

# Spectrum (Devon and Cornwall Autistic Community Trust)







## Pentire

### Inspection report

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Date of inspection visit: 30 July 2014  
Date of publication: 08/01/2015

#### 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	

#### Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was announced two days prior to our visit. Pentire House was last inspected in October 2013, no concerns were identified at that inspection.

Pentire provides accommodation and personal care for up to three people with autism. The home is part of the Spectrum group which operates throughout Cornwall. On the day of the inspection visit two people were living at the home. The home had a registered manager. A

# Summary of findings

registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People were happy on the day of the inspection, we saw them approach staff freely and there was friendly chatter and joking between the people living at Pentire House and staff. People spent time on their own or with staff as they chose. They were occupied with hobbies, getting ready for work and day to day activities such as preparing meals.

The registered manager and staff demonstrated a comprehensive understanding of the legislation as laid down by the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. We found staff were up to date with current guidance CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

Risk assessments were in place where necessary, these were detailed and gave clear guidance for staff on how to minimise risks whilst supporting people to lead full and independent lives. People were encouraged to be involved in the development of their risk assessments.

Staff were well supported with regular supervision sessions and appropriate training. This included training specific to the needs of people with autism. This meant there was effective support in place for staff to help ensure they were able to meet people's needs.

People's privacy and dignity was respected. Staff knew the people they supported well and spoke of them fondly. We saw people were supported and encouraged to make choices and decisions for themselves. Families told us staff helped their relatives make informed choices.

The home reflected the tastes and hobbies of the people living there. Living areas were furnished and decorated to accommodate individual hobbies and interests.

People had access to a wide range of activities and were protected from the risk of social isolation. This included work and college as well as leisure activities. Staff helped people make and keep friendships and supported family relationships.

There was a stable staff team who communicated well and shared information about the people they supported to help ensure everyone was aware of any change in needs.

We found staff shared a set of values which emphasised the importance of developing people's independence.

Staff told us they were well supported by the registered manager who was described as "approachable" and "always accessible." There were quality assurance systems in place to help ensure the service ran efficiently.

# Summary of findings

## 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 safe. We saw people were relaxed and at ease with staff. Relatives told us they believed Pentire was a safe environment.

We found the location to be meeting the requirements of Mental Capacity Act and Deprivation of Liberty Safeguards. This helped to ensure people's rights were respected.

We found the service managed risk well whilst ensuring people led a full life.

Good



### Is the service effective?

The service was effective. As well as training in mandatory areas staff received additional training in areas specific to the people they supported.

Staff were well supported through a system of regular supervision and training. Training specific to the needs of people with autism was provided. This meant people were cared for by staff with up to date information and knowledge.

People had access to a wide range of healthcare services which meant their day to day health needs were met.

Good



### Is the service caring?

The service was caring. We observed there was a calm and friendly atmosphere within the home and staff helped people maintain their privacy.

People were encouraged to maintain and develop their independence. For example, people made decisions about their day to day lives with support from staff when they needed it.

Staff knew the people they were caring for well and communicated any changing needs with the rest of the staff team effectively.

Good



### Is the service responsive?

The service was responsive. Care plans were personalised and reflected people's individual needs. This meant staff knew how people wanted to be supported.

People had access to a wide range of activities and were supported to maintain their valuable relationships.

Complaints were dealt with in accordance with the organisations complaints policy.

Good



### Is the service well-led?

The service was well-led. Staff demonstrated a clear set of shared values which emphasised the importance of independence.

There was a registered manager in place who was aware of the day to day culture of the service. This meant they were able to monitor the service effectively.

Quality assurance systems were in place and used effectively meant the service was able to deliver good quality, consistent care.

Good



# Pentire

## Detailed findings

### Background to this inspection

We visited Pentire on 30 July 2014 and we told the provider two days before our visit that we would be coming. This was because we wanted to make sure people would be at home to speak with us. The inspection was carried out by one inspector.

