

Spectrum (Devon and Cornwall Autistic Community Trust)

High View

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

High View is residential care home providing personal care to two people with a learning disability at the time of the inspection. The service can support up to five people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People lived in a service that was safe. Staff understood how to raise concerns about people's safety. Risks to people were understood and there was clear guidance for staff about how to support people to reduce these. People were supported by enough staff who had been recruited safely.

People received their medicines safely from staff who had received the right training. Staff training was up to date and we saw staff used best practice when interacting with people. Communication with other agencies involved in people's care, helped promote consistency and best practice in how their needs were met.

People's needs were assessed holistically, and staff's in depth understanding of what was important to people had resulted in positive outcomes for people. People were supported to remain healthy and encouraged to eat a balanced diet.

The service had been designed and developed to meet people's preferences. Staff and the manager regularly reflected on any changes they could make to better meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were cared for by staff who valued them as individuals and took time to understand them. Staff were constantly developing ways to help ensure people's voice was heard and that staff responded in the way people wanted. People's records contained information about their preferred methods of communication and staff understood and used these. People appeared comfortable with the staff who were supporting them and happily communicated their views and opinions.

People's care plans detailed their needs and the support they required from staff. These were regularly updated as staff learned more about people and how to meet their needs.

People's views of the staff and service were sought regularly. Staff also had opportunity to influence how the service met people's needs.

Checks and audits were regularly completed to help ensure the service continued to improve.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 14 January 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

High View

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Two Inspectors

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The manager who was registered also managed another service. At the time of the inspection, a new manager was responsible for the day to day running of the service. They were in the process of registering with the commission.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information the commission had received about the service since it's registration. We use all this information to plan our inspection.

During the inspection

We met with two people who used the service, however they were unable to share information with us about their views of the service; so we observed how they interacted with staff and their environment. We spoke with four members of staff including the manager.

We reviewed a range of records. This included two people's care records and their medication records; one staff file which included recruitment, supervision and training details; and a variety of records relating to the management of the service, including audits and checks.

After the inspection we received feedback from two professionals who know the service well.

Is the service safe?

Our findings

Our findings - Is the service safe? = Good

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

This is the first rating of this key question since the registration of the service. At this inspection this key question has been rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff knew and understood their responsibilities to keep people safe and protect them from harm.
- Staff were up to date with their safeguarding training and information about local authority safeguarding arrangements was displayed in the service.
- The service had a proactive approach to respecting people's human rights and diversity. Occasionally people became upset, anxious or emotional. Staff had a clear understanding of what caused anxiety to each person and what they needed to remain calm.

Assessing risk, safety monitoring and management

- People were supported to take risks to retain their independence and develop their skills.
- Risks to people were identified and records included guidance for staff to help reduce these risks.
- There were arrangements in place to keep people safe in an emergency.

Staffing and recruitment

- People were supported by suitable staff. Safe recruitment practices had been followed and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe.
- Staffing levels reflected the needs of the people living in the service.

Using medicines safely

- Medicines were managed safely. Staff who administered medicines had received training and an assessment of their competence.
- The organisation had signed up to STOMP. STOMP is a national project and stands for 'stopping over medication of people with a learning disability, autism or both with psychotropic medicines.' There were clear protocols in place detailing when staff could administer 'as required' medicines to people.

Preventing and controlling infection

- The service was clean and free from odours. People were involved in cleaning their home, with staff support.
- People were protected from the spread of infection by staff who had received infection control and food hygiene training.

Learning lessons when things go wrong

- Staff were aware of the reporting procedures for any accidents or incidents that occurred.
- When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends or any learning. Changes were then made to reduce the likelihood of reoccurrence.

Is the service effective?

Our findings

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

This is the first rating of this key question since the registration of the service. At this inspection this key question has been rated as good. This meant people's outcomes were consistently good.

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

- People's physical, mental and social needs were holistically assessed. As people were new to the service, their assessments were regularly being updated as staff learned more about them.
- People's care and support was delivered in line with legislation, standards and evidence-based guidance. This had resulted in particularly good outcomes for people in a short timeframe. For example, one person was now enjoying using the community, which they had not previously been able to do.

Staff support: induction, training, skills and experience

- Staff had received a thorough induction and training to enable them to fulfil their role.
- Staff showed they had the right knowledge and expertise to support people in the way they wanted.
- The manager explained how people's lives and opportunities had improved because of the staff team's skills at enabling people to develop at their own pace.
- Most staff had received a regular supervision. The manager had put plans in place to ensure all staff received regular supervisions.

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

- People were able to make choices about what they had to eat. The number of choices available to people was tailored to their individual ability and understanding.
- Staff understood people's dietary needs and helped ensure people ate a healthy diet. This information was recorded in people's records.
- People were supported to buy their own food.

Staff working with other agencies to provide consistent, effective, timely care

- Staff had worked with other agencies before people moved into the service, to help ensure they had as much information as possible and could meet people's needs.
- Staff continued to consult with health and social care agencies, to help ensure people had the right support.
- There were effective communication systems in place with other organisations that people received support from. This ensured information was shared and people received consistent support.
- Professionals confirmed the information they needed was available when they visited the service.

