Spectrum (Devon and Cornwall Autistic Community Trust)

The Willows

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We inspected The Willows on 22 September 2015, the inspection was unannounced. The service was last inspected in May 2013, we had no concerns at that time.

The Willows 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. 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.

Changes to the building were being planned which would result in people having their own self- contained flats. This was viewed by all as a positive development which would help people develop their independence. However staff and relatives told us the planned changes had been

Summary of findings

put back several times and the environment and furnishings were beginning to look tired. One person said; "I know it's only aesthetics but you want a certain standard maintained." We have made a recommendation about maintaining the environment in the report.

Relatives told us they believed their family member was safe living at The Willows. They said if they had any concerns they would raise them directly with the registered manager who they found to be approachable.

Everyone considered the small size of the service and staff team to be an advantage. Staff told us they were a strong team who worked together well and were consistent in their approach to supporting people. Staff demonstrated a shared commitment to supporting people to access the local community and take part in a range of activities they enjoyed. One staff member commented; "They go out in the community and take part in the community. We try to get them to be more independent and enjoy themselves and they do!"

Staff knew people well and demonstrated a fondness and respect for them while talking with us. They spoke about people positively and emphasised their abilities and talents. We found they had a good knowledge of people's routines and what was important to them.

People were involved as much as possible in the care planning process. Where people were assessed as not having capacity to make specific decisions best interest meetings were held involving families and other healthcare professionals. Applications to deprive people of their liberty in order to keep them safe had been made where appropriate.

Quality assurance systems were in place to help ensure the service was safe and any problems quickly identified and acted upon.

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.

People were protected from abuse because staff had received safeguarding training and were confident about reporting any concerns.

Staff worked to keep people safe from identified risk while maintaining their independence.

Good

Is the service effective?
The service was not entirely effective. Planned changes to the building had been delayed and the environment was in need of updating.

Staff were well supported through a system of regular supervision and training.

The service met the requirements of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. This helped to ensure people's rights were respected

Requires improvement

Is the service caring?
The service was caring. Staff spoke about people fondly and demonstrated a good knowledge of people's needs.

People's privacy and dignity was respected.

Staff worked to help ensure people's preferred method of communication was identified and respected.

Good

Is the service responsive?
The service was responsive. Care plans were detailed and informative.

Staff were knowledgeable about people's changing needs and communicated together well.

There was a satisfactory complaints procedure in place.

Good

Is the service well-led?
The service was well-led. The staff team told us they were well supported by the registered manager.

The staff team demonstrated a consistent approach and set of values when delivering support.

There were clearly defined levels of responsibility within the staff team.

Good

The Willows

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 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we 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.

Due to people's health care needs we were not able to verbally communicate with people who lived at the service in order to find out their experience of the care and support they received. Instead we observed staff interactions with people. We spoke with the registered manager, Spectrum's deputy head of operations and three care workers. Following the inspection we contacted two relatives to hear their views of the service.

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

Good

Is the service safe?

Our findings

On the day of the inspection there was sufficient staff on duty to support people to go out on individual activities and engage in daily chores and routines. During the day of the inspection visit both people went out, one horse riding and the other on a shopping trip. The registered manager told us there was one vacancy for a night worker but they were not having any problems covering the shift in the meantime. Bank staff was used as necessary but these were staff who were familiar with the service and knew the people and their needs well. The registered manager told us: "We have a good staff team here and they will make sure all shifts are covered."

However, staff and relatives told us they felt the service was sometimes short staffed and that this had, at times, impacted on the support provided. For example activities being cancelled or restricted as there were not enough staff to support people in the community, where both people required one to one support. One relative told us they were not unduly concerned and if they were they would raise it as a complaint with the organisation. Following the inspection Spectrum provided us with time sheets that stated the service had been adequately staffed over the previous three months.

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.

On the day of the inspection we saw people moved around the building without restriction. The managers' door was open throughout the inspection and people were comfortable approaching staff for conversation or support.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff 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. Staff told us if they were not satisfied their concerns were being dealt with appropriately they would raise them with the Care Quality Commission. Notice boards in the office displayed details of the local authority safeguarding teams and the action to take when abuse was suspected. This information was freely available to staff and visitors to the service.