We last inspected Pentire in October 2013, we did not identify any concerns regarding the care during that inspection, in the areas in which we looked.

On the day of our visit we spoke with the two people who were living at Pentire, three care staff and the registered manager. We observed people being supported in communal areas and saw a range of records about people's care and how the home was managed. Following the inspection visit we spoke with two relatives and a fourth member of staff. We also contacted a health care professional who told us about their experiences of the home.

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. Before our inspection, we reviewed the information included in the PIR along with information we held about the home and previous inspection reports. This enabled us to ensure we were addressing potential areas of concern and those that had not been reviewed for a while.

During the inspection we looked at both people's care plans, staff training records, staff rotas and documents in respect of the homes quality assurance systems.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

People living at Pentire told us they felt safe there. During our inspection we spent time in the communal areas with people and staff. We saw people were comfortable with staff and frequently engaged in friendly conversation. We heard one person challenge staff about a complaint they had. They did this with confidence and without hesitation. We observed staff respond appropriately, calmly offering to discuss the complaint with the person. This showed us that people felt safe to challenge the service regarding any issues they had.

Relatives told us they considered their family members safe at Pentire House. One person told us they visited without notice and were always made to feel welcome. They commented; "I have a trusting relationship with them." Another said; "(my relative) has been safe. I've had no worries."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We found the location to be meeting the requirements of the DoLS. While no applications had been made or submitted the registered manager understood when an application should be made, and how to submit one. We did not observe any potential restrictions or deprivations of liberty during our visit.

We discussed the requirements of the Mental Capacity Act (MCA) 2005 and DoLS with the registered manager. They demonstrated an understanding and knowledge of the requirements of the legislation. Staff were also well informed. One person described to us the circumstances under which they would initiate a capacity assessment and when it might be necessary to submit a DoLS application. We saw from the staff meeting minutes that the recent changes to the circumstances when DoLS applications should be made had been discussed. This showed us the service kept staff up to date with relevant changes in legislation.

We spoke with two members of staff about what they would do if they suspected abuse was taking place. They both said they would have no hesitation in reporting it to the manager and were confident any concerns would be acted on. We were told about an occasion when this had happened. Our records showed we had been notified of this and that the registered manager had responded appropriately and promptly. We asked staff what they would do if they were not satisfied their concerns were being taken seriously by their manager. Both said they would go higher within the organisation and if they were still not satisfied they would take their concerns elsewhere, for example CQC or the police. This showed us people were protected from the risk of abuse because staff were able to raise concerns which were then acted upon.

We looked at the care records for the two people living at Pentire. We saw they contained risk assessments which were specific to their needs; for example travelling on public transport unsupported. The assessments outlined the benefits of the activity, the associated hazards and what measures could be taken to reduce or eliminate the risk. We spoke with staff and the registered manager about the need to balance minimising risk for people and ensuring they were enabled to try new experiences. Staff told us they encouraged people to be involved in their risk assessments which they referred to as 'risk enablements'. They told us they only carried out assessments where there was a clear risk and always started from the principle that people had capacity to make choices. This demonstrated that the service protected people from risk whilst supporting them to remain independent.

On the day of our visit we saw there were sufficient staff on duty to meet the needs of the people who lived at the home. We saw staff had time to spend talking with people and support them in an unrushed manner. The registered manager told us the home was fully staffed. We looked at the rota for the previous week and saw the minimum staffing level was adhered to. Relatives told us there were always enough staff on duty to meet people's needs.

# Is the service effective?

## Our findings

We found people were supported by staff who had the knowledge and skills necessary to carry out their roles effectively. Individual staff supervision sessions were held every three months and the registered manager told us staff could request additional supervision at any time if they wanted. Staff confirmed they felt able to do this, one commented; “It’s a small unit so there’s always a chance to discuss anything.” We looked at minutes of supervision sessions for three members of staff and saw they covered areas such as working practices, practicalities concerning the house and any individual issues.