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

- The service had been adapted to meet the needs of the people living there and was decorated and designed according to their specific needs. One person had their own flat within the service which was

particularly important to them if they became anxious.

- Communal areas were spacious to enable people to use them, with staff, without feeling overcrowded. This reduced people's anxiety.

Supporting people to live healthier lives, access healthcare services and support

- People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals.
- People had a health action plan which described the support they needed to stay healthy.
- People's care plans described what support they needed with their oral health. People living at the service had recently visited a dentist. This had been planned carefully to reduce any anxiety people might experience.

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

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's capacity to make certain decisions had been assessed. When people were assessed as lacking capacity, best interest decisions had been made by those who knew the person well and reflected the least restrictive option.
- A professional told us people's mental capacity and any best interests decisions were always recorded clearly.
- The manager had applied for DoLS on behalf of people. These were awaiting authorisation by the local authority.
- Staff asked for people's consent before providing support.

Is the service caring?

Our findings

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

This is the first rating of this key question since the registration of the service. At this inspection this key question has been rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and compassion by staff. Staff had taken time to get to know people well and interacted with people in a caring, supportive manner.
- People were treated as individuals and staff had a good understanding of how to meet people's diverse needs.
- People appeared comfortable with the staff who were supporting them and were confident letting staff know what their needs were.
- People were supported to maintain personal relationships, in a way that was meaningful to them.
- Staff showed concern for people's wellbeing with care and empathy, responding quickly to their needs and providing reassurance whenever people needed it.
- A professional confirmed people appeared to be building positive relationships with staff based on a kind and respectful approach.

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

- Staff understood how people communicated and ensured they listened and responded appropriately.
- We observed people clearly expressing their views to staff and making choices about their day.
- People's care plans described how they communicated different emotions and what actions staff should take to best support people.
- Staff showed they understood each person and guided the inspectors on how to communicate with people, in a way that would not cause undue anxiety.
- Different options were being made available to one person to reduce the use of negative actions to gain staff attention.
- People's communication was regularly reflected on by staff and the manager to help ensure they were providing what people wanted from their service.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected.
- Staff understood when people wanted to be alone and were aware of how to support people's dignity.
- People were encouraged to be as independent as possible. Staff enabled people to be an active part in all tasks they received support with.

Is the service responsive?

Our findings

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

This is the first rating of this key question since the registration of the service. At this inspection this key question has been rated as good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans in place that reflected how they preferred staff to support them and provide their care. These were reviewed on a regular basis and reflected what helped achieve positive outcomes for people. A professional confirmed these were kept up to date.
- Professionals and others who knew people well had been involved in developing the care plans to help ensure they reflected people's needs.
- People were empowered to make choices and have as much control over their lives as possible. People were able to move about the service freely and choose how they spent their time.
- A professional confirmed that when needed, staff prompted people gently to accept the care or support they required.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs by assessing them. These needs were shared appropriately with others.
- We observed staff using the methods described in people's care plans to aid communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to attend educational opportunities during the week.
- Staff were supporting people to try new and different opportunities in the community to help develop interests and avoid social isolation. This also helped people choose how they wanted to spend their time.
- The manager told us one person was now benefitting from a wide range of opportunities and pastimes they had not previously been able to take part in.

Improving care quality in response to complaints or concerns

- The service had a policy and procedure in place for dealing with any concerns or complaints. There was an easy read version available.
- No complaints had been received since the service opened.
- Staff sought people's views of the service and staff every month and ensured any concerns were resolved.

End of life care and support

- People were being supported to develop end of life care plans. These had been produced in a format that was easier for people to understand.

Is the service well-led?

Our findings

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

This is the first rating of this key question since the registration of the service. At this inspection this key question has been rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a clear person-centred culture. Staff valued people as individuals and empowered them to live their lives according to their wishes.
- The manager described how they monitored the work and values of the staff team to ensure they reflected the ethos of the service.
- Staff showed genuine enthusiasm for improving people's lives and opportunities.
- The service was registered to accommodate five people but the manager was clear that before anyone new moved in, they would check they were compatible with the people already living there and not impact negatively on their lives.
- A professional told us it was a pleasure to visit High View as the staff team's ability to understand people's needs, had enabled people to achieve things which had been previously unachievable for them.

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

- The manager and staff monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received.
- Staff were positive about how the service was run and were able to raise ideas and suggestions informally as well as in supervisions and team meetings.
- The manager and staff were in the process of developing links with the local community that reflected the needs and preferences of the people living in the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was an effective quality assurance system in place to drive continuous improvement within the service.
- Staff, the manager and senior managers completed checks to help ensure the quality of the service was maintained.
- Information from a variety of sources such as audits, incident records and advice from professionals, was used to aid learning and improvement.

Working in partnership with others

- The home worked in partnership with key organisations to support care provision.
- Records showed the manager had involved professionals in the development of people's care and support, to help ensure any changes were always in people's best interests.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.