Spectrum (Devon and Cornwall Autistic Community Trust)

Heightlea

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Heightlea provides care and accommodation for up to five people who have autistic spectrum disorders. At the time of the inspection five people were living at the service. The service is part of the Spectrum group who run several similar services throughout Cornwall, for people living on the autistic spectrum.

This unannounced comprehensive inspection took place on 10 April 2018. The last comprehensive inspection took place in January 2016 when the service was rated Good overall. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. At this inspection we found the service remained Good.

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

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service requires a registered manager and there was one 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 at ease with staff. Some people chose to spend time in their rooms and others were in shared areas of the service. People were in and out of the office at various points, asking staff for support or to check what was happening during the day. Staff were considerate and respectful when speaking with people. Relatives told us they were confident their family members were safe and well supported by staff who knew them well and understood their needs.

People were supported to have their medicines as prescribed. Systems for recording when people had received their medicine were not robust and we have made a recommendation about this in the report. Some people had specific health needs and not all staff training was up to date in this area. Following the inspection the registered manager contacted us to confirm this training had now been booked for all staff.

Staff told us they were well supported and confident in their abilities to fulfil their roles and responsibilities. Staff, relatives and external healthcare professionals all commented on how well the team worked together. Staff told us roles and responsibilities were clearly defined and understood by all. Systems for communicating about changes in people's needs were effective.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. DoLS applications or authorisations were in place for everyone living at Heightlea. Where relevant, best interest processes had been followed to help ensure any restrictive practices were necessary and proportionate.

People had access to a range of activities on a day to day basis both in and outside of the service. The activities provided were varied and met people's individual preferences and interests. In addition, people were supported to have holidays and short breaks away from the service. Family contact was valued and encouraged. Relatives told us they were kept informed of any changes and were invited to take part in care plan reviews.

Care plans were detailed and informative. Staff recorded information about how people spent their time and their health and emotional well-being on a computerised system. Some of this information was brief and lacked detail. Information about tasks was completed consistently. When people's health needs led to additional monitoring records being kept this was done in line with guidance from external healthcare professionals.

There were effective quality assurance systems in place to monitor the standards of the care provided. Audits were carried out regularly by the registered manager and staff. Relatives and people's views about how the service was operated were sought out.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not entirely safe.

Systems to record the administration of medicines were not robust.

Staff knew how to keep people safe.

There were enough staff to support people safely.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Heightlea

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 10 April 2018 and was unannounced. The inspection was carried out by one adult social care 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. We also reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked around the premises and observed staff interactions with people. We met with the five people living at the service, the registered manager, the regional manager and two members of staff. We looked at detailed care records for three individuals, staff training records, three staff files and other records relating to the running of the service. We also spoke with two relatives and two external healthcare professionals to hear their views of the service.

Requires Improvement

Is the service safe?

Our findings

During the inspection we spent time in an office at the service. The door was left open and people accessed the office freely throughout the day. They were clearly accustomed to being able to move around without restriction and enter the office. People approached staff for reassurance and to ask for support or information on plans for the day. They were comfortable and at ease and were confident to approach staff. Relatives told us they had no concerns about people's safety.

A safeguarding policy and information on how to report any concerns, was easily available to staff. Posters were on display in the kitchen and office. Safeguarding was covered during the induction process for new staff, and was refreshed regularly. Staff told us they would be confident raising any concerns both within the organisation and outside if they felt that was necessary. One commented; "If I see it I will speak up, individuals can't do it for themselves."

There was an Equal Opportunities policy in place. Staff were required to read this as part of the induction process. The registered manager worked to ensure staff and people were protected from discrimination as set out in the Equality Act. For example, making reasonable adjustments to enable staff to complete training and paperwork and fitting handrails to ensure people with poor mobility could move around and use bathing facilities.

Risk assessments were in place so staff were aware of any identified risk and had clear guidance on how to support the person safely. Risk assessments were regularly reviewed and updated as necessary. When people took part in new activities or went on holiday staff considered what the potential risks might be and the actions they could take to minimise them.

The premises were clean and well maintained. Cleaning equipment was available and any potentially hazardous products were securely stored. Staff had completed infection control and food hygiene training. Food was dated on opening so staff would be aware of when it was no longer safe to eat.

