

Spectrum (Devon and Cornwall Autistic Community Trust)

Rosemerryn

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook this unannounced comprehensive inspection of Rosemerryn House on the 21 October 2016. The service had previously been inspected in September 2015 when it was found to require improvement in the key questions of; is the service safe? and is the service well led?.

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

The service had 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.

People were comfortable and happy at Rosemerryn House and relatives told us people were, "Absolutely safe." Staff confirmed people were safe and well looked after and commented, "This house is very safe and people are very happy."

Staff understood their role in protecting people from abuse and had received regular training on local safeguarding arrangements. Staff recruitment processes were robust and designed to ensure people's safety.

Risks that had been identified both within the service and the local community had been assessed and appropriately managed. People were supported to engage with a wide variety of activities within the local community and risk management measures had been designed to enable people to take managed risks in doing activities they enjoyed.

At our previous inspection, we found there were regularly not enough staff on duty to safely support people in the local community. At this inspection we found that staffing levels had improved and the service was fully staffed. Staff rosters showed all planned care shifts had been allocated to staff for the next two weeks. Staff told us they had not recently experienced staffing shortages similar to those found during our previous inspection. One of the service's managers said, "We haven't had any issues like that since I have been in charge." People's relative told us, "The staff team are a bit more stable and I am hopeful things are improving in relation to consistency of staff."

We did identify occasions in the week prior to our inspection where staffing levels had dropped below those the service was commissioned to provide. This occurred in the evening and did not directly impact on safety or people's activities. Staff told us, "Occasionally we have been pulled by head of operations to support other services but this has only been in the evening. It does not happen during the day so both [people] are able to do their activities." This meant the service was no longer in breach of the regulations.

People at Rosemeryn lived active and varied lives. Records showed people routinely engaged in a wide range of activities they enjoyed within the local community. Staff told us, "[Person's name] chooses what he wants to do each day" and "There is enough for people to do, we are going for a nice walk in a minute and have been to Dairyland and horse riding recently. They do loads of different activities." While a relative said, "I think [my relative] does get to do enough. It has settled down and he is back to doing what he enjoys."

Staff received three weeks of induction training before they began working in the service. During this initial training period staff completed all of the courses the provider had identified as necessary to enable staff to meet people care needs. Records showed training was regularly updated and staff told us, "There is no lack of training."

Manager and staff understood the requirements of the Mental Capacity Act 2005 and appropriate applications had been made to the local authority for the authorisation of potentially restrictive care plans.

Staff knew people well and took pride in describing people's individual achievements. Care plans included details of people's preferred methods of communication and guidance for staff on how to support people to make decision and choices. We saw staff used these techniques effectively and care records showed staff had consistently respected people's decision and choices.

People's care plans were accurate and staff told us, "Care plans are constantly reviewed and reflect current needs. Key workers are on it and have tailored the care plan to ensure people are happy and productive. I have been very impressed with the key workers here." People's relatives told us they had been involved in the process of reviewing the care plans. Care plans were accurate and up to date.

The service was well led. Staff were well motivated and focused on supporting people to live enjoyable and varied lives. Staff comments included, "It is actually a good place to work" and "Morale is pretty good here in this house as we get out to do so much." People's relatives told us they were happy with the overall quality of the service and one relative said, "I am convinced [My relative] is in the right setting."

Although the registered manager was not based in the service full time, staff told us he visited regularly and they felt well supported. Staff comments included, "They are quite good managers here, always there if you need them" and "We see the [registered manager] every week."

The service had appropriate quality assurance systems in place and people's relatives told us when they reported concerns these were addressed and resolved.

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. There were sufficient staff available to meet people's assessed care needs.

Recruitment procedures were safe. Staff understood local procedures for the reporting of suspected abuse.

The risks management procedures were robust and designed to protect people from harm while enabling them to enjoy activities within the local community.

Is the service effective?

Good ●

The service was effective. Staff were well trained and there were appropriate procedures in place for the induction of new members of staff.

The registered manager and staff understood the requirements of the Mental Capacity Act 2005.

Care plan's provided staff with detailed guidance on how to provide support if people became anxious.

Is the service caring?