Some people could become anxious or distressed which could lead to behaviour staff might find difficult to manage. Care plans clearly outlined the processes to follow in this situation. They identified situations which might cause anxiety for the person and how to avoid these where possible. There was guidance for what actions to take to reassure people if they did become anxious, and descriptions of verbal and distraction strategies to adopt in the event their reassurances were unsuccessful. This meant there was a clear process for staff to follow which would help ensure a consistent approach. Staff told us the strategies were effective and they had not had need to physically restrain people.

Behavioural review sheets were completed following any incident. These were analysed on a monthly basis in order to highlight any trends. All members of the staff team had received training in Positive Behaviour Management (PBM) in order to help ensure they were able to support people effectively when they became distressed.

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. The guidance detailed how staff could support people to stay safe without losing their independence. Staff were knowledgeable about any identified risks and explained to us what actions they took to keep people safe in various situations.

People's medicines were stored securely in a locked cabinet in the administration office. Medicines Administration Records (MAR) were completed appropriately. We checked the number of medicines in stock for one person against the number recorded on the MAR and saw these tallied. Training for the administration of medicines was up to date and staff had recently completed a Boots training manual during a staff meeting to refresh their knowledge. There were clear processes to follow when staff administered any additional medicines in response to need, for example Paracetamol. Care plans outlined possible signs that people might be suffering some discomfort and staff were able to tell us about these signs. For example one plan stated; "He will put his hand to the side of the head if he has a headache." A member of

Good

Is the service safe?

staff described this action to us when we asked how they knew if someone was in pain. Before administering additional medicines staff were required to obtain authorisation from a manager. If one was not on duty at the time an on-call system ensured there was always access to a manager. Staff told us this was an effective system.

Requires improvement

Is the service effective?

Our findings

The premises, décor and furniture were in need of updating. For example there was a desk in one person's room which had a door missing. Seating in the lounge was worn and shabby. Window latches were broken and window frames and doors, both internal and external, were in need of repainting. The driveway in front of the building was in a state of disrepair and unstable underfoot in places. There were steps leading to the front door and the rear of the property had steps to the garden area. The surface immediately outside the back door was uneven. This posed a risk to people, especially one person who had poor mobility due to their health condition. The registered manager and deputy head of operations showed us plans which were in place to convert the building into two flats to afford people greater independence and autonomy. While the plans were being developed and organised unessential maintenance or replacement of furniture was not being carried out as it was planned to upgrade everything at the same time. The deputy head of operations told us they hoped the refurbishment would be completed by the end of the year. However when we discussed this with staff and relatives they were pessimistic about the timeframe. Comments included; "I'm not sure what's happening on that score. They've been turning them into flats for a long time. Consequently there's been no refurbishment in the meantime" And; "We were told the improvements would be done by October." Following the inspection the deputy head of operations informed us the work had been scheduled to take place in January 2016.

The redevelopment plans took into account what was important to people. For example rituals and routines surrounding the use of the bathroom were very important for one person. We saw the plans included an en-suite bathroom in their bedroom. The registered manager acknowledged the changes would be disruptive and may cause some anxieties for people. They told us; "The transition planning is going to have to be very thorough." This demonstrated the effect any changes would have on people were considered.

People were supported by skilled staff with a good understanding of their needs. The registered manager and 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.

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. One member of staff had only recently started working at the service and they were working through the required training and shadowing more experienced staff in order to build their confidence and competencies before starting to work independently.

Training identified as necessary for the service was updated regularly. Staff also had training specific to people's needs such as Autism Awareness. Staff told us the training was good. One commented; "Spectrum is very good at that." Relatives said they found staff to be competent and trusted them to support their family member appropriately.

Staff told us they felt well supported by their line manager and received supervision and annual appraisals. 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 told us that as a small team, staff were able to talk to the registered manager and each other at any time to sort out any problems or concerns. They told us; "Usually things get resolved quickly."

Staff had received training in the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. DoLS provides a process by which a provider must seek authorisation to restrict a person for the purposes of care and treatment. There were some restrictions in place for people and mental capacity assessments and best interest meetings had taken place and were recorded as required in respect of these. Meetings had included external healthcare representatives and family members to help ensure the person's views were represented. Applications for DoLS authorisations had been made to the local authority. As these had been made some time ago Spectrum had recently contacted the local DoLS team to ensure the applications were going through.

Requires improvement

Is the service effective?

People were able to make choices about how they spent their time and the activities they took part in. The registered manager told us; "[Person's name] is very resourceful. He makes his choices very clear."