The boiler, gas appliances and portable electrical appliances had been tested to ensure they were safe to use. There was a system in place to minimise the risk of Legionnaires' bacteria developing. Checks on fire safety equipment were completed regularly. Fire drills were held and these involved people living at Heightlea. Personal emergency evacuation plans were in place outlining the support people would need to evacuate the building in an emergency. These were highly individualised and specific to the person.

Water temperatures were checked weekly to ensure these were within a safe range. This had been completed on the morning of the inspection. The hot water temperature in one person's bathroom was above 43 centigrade. Water at this temperature puts people at increased risk from scalding. There was no indication any action had been taken to address the issue. We discussed this with the registered and area manager who told us work had recently been completed on the bathroom and they would inform the maintenance team of the problem. Readings for previous weeks had all been within a safe range.

There were enough staff to support people safely. Rotas showed the preferred staffing numbers were usually met. There was a vacancy for a full time member of staff. The registered manager and staff told us any gaps in the rota were covered by a member of the staff team or bank staff. Most of the staff team had worked at the service for a year or more. This meant people were supported by staff who knew them well and had an understanding of their routines and preferences.

When new staff were recruited they completed a number of pre-employment checks. This included Disclosure and Barring Service (DBS) checks and supplying suitable references. This meant people were protected from the risk of being supported by staff who did not have the appropriate skills or knowledge.

Systems in place for recording the administration of medicines were not robust. Medicines were in blister packs. On the front of one of the blister packs there was a small sticky note which read; "Given Fridays pill on Saturday (Friday should be missed as delivery was very late). The note was not signed and there was no record of this change to the arrangements on the Medicine Administration Records (MAR). There was no further information to clarify whether the person had received their medicine as prescribed. The sticky note was not securely attached and came loose from the records as we were inspecting them. This meant the information could easily have been misplaced.

One person had been away on a short break with staff. Staff had taken a copy of the MAR with them to record when the person had taken their medicine. However, this had not been consistently completed. On the 9 April it was recorded they had received two of their prescribed medicines at teatime but there was no record to show they had received their evening prescription. We checked the amount held in stock and this indicated they had received their medicines as prescribed. It is important accurate records are kept to provide a clear audit trail of when people take their medicines.

We recommend that the service consider current guidance on the management and recording systems for medicines and take action to update their practice accordingly.

Medicines were stored securely in a locked cabinet. All staff had received training to enable them to administer medicines and competency assessments were regularly completed. Staff were able to tell us the correct process to follow in the event of any identified medicines error which might impact on people's health and well-being.

People's monies were secured securely and individually. Records of expenditure and accompanying receipts were kept and these were audited regularly. We checked the amount of cash held against the records and found these tallied.

Good

Is the service effective?

Our findings

Before anyone started to receive a service at Heightlea there was a pre-admission assessment. This included considering the needs of people already living at the service. For example, before new people had moved into the service one person already living there had been told about the plans and asked for their views.

Technology was used to drive improvement. Spectrum had introduced an electronic system for the recording of daily notes, appointments and incidents and accidents. This was accessible to senior management as well as staff at the service. The system was also used by staff to sign in and out of work electronically.

Staff had the appropriate skills, knowledge and experience to deliver effective care and support. Staff completed an induction when they started employment with the organisation which involved them completing the Care Certificate. The Care Certificate is a national qualification designed to give those working in the care sector a broad knowledge of good working practices.

Training identified as necessary for the service was updated regularly. This included safeguarding, mental capacity and positive behaviour support. We identified gaps in training to enable staff to meet people's specific needs. Out of eleven staff six were up to date with training in epilepsy awareness. This was particularly important as one person's needs in this area had recently increased. Two members of staff had been booked to have this training but there were no plans in place for the remaining three members of staff to complete it. Following the inspection visit the registered manager contacted us to let us know this training had now been booked for all staff.

Staff told us they were well supported by the registered manager. Supervision meetings were held which gave staff an opportunity to discuss working practices and raise any concerns or training needs. The meetings were recorded and the notes kept in staff files to create a record of any actions to be taken. Staff told us they were well supported by the registered manager and each other. Comments included; "[Registered manager] will listen" and "Staff know what they are doing."

People were assisted to eat a healthy and varied diet. They were encouraged to make choices from a number of healthy options. Staff were aware of people's individual dietary needs and preferences and these were recorded in care plans. Staff told us of one person who liked various foods but only in particular combinations. For example, they enjoyed Yorkshire puddings with beef but not with any other meat. This demonstrated people's unique likes and dislikes were well known to staff.