Good ●

The service was caring. Staff knew people well and took pride in people's achievements.

People and their care staff were able to communicate effectively together and staff respected people's decision and choices.

Staff ensured people's privacy and dignity was protected.

Is the service responsive?

Good ●

The service was responsive. People's care plans were detailed and personalised. These documents contained sufficient information to enable staff to meet people's identified care needs.

People were actively encouraged and supported to engage with the local community, a variety of recreational activities and part

time employment.

Staff were able to support people when they became anxious and records showed all indents had been managed effectively without the use of restraint techniques.

Is the service well-led?

Good ●

The service was well led. Staff were well supported by the services management team.

Whistle blowing policies had been reviewed and action had been taken to improve communication between senior managers and staff.

Quality assurance systems were appropriate and designed to drive improvements in the service performance.

Rosemerryn

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 checked whether the provider had made necessary improvements to the quality of the service required to meet 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 21 October 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

Prior to this inspection we reviewed the previous inspection reports and Provider Information Record (PIR). The PIR 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 the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met with both of the people who used the service and spoke with three relatives, four members of care staff, and the registered manager. In addition we observed staff supporting people during the morning before their departure to engage with activities in the community. We also inspected a range of records. These included both care plans, four staff files, training records, staff duty rotas, meeting minutes and the services policies and procedures.

Is the service safe?

Our findings

At our previous inspection in December 2015 we found the service had regularly operated at below commissioned staffing levels. On the day of our inspection, only two of the planned four staff were on duty. Records showed people were regularly unable to engage with activities they enjoyed as there were insufficient staff available to ensure their safety outside the service. This meant the service was in breach of the regulations.

At this inspection we found the service was fully staffed. There were four staff on duty in accordance with commissioned staffing levels. In addition, during mid-morning an additional staff member arrived at the service as a planned training event had been postponed.

We discussed current staffing levels with the deputy manager and staff on duty who told us, "We haven't had any issues like that since I have been in charge," "Two staff is almost unheard of, I have not experienced it" and "I have never been stuck with two staff since I have been here."

We reviewed staff rosters and the staff sign in book, used to record details of which staff had been on duty each day. These records showed staffing levels had significantly improved since our previous inspection. The service was fully staffed and the roster for the two weeks following our inspection showed that staff had been allocated to all planned care shifts. People's relatives reported improvements in the consistency of support staff and one person's relative told us, "The staff team are a bit more stable and I am hopeful things are improving in relation to consistency of staff." The registered manager told that there were no current staff vacancies at Rosemerryn and that a small number of additional bank staff were used to cover periods of staff leave or unexpected absence. The managers comments included, "We as a unit are very lucky with the amount of staff who will pick up extra shifts so we are good at getting shifts covered" and "We do have four regular bank staff but mostly it's the full time staff who cover things."

Staff recognised that significant improvement to staffing levels had been made and commented, "Usually we are pretty well staffed up." On the day of our inspection both people were supported by staff to engage with different activities they enjoyed within the local community. However, the registered manager acknowledged that staffing levels had been reduced below commissioned levels twice in the week leading up to our inspection. We discussed these incidents with staff who confirmed that it was now unusual for the service to be short staffed during the day. Staff told us, "Occasionally we have been pulled by head of operations to support other services but this has only been in the evening. It does not happen during the day so both [people] are able to do their activities", "Three is manageable of an evening, on average [it happens] once per fortnight" and "Staffing is usually good. Of late once or twice it has dropped down to three and this means people are unable to go out. It is a frustration when it happens." Although the service was not always achieving commissioned staffing levels we found that this was no longer adversely impacting on people's ability to engage with activities they enjoyed. This meant the service in no longer in breach of the regulations.

People's relatives told us their family members were safe at Rosemerryn. Their comments included, "[My relative] is absolutely safe. I don't have any concerns" and "I am satisfied that they aim to keep him

consistently safe. We noted during our inspection people were relaxed and comfortable in their home. while staff told us, "People are very safe here," "This house is very safe and people are very happy" and "People are safe here. The staff and service users are safe. I would say now, it is a very safe house for staff and service users."