Staff had the training and support they required to help ensure they were able to meet people’s needs. We looked at the training records for the home. We saw staff received refresher training regularly. For example we saw staff had received training in areas such as food hygiene, infection control and medicines. In addition staff had training in areas which were specific to the needs of the people they were supporting. For example Autism Awareness and Person Centred Thinking. The home’s training matrix recorded when training had occurred and when it was due to be updated. This showed us there was a clear system in place to highlight to the registered manager when staff training required updating. The registered manager told us staff could request any further training if it was relevant to their role and the organisation was open to this. One member of staff commented; “its good training, the training

department is really, really good.” A health care professional we spoke with told us; “The staff were friendly and approachable and they were well trained in their field.”

People’s needs were met in respect of their diet and they were encouraged to have a healthy diet. Staff told us the two people living at Pentire had separate food budgets and organised their shopping, cooking and eating separately. We saw one person preparing their meal independently. We saw from one person’s care plan that they had been encouraged, over a period of time, to eat a more healthy diet and that they had an understanding of the importance of this. We observed both people preparing drinks throughout the day when they wanted to. We saw the fridge was well stocked and the food was of a good quality. A member of staff told us “They will now grill their food and look for good quality meat.”

People were encouraged to have choice and control in their healthcare matters People could visit healthcare services such as the optician, GP and community nurse. The care plans contained details of these visits and people were encouraged to have regular health checks. The records contained details of when check-ups were due. This helped to ensure people’s health needs were met. The documentation showed that on occasion, people chose not to have particular health checks. People had been given relevant information by independent clinical practitioners who knew them well and were able to help them make that choice.

# Is the service caring?

## Our findings

People who lived at Pentire told us they liked the staff. One person described their key worker as; “Brilliant and very hard working.” Staff spoke respectfully to people and where necessary offered advice kindly. The staff team were able to give consistency of support and support people in an empathetic and caring way. For example we saw one person became anxious, and we heard staff reassure them and then turn the conversation to another subject. From the care plans we saw there were strategies in place for staff to follow and clear guidance on what staff could do to reduce the person’s anxiety.

One person showed us their room. We saw it was decorated to reflect the person’s personal taste and there were personal mementoes and photographs on display. Communal areas also had photographs and paintings on the walls which reflected people’s interests. Both of the people living at Pentire told us they had keys to their bedroom doors and access to a front door key if they wanted. This promoted people’s independence and autonomy.

Staff respected people’s right to speak with us in confidence. Staff introduced us to the people living at Pentire and explained why we were there. They made sure people had time alone with us so they could speak freely and in private.

Staff were knowledgeable about the people they supported and understood their needs well. For example one member of staff described to us the circumstances in which the person they supported might become anxious. They told us how they would recognise this and what

action they might take to alleviate the person’s anxiety. A professional from outside the organisation told us; “The staff have a high level of knowledge about the service user and their needs.”

People’s personal histories were recorded in their care files. Background information about people’s past can help staff gain an understanding of how the past has impacted on who the person is today. Staff spoke about the people they supported fondly. Comments included; “They have got a really, really good sense of humour.” And; “My driving force is care of the service user’s.”

People had a great deal of independence. For example we saw them decide what activities they wanted to do, we saw people making drinks independently and deciding when to spend time alone and when they wanted to chat with staff. We saw people were involved in making day to day decisions about their lives. For example we saw one person deciding what they wanted to eat for their evening meal. Relatives told us staff supported people when making decisions about their care by giving them the information they needed in a meaningful way and then supporting them to act on their decisions. One family member told us the staff always involved their relative in decisions by offering clear choices with an explanation of what the consequences of their decision might be. A member of staff told us “I’ll give information and advice, it’s their choice.

One person’s care plan described how changes in arrangements could cause them to become unsettled. There was clear guidance for staff on how to support the person which included giving them time to take in the changes.