People were supported to access external healthcare services for regular check-ups. For example, they attended GP, dentist and optician appointments and had 'well-man' checks. The registered manager told us one person had become more anxious recently and they had contacted the GP to check there was no underlying physical disorder which might be a contributory factor. Hospital passports had been developed to share with other healthcare professionals if people needed to access services. These included an overview of people's health needs and information about people's preferred styles of communication.

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. Capacity assessments had been completed to record when people were not able to give consent to certain decisions.

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). Everyone either had a DoLS application or authorisation in place. When authorisations had not been completed action was taken to help ensure any decisions about potentially restrictive practices were taken in people's best interest. Any conditions associated with the authorisations were adhered to.

Shared areas were spacious and there was a choice of areas where people could spend their time. Some people enjoyed art work and one room had been set up to accommodate this. One person lived in self-contained accommodation adjacent to the main house. Technology was used to allow the person privacy and independence while helping to ensure their safety. The property was well maintained and clean. Living areas and bedrooms were personalised and reflected people's personal taste and interests. There was limited outdoor space but there was a pleasant balcony area with extensive views. A swing chair was available to use and the registered manager told us people enjoyed this.

Good

Is the service caring?

Our findings

People were relaxed and at ease with staff. Staff were considerate when approached by people and took time to ensure they understood what people wanted. One member of staff commented; "The guys are quite happy, it's a nice atmosphere." A relative told us they found staff were caring in their approach. They commented; "Staff are very alert to his needs, he's much calmer now." External healthcare professionals told us; "The keyworker seemed very proactive regarding wellbeing and promoting skills" and "Staff were very valuing of [person's name]."

When decisions about how people were supported were being made efforts were made to provide them with independent advocacy support. This demonstrated that the service recognised the need to ensure people's voices were heard.

Staff knew people well and had an understanding of their communication needs and styles. There was information in care plans which was detailed and informative about how people used words, simple signs and body language to express themselves. One person had a social story in place to support them with a specific aspect of their care. Social stories are tools which support the safe and meaningful exchange of information between parents, professionals, and people with autism. The registered manager told us the person had used the story so often they were now able to join in with staff when they were going through it.

We spoke with one member of staff who was supporting someone to attend an art class. They displayed a pride in the person's abilities and encouraged them to show us some examples of their work. They were positive and affirming when talking with the person and ourselves about their talent.

Care plans were personalised and gave staff specific information on how to meet people's individual needs and preferences. The information was detailed and informative. For example, one person liked listening to music on their headphones. The care plan had information about the person's preferred radio station. It also stated that, if the person was sad, staff could sing them a song to lift their mood. This demonstrated there was information about what was important to people as well as for them.

Care plans contained information about people's histories and backgrounds. This information is important as it can help staff gain an understanding of the events which have made people who they are. A relative told us staff knew their family member well and had an understanding of their needs. Staff were respectful about people and acknowledged the need to continually strive to understand their needs. One commented; "There's still a lot of things to discover about [person's name]."

Staff recognised the importance of family relationships and worked to support them. The registered manager told us they had regular phone and email contact with families according to their preferences. This meant they were able to keep them up to date with any changes in people's health or social needs.

People's cultural and religious needs were respected. People were supported to attend church and visit the local cathedral if they wanted to.

Good

Is the service responsive?

Our findings

Care plans outlined people's needs over a range of areas including their health and emotional well-being. There was information about what was important to and for people and their likes and dislikes. Staff had clear guidance on how they could support people with their emotional well-being as well as their health needs. There were detailed descriptions of people's routines and how they liked to be supported. These included information about what people could do for themselves and what they needed support with. The plans were relevant and up to date.

Any changes in needs or how care and support was delivered were recorded and care plans updated accordingly. Daily logs were completed to document what people had done during the day. Staff had recently started using a computerised system to record these. The records were brief and lacked detail as they were often completed using drop down box choices. For example, staff were required to record what the person's mood had been over a four hour period. There were various options to choose from including happy, subdued and distressed. Although there was a box where staff could add notes this was infrequently used or only brief detail given. This meant, if people's moods fluctuated during this period, it was either not recorded or there was no supporting detail to consider what might have caused the change in mood. Staff told us people's moods often varied throughout the day.