People were protected from the risk of abuse as all staff had received appropriate training to help them identify possible signs of abuse. This training had been regularly updated and one staff member told us, "I have done my safeguarding training and I think it is due to be redone next month." Information about local procedures for safeguarding vulnerable adults was displayed with in the staff room and staff understood their duties and responsibilities in relation to the safety of the people they supported.

People's care plans included detailed and appropriate risk assessments. The service took a positive approach to risk management and recognised that it was necessary for people to take some risks to live full and active lives. People's care plans recognised that it was not possible to completely protect people from identified risks without adversely impacting on the person's quality of life. For example, one person's care plans said, "There is a risk in it but [person name] gets a lot of enjoyment from it." Staff had reflected on identified risks and taken action were possible to reduce and manage those specific risks. One person enjoyed swimming in the sea but needed immediate access to medicine in case of an emergency. To manage this risk staff had purchased a waterproof container for the person's medicine. This enabled the person to enjoy swimming while ensuring their medicine was readily available if needed.

When accidents or incidents occurred these were documented by staff and reported to the register manager for further investigation. Records showed all accidents had been fully investigated. Where these investigations found areas of increased risk appropriate changes to procedures were made to help ensure people's safety.

The building was well maintained and records demonstrated all necessary safety checks and tests had been completed by appropriately skilled contractors. We saw fire drills had been regularly completed and all firefighting equipment had been appropriately serviced.

Recruitment processes were robust. Necessary Disclosure and Barring Service (DBS) checks had been completed and references from previous employers reviewed before new employees began work.

People's medicines were stored securely in a locked cupboard that included facilities for the storage of medicines that required stricter controls by law. At the time of our inspection large quantities of medicines that did not require this level of control were being temporarily stored in this facility. We raised this with the registered manager who shortly after the inspection provided evidence that additional medicine storage cupboards had been installed to resolve this issue. Medicine administration records (MAR) were fully completed and demonstrated people had received their medicine when required. Staff had received medicines training and people's care plans included detailed guidance for staff on how to support people with their medicines.

Rosemerryn house was clean and people were support by staff to help maintain their own environment. Cleaning materials were stored appropriately and personal protective equipment was readily available.

The service had effective procedures in place to support people to manage their finances. People's money was stored securely in lockable cash boxes. Staff signed money into and out of each box and receipts were kept for all cash purchases.

Is the service effective?

Our findings

Before working in the service all new members of staff completed three weeks of formal training at the provider's head office. This included a number of training courses including positive behavioural support, health and safety, food hygiene and infection control that the provider had identified and necessary to enable staff to meet people care needs. In addition during the induction training staff began working towards completing the care certificate. This is designed to help ensure all new care staff have a wide theoretical knowledge of good working practice within the care sector. One recently recruited staff member told us, "When I started I had three weeks of training before I came here" and "I had an induction to the house as well." When new staff arrived in the service they initially worked alongside a more experienced colleagues as they got to know the individuals living in the service. Managers had developed specific knowledge tests which were used to assess new staff members understanding of people's specific care needs.

Staff had received regular training updates in accordance with the provider's training policy. Staff told us, "The training is good, the new training manager is on the ball", "I did training on Monday, it is all up to date and all the refresher courses are good" and "There is no lack of training."

Staff told us they were well supported by the service management team and records showed that most staff had received formal supervision. Staff told us, "I don't think I have had one in a while it certainly was not in the last couple of months" and "I have had one here and I am probably due one, you get supervisory feedback all the time." Staff had not received annual performance appraisals. We discussed this with the registered manager who told us that the provider was in the process of reintroducing a staff appraisal system.

People had been supported to access a variety of health and social care professionals including GP's, dentists and opticians. In addition, care records demonstrated that regular review of people's individual needs by health specialists had been completed.

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. The registered manager and staff all understood the requirements of the MCA. Where decisions had been made in people's best interests their family and where appropriate health professionals were involved and the decision making process was fully documented.

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). Appropriate applications had been made for restrictive care plans to be authorised by the local authority.