# Is the service responsive?

## Our findings

Staff identified what was important to people and took steps to ensure their social needs were met. People had access to activities which were responsive to their individual needs. On the day of the inspection one person spent some of their day being supported to work at a paid job which had been arranged for them by the service. The person told us they enjoyed the work, especially the money. We spoke with their relative who told us the job was important to their family member and they got job satisfaction from it as well as money. They explained they had sometimes paid their family member for helping them out but would not be able to do that in the future. They said Pentire had identified the job as a means of replacing this in the person's life.

People were supported to do the things which were important to them. One room in the house was dedicated to one person's hobby and contained related equipment. We saw from the care records, and the person told us, that this was an important part of the person's life. The person was quoted in the care records as stating; "I suppose (the hobby) is my religion." One person liked going out with staff to walk a relative's dogs. They had expressed a wish for the dogs to be brought to the house to visit. The registered manager told us they had raised this with Spectrum and they were looking into arranging this for them.

One person did not take part in a wide range of activities. We discussed this with the registered manager who told us this was their choice. We spoke with the person who confirmed this. They did attend college and occasionally went out for walks. They also had a small group of friends who visited them at Pentire. We saw they were encouraged to take part in sports and on the evening of the inspection were planning a cinema trip. This showed us that the service took steps to help ensure the person did not become socially isolated whilst respecting their right to spend their time as they wanted.

One person was very involved with the local church attending regularly with a relative. We saw from the records and the relative confirmed, that the service supported them to do this. Sometimes the circumstances meant the person needed additional support whilst attending church meetings. The relative told us the service always checked to establish if this was the case and supported the person as necessary.

We saw people were supported to maintain relationships with friends and families. One person's recent birthday party had been attended by approximately 30 people. A family member told us their relative had thoroughly enjoyed this. We saw activities such as riding, fishing, golf and local pub trips happened frequently. We were told one person had recently met up for lunch with an ex member of staff. The person telling us commented; "It's important to keep valuable relationships with people going."

We saw a capacity assessment followed by a best interest meeting had taken place for one person in respect of them maintaining appropriate telephone contact with friends. A best interest meeting is held when a person has been assessed as not having the capacity to make a decision in a particular area. We saw the meeting involved a relative, nurse, social worker, key worker, deputy manager and divisional manager. This showed us the service took appropriate action to support people to maintain friendships.

There were systems in place to help ensure staff were aware of people's changing needs on a daily basis. Staff completed daily logs which were used to record the details of the person's day, e.g. any activities, moods and what they had eaten. In addition to this there were communication books, one for the house and one each for the people living at Pentire. These were used to record the information which was assessed as being important to the next shift coming on duty. This meant staff were kept informed of relevant information and the person's privacy was protected because they had an individual record.

Staff told us they found communication amongst the staff team to be good. One member of staff commented; "Everything's up for discussion. Everything's up for change." This showed us staff were able to share information and ideas in order to remain aware of changes in people's care and support. Any identified changes in people's care and support were handwritten and entered into the back of the person's care plan. These were rewritten and reprinted every six months incorporating any necessary changes. This meant the records were kept up to date and staff could be confident the information was relevant.

One of the people living at Pentire had recently made a complaint about staff being moved to cover shifts elsewhere when they were supposed to be supporting them. We saw the complaint had been appropriately recorded and investigated. We discussed the situation with



## Is the service responsive?

the registered manager who told us they had offered to talk about this with the person but they had declined. We asked the person concerned if they were happy with how their complaint had been handled and they said they were not. However, the registered manager told us the person's circumstances were changing which meant the situation would not arise again and therefore there were no changes

that needed to be put in place. Everybody confirmed that the person had not been without support when they requested it. The complaint had been handled according to the service's policy.

Relatives we spoke with told us they had not had recent cause to complain. One person told us they had complained in the past and felt their concerns had been listened to, taken seriously and acted upon to their satisfaction and promptly.

# Is the service well-led?

## Our findings

Staff demonstrated a clear set of shared values which were focussed on providing personalised care and support to the people living at the home. Whilst talking with staff about what was important when supporting people we identified there was a common theme of independence. Comments included: “There’s a lot of job satisfaction in seeing progress and seeing people move forward.” An outside professional told us; “They were happy to accept and take on board recommendations and to make changes that will promote service user’s independence.”

