who told us they had carried out a recent audit on the premises and identified the need for improvements to the outside of the building. This had been forwarded to the maintenance team but as the work required was purely cosmetic it was low priority. However they hoped it would be completed in the next few months.

Is the service caring?

Our findings

We observed staff interacting with people and noted the care and support they provided. People were treated kindly and respectfully by the staff team. Staff supported people with a variety of tasks ranging from preparing food to helping people put their hair up. Staff were complimentary about people, for example noticing changes in hair colour and commenting on clothing. This clearly pleased the people concerned who told us staff were; "nice." A relative told us; "We're very happy [person's name] is very settled. Another said; "[Person's name] is always happy to back after visiting us. What they've done for her at Trefusis is amazing."."

People were treated respectfully. On our arrival staff made sure people were aware of who we were and the reason for our visit. People were encouraged to speak with us and asked if they wanted to show us their rooms. Staff were able to tell us what might cause people anxiety and ask that we avoid certain behaviours.

The atmosphere at Trefusis was open and welcoming. People came into the office to spend time chatting with staff, contribute to on-line shopping and plan their day. People and staff worked together and discussed any arrangements to ensure they suited people's needs and preferences. For example we heard one member of staff ask if someone wanted them to join them on a walk or go independently. The person asked the staff member to go with them. On their return we heard the member of staff talk about what a positive experience the walk had been. Staff valued people's gifts and talents and spoke about them positively. For example; "[Person's name] is a gem," and "[Person's name] is a fantastic artist." Staff showed us examples of this person's art work and described others to us. They demonstrated a pride in the person's achievements and skills.

Staff worked with people to set personal goals to increase their living skills and independence. One person disliked doing things as a group preferring their own company. Staff had identified times when the person was able to be on their own without support. This gave them greater autonomy. Staff and Spectrum's internal psychologist were working with the person to support them to go shopping independently. Role play was being used to help the person practise various scenarios in a safe setting. An external professional told us; "One of my residents is increasing independence to the point that supported living has been discussed for the future, after her living in residential all her adult life." We saw a member of staff supporting someone to make their breakfast. They provided sensitive and unobtrusive guidance encouraging the person to perform the tasks independently while checking they were able to achieve it without becoming distressed or anxious.

Daily records showed people made day to day choices such as what to wear, when to get up and go to bed and how to spend their time. Staff confirmed people had control over their lives. One commented; "I like to be able to say after work, "They [people using the service] had a really good day today."" A relative told us their family member had their room redecorated when they requested it and in keeping with their own taste.

Staff recognised the importance of family relationships and supported people to maintain them. The manager or deputy manager spoke with families on a weekly basis to help ensure they were kept up to date

with any developments or changes in routines. Relatives told us they had regular phone contact with their family members. A mobile phone was available for people to use if they wanted to speak with anyone in private.

Is the service responsive?

Our findings

People were supported by staff who knew them well and understood how they wished to be supported. Care plans contained information about people's background, preferences, and support needs. However some of the information in the care plans was out of date or unclear. Staff had written queries in the documentation. For example one care plan noted the need for the person to take an inhaler with them when going out. Handwritten next to this was; "It doesn't at present, should it?" We discussed this with the registered manager who assured us the care plans would be updated during the next few days to reflect people's support needs accurately. One care plan had already been updated but not printed off and therefore staff might not have known a more recent version was available. This was addressed during our visit. Following the inspection visit the registered manager provided us with evidence to show the other care plans had also been updated .

Staff were able to describe how people wanted to be supported and most of them had worked at the service for a long time. A new member of staff confirmed they had not seen the most recent care plan. They said they always worked with more experienced staff and would ask if they were unsure of anything.

People were aware of their care plans and had been involved in their development. One person spent time with us as we looked at their plan and confirmed they agreed with the information they contained. People were encouraged to lead their annual review meetings and six monthly person centred planning, (PCP) meetings to help ensure they were fully involved in the care planning process. Person-centred planning is a way of discovering what people want, the support they need and how they can get it. (Department of Health). People helped choose the timing of the meeting, decide where it was to be held and prepare refreshments for everyone attending. This showed the service helped people to take ownership of the meetings. One person had taken the decision not to have PCP's as they found planning for the future and setting goals distressing.

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. There were also communication books in place for each individual. This meant confidential information was protected. Staff told us they felt the systems in place ensured they were up to date with any changes in people's needs.

People were supported to take part in a range of pursuits which were meaningful to them and reflected their individual interests. They accessed local amenities on a regular basis and were able to walk into the local town. One person told us about the various cafes in the area they liked to visit. They demonstrated a familiarity with a large number of cafes and were able to tell us what they specialised in. A member of staff told us; "We try and get them out as much as possible. Even if it's just into town for coffee." One person had recently secured funding to attend an evening language class.

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 would be confident to raise any concerns they had with the registered manager. One relative had raised concerns and said these had been taken seriously and dealt with appropriately. Staff told us they supported people to make complaints if they were unhappy with any aspect of their support. One person would sometimes leave a letter for the registered manager in the office if there was anything they wanted to discuss. House meetings were held to facilitate group discussions. This demonstrated there were systems in place to allow people to voice any concerns they might have.

Is the service well-led?

Our findings

The registered manager was also registered manager for another two Spectrum services and shared their time between the three. They had additional responsibilities as a divisional manager. They told us they spent approximately 10 hours a week at Trefusis and had a good working knowledge of the day to day running of the service. They attended staff meetings and ensured they spent time at the service at least once a week. The registered manager received regular supervision from Spectrum's head of operations. They also attended monthly managers meetings and monthly operational meetings in their role as a divisional manager. They told us they felt well supported and were kept up to date with any changes via a system of emails and regular meetings. In addition they said they had very good peer support from other managers in Spectrum. Staff told us they considered the service to be well-managed.

Roles and responsibilities were well-defined and understood by the staff team. There was a key worker system in place. Key workers are members of staff with responsibility for the care planning for a named individual. We saw monthly duty check lists which key workers were required to complete. The registered manager was supported by two deputy managers who were in a job share position. The deputy managers had responsibility for supervising the staff team. They had an hour set aside for a handover every week to share any information or updates. The registered manager also attended these where possible. One of the deputy managers told us they had approached Spectrum with the proposal to introduce a job share post at the service. The post was still in the trial period and was due to be reviewed in May 2016. Both deputies told us they believed the trial was going well.

The deputy managers had responsibility for maintaining contact with people's families. Quality assurance surveys were circulated to families annually. Two families had responded to the last questionnaire and the response was positive. Comments included; "The contact is excellent," and "The staff are always supportive."

Information was used to aid learning and drive improvement across the service. Learning logs and incident sheets were consistently completed. Incident sheets were analysed on a monthly basis in order to highlight any trends or patterns. A relative commented; "The paperwork is all in place."

Regular staff meetings were held to provide an opportunity for open discussion. Staff said they gave them an opportunity to contribute to the development of the service. House meetings were timetabled shortly after to allow staff to feedback any information about service development or organisational issues to people living at Trefusis.

Staff demonstrated a shared approach to supporting people which emphasised the importance of individualised care and encouraging independence. Comments from staff included; "No service user is the same," and, "Staff work very hard to get people out, open horizons and try new things."

Any organisational changes were communicated via newsletters and internal emails. In order to try and improve links between care staff and the higher organisation Spectrum had recently re launched a Works

Council to allow representatives from all levels to have a voice within the organisation.

A questionnaire had been developed for all stakeholders including staff. This was being trialled in two services. An open day was planned for February 2016 to allow staff an opportunity to discuss any concerns or ideas they had for individual services and organisational practices.

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.