Care plans included detailed information for staff on how to support each person if they became upset or anxious. Staff were provided with detailed guidance on how to safely support people while anxious. Staff told us they felt confident they could meet people's needs and ensure people's safety if they became upset. Care records showed incidents had been reported to the registered manager and appropriately investigated. Attempts had been made to identify the cause of each incident and to identify any learning that could help avoid similar situations reoccurring.

Each week staff worked with people to develop a menu of dishes they enjoyed. Staff then supported people to shop for the necessary ingredients and when possible encouraged people to participate in the preparation of their meals.

Rosemerryn was clean, well maintained and communal areas had been recently decorated. Staff told us, "We've have had new carpets and painted the lounge and had a new kitchen." Each person had their own bedroom and bathroom. The services communal areas consisted of a lounge, dining room, conservatory, kitchen and enclosed gardens equipped with trampolines and other exercise equipment. People's rooms had been decorated in accordance with their individual preferences and contained a variety of personal items.

Is the service caring?

Our findings

Due to people's complex health needs we were not always able to find out people's views on the care and support they received by speaking with them. We saw people were relaxed, comfortable and happy at Rosemerryn. Relative's told us the staff team were kind and caring. Their comments included, "I have always been happy with the staff," "[My relative] gets on with the people he knows well" and "The staff are really excellent, they really are amazing."

People and their care staff enjoyed each other's company. We saw people laughing together with their staff and people sought reassurance and support from staff without hesitation. Staff knew people well and spoke with warmth and obvious pride while describing people's individual achievements. Staff comments included, "This is definitely one of the most family feeling and productive units", "We have a lot of fun together", "I know the boys very well and they are nice to work with" and "I like spending time with [the people who live here] they are both different but I like both of them."

People and their support staff were able to communicate effectively together using combinations of speech, gestures and communication aids. Information about people's preferred methods of communication were described in detail within their care plan and staff used a combination of these techniques to share information effectively with each individual. In addition, a notice board in the hallway provided people with information about the staff who were due to provide their support each day. Photographs of staff members were used to show which staff had been allocated to support each person. We saw this information was accurate on the day of our inspection.

People's care plans provided staff with guidance on how to support people to make decisions and choices. For example, one person care plan said, "Allow [person's name] time to process information and do not overload him." Picture based systems were used to help people process information and make decision about how they would like to spend their day. Daily care records showed people were able to decline care or planned activities and that staff respected these choices. Staff told us, "There is really not a lot we can do if [Person's name] refuses to get out of the van" and "[Person name] is able to make choices by pointing to his preferences or anything he wants."

Staff supported people to maintain relationships with relatives and people who were important to them. People were supported to travel to visit relatives and maintain regular communication using video conferencing technology. A relative told us, "Communication is good they let me know what has happened."

Staff respected people's privacy and people were able to spend time alone in their rooms when they wished. Each person had their own bathroom on the service's ground floor. Staff acted to ensure people's dignity was protected while providing care and support.

Is the service responsive?

Our findings

People's care plans were informative, detailed and designed to help ensure people received personalised care that met their needs. Staff told us, "The care plans are pretty good," "The care plans are good, they have enough information" and "If you read them they are at the point now where you will know what people like and don't like. They are very useful."

Each person's care plan included information about their individual likes and preferences as well as details of their life history and family background. This information had been gathered from people's relatives and staff experiences and was included to help staff new to the service to get to know each person.

People's care plans were reviewed each month and regularly updated to help ensure they provided staff with appropriate information about people's current care needs. Staff said, "The care plans are checked each month and reviewed every six months" and "Care plans are constantly reviewed and reflect current needs. Key workers are on it and have tailored the care plans to ensure people are happy and productive. I have been very impressed with the key workers here." People's relatives were involved in six monthly care plans review and told us, "It was almost too comprehensive at one point but that issue has been addressed" and "I was included in the process of reviewing the care plan."

Each day staff completed records of the care they had provided and the activities people had engaged in. These records were detailed, informative and accurately recorded details of the care and support each person had received.