One person's daily logs stated they had visited the cinema. There were no comments made as to whether the trip had been successful or what might have been done differently to improve the experience. Another person had been away on a short break. During this period no daily notes had been completed to describe the person's experience or detail what activities they had taken part in. This meant opportunities to learn from these experiences were lost. Staff told us they found the system easy to use but felt the records were less personalised than previously. We discussed this with the registered and area managers who said they would work with staff to ensure they daily records were fully completed and were meaningful.

Handovers took place between shifts to ensure staff were made aware of any changes in people's needs. There was a general communication book for staff to use and a diary for recording appointments. Staff told us they communicated well as a team and were always up to date with any change in people's needs.

Some people's health needs meant they required regular monitoring. This could be used to identify any change in needs and support external professionals to gain an accurate picture of what was going on. The records had been completed according to guidance given by the relevant professionals.

People were supported to take part in hobbies and pastimes which reflected their interests. Two people attended regular voluntary work placements which they thoroughly enjoyed. Other activities included keep fit classes, art workshops and church services. One person was particularly interested in art and there was a range of art materials available for them to use at Heightlea. Other people had access to music, puzzles and games in the service. People were encouraged to take part in household tasks and develop their independent living skills. During the inspection people went out on various excursions and, while in the service, were occupied and active. A relative commented; "When we visit everyone seems to be doing

something or going somewhere."

People were given information in a way which was accessible to support their understanding. For example, people were asked for their views on the service every month. The format used had been adapted to meet individual's needs using an easy read format. Easy read information uses symbols and limited text and can be a starting point for staff to support people to access information. Care plans contained detailed information about people's communication styles and how they could be supported to understand information.

There were systems in place to manage and investigate any complaints. A complaints policy outlined the time periods within which complaints would be addressed and responded to. There were no on-going complaints at the time of the inspection. A relative told us they would not hesitate if they had any concerns. They commented; "If I've got anything to say I'll say it!"

No one at Heightlea was receiving end of life care. Senior management at Spectrum were starting to consider how they could begin to gather the views of people and their families regarding the care they received at this stage of their life and afterwards. It is important people are given the opportunity to think about their end of life care before a crisis situation forces hurried decisions in emergency situations.

Good

Is the service well-led?

Our findings

The service requires a registered manager and there was one in post at the time of the inspection. 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.

Staff told us the service was well organised and everyone had clear roles and responsibilities. One commented; "We're a good team, we work well together and people do the jobs they need to." An external healthcare professional said; "They seem like a close staff team." Named staff members were assigned specific responsibilities on a daily basis. For example, vehicle checks and fire safety checks. Key workers had oversight of named people's care plans and appointments.

Staff told us the registered manager was supportive. One commented; "[Registered manager] is a good manager." Team meetings were arranged. These were used as an opportunity to formally discuss individual's care planning arrangements. Staff were able to raise any issues or make suggestions about how the service could be improved. The registered manager commented; "I could do more supervisions, but we [staff] talk all the time."

The senior management team at Spectrum communicated with staff via email. The registered manager submitted monthly manager reports to senior management. These served to highlight any gaps in the delivery of service, both to head office and themselves. Manager meetings were held. These were an opportunity for managers to update each other on any developments and share learning.

Incidents and accidents were recorded and individual monthly reports created to give an overview. Any incidents were recorded on the computerised system and the record was automatically shared with the senior management team and members of the behaviour forum. This meant any incidents which required any further input at this level could be quickly identified and the necessary action taken.

Staff completed values and equality and diversity training as part of the induction. This meant they were aware of Spectrum's visions and values. People and staff were protected from harassment and discrimination. If any employee had specific needs reasonable adjustments were made to support them to complete training and fulfil their roles and responsibilities.

Regular audits and checks were carried out both within the service and by the provider. For example, staff completed monthly audits of medicines and people's monies. Infection control audits were completed by night staff. Key workers completed care plan checks and updates.

The service informed CQC of any significant events. No notification had been completed to inform us when a DoLS authorisation had been agreed for one person. We discussed this with the registered manager and area manager who told us the system for completing these notifications had changed and this had been an

oversight. The assured us the notification would be submitted. CQC ratings from the last inspection report were displayed at the service and on Spectrum's website.

Records were stored securely to help ensure confidential information was kept private. The records were up to date, accurate and complete. All care staff had access to care records so they could be aware of people's needs.