The registered manager led the team well by working to ensure staff were well supported and they were available when needed. Staff we spoke with were positive about the support they received from the registered manager. They described them as; “Available” and “Always accessible.” One member of staff told us they had contacted the registered manager late the previous evening at their home when a problem had arisen. They told us this was acceptable to the registered manager. One member of staff told us the registered manager was also a mentor to them adding; “That’s really important.”

As the registered manager also managed two other locations we asked how they could be sure they were aware of what was going on in the home at all times. They told us they spoke with the deputy manager at least once a week and usually more often. They were also in constant email contact and visited the home on a weekly basis. The deputy manager confirmed this and all staff said they were confident the registered manager had a good knowledge of the service.

People told us there was consistency across the organisation in terms of how the paperwork was organised, policies and procedures and general working practices such as supervision and appraisal systems. Staff were clear that homes were “Individualised because of the people living in them.” One member of staff commented; “Everything is house based. We work for the individual not the company.”

We heard contradictory responses from staff when we asked if they felt part of the bigger organisation. One member of staff told us they were able to speak to people at head office and they were; “Very friendly.” Another told us; “It’s a brilliant company, very supportive.” Two members

of staff said they very much felt part of the Pentire staff team but not the larger Spectrum organisation. One of them said they felt disassociated from the larger organisation and while they felt well supported by their immediate manager, (the registered manager) they did not feel supported by Spectrum. We discussed this with the registered manager who told us there were various systems in place to address the risk of homes becoming isolated. For example the director held open days when staff were invited to air any issues. In addition the organisation facilitated a Works Council, an employee group where staff representatives could raise any issues regarding working practises with senior management. Although these had not been well attended in the past we were told there were plans to raise awareness of the system to staff across the organisation. The registered manager had regular meetings with senior management and were able to feed back any organisational information to their staff teams.

We were told the provider held regular forums which were attended by representatives from staff teams. These were used as a means of keeping staff up to date with any developments regarding autism or news on approved working practices. This showed us the provider had systems in place to capture the latest guidance for best practice and disseminate that to the wider staff team.

Staff meetings were held regularly. Staff told us these were opportunity to discuss any issues relating to individuals as well as general working practices and training requirements. We saw minutes for the previous three staff meetings which verified this.

We asked the registered manager how they gathered the views of people using the service. They told us they held house meetings for individuals as joint meetings had not worked. Meetings were an opportunity for people to express their views about the service. We saw minutes for a meeting where the person had said they were happy with the support they were receiving.

The service had systems in place to gather the views of people connected with Pentire. Relatives were asked to complete a satisfaction survey on an annual basis. One survey had recently been returned and we were told the feedback was positive. We did not see a copy of the survey as it was at the organisation’s headquarters on the day of the inspection.

## Is the service well-led?

The organisation was able to address potential difficulties promptly thus minimising the risk of situations escalating. Accidents and incidents were appropriately recorded. Incident logs were analysed regularly in order to identify any patterns of behaviour. On the day of the inspection Spectrum's clinical psychologist was visiting the home in response to an incident the previous day.

We looked at the quality assurance systems that were in place at Pentire. There was a clear system in place for reviewing care documentation which involved the person. We saw records such as care plans, risk assessments and accident and incident reports were regularly reviewed and updated. For example quarterly reviews of one page profiles were carried out by key workers, six monthly

reviews of people's goals involved the person and their key worker and annual reviews of care plans took place involving the person, staff and family or anyone else the person wished to include.

The organisation had a system in place to identify any areas for improvement and how these could be addressed in order to meet the needs of the people living and working at the home. Comprehensive audits of the home were completed every other month, either by the registered manager or the divisional manager. These covered areas such as house maintenance, staff competencies and health and safety checks. Following the audits a report was produced and an action plan devised.