Our previous inspection found that low staff levels had impacted negatively on people's ability to engage with activities outside the service. At this inspection we found that staffing levels had improved and people were now routinely able to engage with a wide variety of activities within the local area. People's relatives told us, "I think [my relative] does get to do enough. It has settled down and he is back to doing what he enjoys" and "Oh god yes, he gets to do much more than I could provide." On the day of our inspection both people left the service during the mid-morning to engage in different activities. Staff told us, "[Person's name] chooses what he wants to do each day," "They do get out all the time. There is always something happening in this house" and "There is enough for people to do, we are going for a nice walk in a minute and have been to Dairyland and horse riding recently. They do loads of different activities."

Daily care records included details of the activities people had engaged with each day and showed that people lived active and varied lives. During the week of our inspection people's activities had included swimming, visits to local theme parks, beach trips, playing board games, visiting a local cinema and going out for bike rides. One staff member told us, "We went to Sailability last week, it was great fun. [Person's name] wanted to keep going fast, he really enjoyed it." Each person had their own transport and the registered manager told us he aimed to ensure there were two drivers on duty each day to enable people to access different activities when they wished.

The service had appropriate systems in place to manage and investigate any complaints received. People's

relatives told us they did not currently have any complaints about the service's performance. Relatives who had previously reported concerns to managers told us these concerns had been addressed and resolved.

Is the service well-led?

Our findings

People relatives were happy that the quality of care the service provided had improved recently. Relative's comments included, "Overall we are happy. There are little issues but not any safety issues", "It's good but not as good as it used to be. But it is on the up again" and "I am convinced [My relative] is in the right setting."

During our inspection we found that people were happy and the staff team were well motivated to ensure people lived enjoyable and varied lives. Staff told us, "It is actually a good place to work", "Morale is pretty good here in this house as we get out to do so much" and "It is a pretty happy workplace I would say."

Although the service did have a registered manager he was not based in the service on a full time basis. Instead the registered manager was responsible for three services in the local area and normally visited Rosemerryn once a week. Staff confirmed this was correct and told us, "We see the [registered manager] every week" and "The registered manager is usually here a couple of times a month." We discussed these management arrangements with the registered manager who commented, "To be honest I think it is better than when the Registered managers were on the rota all the time."

Staff said they were well supported and told us, "90% of the time I do feel supported but it can be difficult to get hold of him" and "They are quite good managers here, always there if you need them." People's relatives told us, "They are very good there in the house", "The deputy manager is around a lot. He is doing great. He is a really good manager" and "The deputy manager is easy to get hold of and prompt to respond." This meant that although current arrangements were not ideal as there was a lack of dedicated full time management support within the service, people's relatives and staff felt appropriately supported.

In our previous inspection report we recommend that the provider take action to ensure staff are able to report any concerns without fear they will be treated unfairly. At this inspection staff told us they now felt more comfortable raising issues with managers. We found the service whistleblowing policy had been reviewed and updated since our previous inspection and one staff member told us, "The managers do respond to issues and I have confidence they would deal with it."

Records showed staff meetings were held regularly. These provided an opportunity for staff and managers to share information about observed changes to people's individual care needs, reflect on current best practice and discuss any planned organisational changes. Where discussions identified any issues or areas for improvement an action plan was developed to ensure each issue was addressed and resolved.

Following our previous inspection we recommended that the provider seek guidance on how to gather and where appropriate act on the views of stakeholders and staff. At this inspection we found action had been taken to improve communication between the staff team and the provider's senior leadership. Senior managers had visited the service more regularly and an employee committee had been set up to enable information and feedback to be shared directly between staff representatives and Spectrums senior managers. However, none of the staff from Rosemerryn had joined this committee and one staff member

told us, "We don't really talk to the rest of Spectrum." In addition, although the service had routinely sought feedback from people and their relatives a formal staff survey had not yet been completed.

There were appropriate quality assurance processes systems in place. Audits of the service performance in relation to a wide variety of topics had been completed regularly by managers. Where any issues were identified these had been appropriately reported, investigated and where necessary action was taken to improve the quality of care the service provided. For example, managers had identified a medicines error during the audit process. This error had been discussed with health professionals to assess any possible impact on the individual concerned and a detailed investigation completed to establish how the error had occurred. The results of this investigation had been shared with the staff team and new systems and additional training provided to ensure similar incidents did not reoccur.