People took part in choosing meals on a weekly basis. People's preferences were recorded and well known amongst the staff team. The registered manager told us the budget was sufficient to allow people to have a varied diet. Meals such as lasagne were made from scratch with fresh ingredients. This meant people were able to get involved in the preparation of meals. Daily notes recorded what people had eaten and drank throughout the day. However no-one had any specific dietary requirements. Records of what people had drank simply stated; "Tea. Water." We discussed the value of recording this kind of information with the registered manager and deputy head of operations who told us this was not analysed. They said this would be discussed at a staff meeting to decide if there was any need to continue recording the information.

People were supported to access other health care professionals as necessary, for example GP's, opticians and dentists.

We recommend the provider ensures care is taken to maintain a suitable and comfortable environment.

Good

Is the service caring?

Our findings

People were relaxed and at ease with staff. Staff spoke of people with affection and respect. One commented; "[Person's name] is extremely likeable, friendly and bubbly." A relative told us; "I'm delighted he's there. Wonderful staff." Another said; "I've no concerns with the care."

The registered manager valued the importance of positive relationships for people and supported the staff team to nurture these through maintaining family contact and encouraging community links. Staff supported one person to visit a relative every other week. They supported the person throughout the visit as this had been identified as important in order to sustain the relationship. Where a family member had moved away from the area and regular contact become more difficult the registered manager was encouraging the relative to set up a Skype account in order to maintain contact. When changes to peoples' lives were being considered, and there were no family members or other natural supports available to speak for the person, the registered manager arranged for an independent advocate to be involved in the decision making process. This demonstrated the registered manager recognised the value of facilitating independent support for people to help ensure their voice was heard.

People were supported to access local facilities and were well known in the area. The registered manager commented; "It can take ages to walk down to the shop to get the paper because everybody wants to stop and chat. [Person's name] loves it." There was another Spectrum service within walking distance and people sometimes visited each other for coffee and cake.

One person personal circumstances had changed leading to them having less contact with their family. It was recognised that this was important to the person. The registered manager told us they had identified that what the person had valued was trips out with people who were not involved in their everyday lives. Arrangements had been made for two senior members of Spectrums management team to regularly take the person out to cafes in the local area. The registered manager told us the person had responded positively to these relationships and they had helped alleviate possible distress for the person.

One person was unsettled and slightly anxious by our visit. The registered manager explained the person would not be happy for us to look at their room or sit at the breakfast table. The person's privacy was respected. It was recognised they were uneasy about anyone entering their room and possibly moving things around. On returning to the service after any trips out they would immediately check their room. The registered manager explained this to us commenting; "We never go in there when he's out. We just wouldn't without asking."

Staff supported people to be independent in their day to day lives. People were encouraged to be involved in everyday household tasks according to their abilities and interests. Care plans described daily routines in detail including information on what people could do for themselves and what they would need support with.

People were supported to use their preferred style of communication and these were recorded with guidance for staff and others to understand how people communicated. One person used some signs and these were recorded and described in their care plan. People used objects of reference to make choices and initiate activities. For example getting car keys when they wanted to go out. Pictures were used to help people make choices about meals and a pictorial menu was displayed in the kitchen. One person had a 'blue book' containing pictures of things that were important to them. They went through the book daily to reinforce to themselves and staff, that these things were still important. During the inspection the person shared their book with us. This demonstrated this particular communication tool was important to, and meaningful for, the person.

Good

Is the service responsive?

Our findings

People's care plans were detailed and informative, outlining their background, preferences, communication and support needs. Where certain routines were important to people these were broken down and clearly described, so staff were able to support people to complete the routine in the way they wanted. Care plans were regularly reviewed and relatives were invited to attend annual reviews. The service supported people to be involved in care planning. For example we saw records of short meetings that had been held regularly with one person. These meetings had been in respect of specific decisions such as who the person wanted to have contact with on a regular basis. The person was only required to indicate yes or no to the question; "Do you want to see X." This was then asked again on several occasions over a period of a month. This meant staff were able to check the answers for consistency. The registered manager told us they were planning to expand on this method using assistive technology to offer pictorial choices to people. This would enable them to widen the range of areas they could cover.

One of the care plans contained information that was out of date. For example; "[Person's name] has spectacles which he should be encouraged to wear." The registered manager told us the optician had recently said it was not important for them to wear the spectacles. Another section stated the person regularly visited family unsupported; this was no longer happening. The care plan was dated July 2014 and had been signed as being reviewed monthly thereafter with no changes required. The registered manager told us they had just completed a new version of the care plan which incorporated these changes. It had not yet been printed off as they were waiting for any comments or feedback from family and external professionals. This meant staff unfamiliar with the person's needs did not have access to the most up to date information.

Care plans contained positive information in respect of people's gifts and talents and personalities. For example; "I am creative. I am good at art and experiment with different materials and colours." And "What people like about me: "My brilliant sense of humour.'"

The staff team worked well together and information was shared amongst them effectively. When a new shift started there was a verbal handover and daily logs and waking night logs were completed throughout the shift. These recorded any changes in people's needs as well as information regarding activities and people's emotional well-being. The registered manager ensured they spoke with night staff regularly so they were aware of any developing concerns or issues.

People had access to activities which were meaningful to them and reflected their individual interests. One care plan stated; "[Person's name] responds well to activities that provide him with focus - completing a puzzle or sweeping leaves or paper outside." One person used a local day service one day a week. This day had been rearranged to ensure the person attended on a day when a specific activity was taking place as they particularly enjoyed it. The service had a vehicle to use when supporting people to attend appointments or go out on activities. In addition people used public transport for local journeys. A relative told us; "He's a busy young man."

It was recorded in one person's care plan that their cultural identity and feeling part of the local community was important to them. Staff supported them to access the community regularly, going on walks, using shops, cafes and transport links. The person was a well-known face in the area, known by name by many. This helped them feel valued in their local community. The registered manager told us; "[Person's name] loves people recognising him."

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. A complaint had been received by someone unconnected with the service. This had been anonymous and so the registered manager had been unable to follow up with the complainant following the original contact. However they had given them contact details to raise the complaint with Spectrum and made the staff team aware of the concerns. This showed the service responded pro-actively to complaints received.

Good

Is the service well-led?

Our findings

Staff and relatives told us there was a good atmosphere within the service. One staff member described it as "lovely." There was a stable staff team in place and most had worked at the service for over 12 months. The registered manager told us they believed the small size of the service and staff team was an advantage as it meant everyone knew each other well and understood the needs of the people they supported. They said staff often contributed ideas and suggestions remarking; "I've never worked with such a pro-active team." They went on to say; "It's good, that constant development. We don't just sit and let things toddle by."

The registered manager knew the service and people well. They were able to describe people and their needs comprehensively and spoke about them positively and with affection. For example they told us; "99% of the time [Person's name] is the most laid back person in the world." A relative commented; "They [the registered manager] does a darn good job to give those guys a happy life."

Staff told us they were able to raise any issues they had with the registered manager. They felt any concerns were listened to and acted on appropriately. Staff meetings were held regularly and these were a good opportunity to discuss any concerns or development of the service. If the manager was not on duty there was a manager available via Spectrum's on-call system 24 hours a day. The registered manager told us they fulfilled this role for the organisation four to six times a month.

There were clear lines of responsibility within the staff team. Key workers were assigned to individuals and had responsibility for checking appointments and maintaining family contacts. They were supported by a third key worker. In addition staff had responsibility for various aspects of the management of the service such as vehicle management and first aid. The registered manager had no dedicated administration hours which could be problematic when organising time to update paperwork and carry out responsibilities such as supervision.

There were a range of quality assurance systems in place. 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.

Families were asked for their views of the service annually. A survey had been circulated within the past two months but no responses had been received. The registered manager told us they would check to ensure people had received them and that they had been returned to head office instead of The Willows. We looked at the survey results for the previous year and found these were largely positive. There were some concerns raised regarding the state of the building. Relatives told us they were kept informed of any developments. One said; "They let me know if anything is wrong."

Incidents were recorded appropriately and reviewed monthly in order to highlight any trends. Due to the unreliable nature of the internet connection at the service some records, such as daily logs, were recorded on paper. This minimised the risk of information being lost or not accessible for staff. The deputy head of operations told us the broadband connection was due to be upgraded soon and records would then all be on-line. Plans were in place to improve the system following the upgrade, to allow a more thorough and efficient means of analysing incident reports.

Organisational policies and procedures were available on line to enable staff to have easy access to information. Spectrum kept staff informed of any developments in the care sector via emails and a newsletter. However staff and relatives told us they'd felt distanced from the wider organisation. One staff described the relationship between Spectrum higher management and care workers as; "Them and us." A relative said, "They're in their ivory tower."