

Spectrum (Devon and Cornwall Autistic Community Trust)

Rosehill House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection at Rosehill House on 4 January 2017 when we identified breaches of the legal requirements. After the comprehensive inspection the provider wrote to us to say what they would do to meet legal requirements in relation to staffing levels, ensuring people received care which met their individual needs and preferences and the systems for recording the care and treatment people were receiving.

We undertook this unannounced focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rosehill House on our website at www.cqc.org.uk.

Rosehill House provides care and accommodation for up to five people who have autistic spectrum disorders. At the time of the inspection four 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.

Although there was a registered manager in post they were no longer working at the service. 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. The service was being overseen by a manager who told us they were applying to be the registered manager for Rosehill House. We will monitor the situation to check the registered manager requirement is met in a timely manner.

New staff had been recruited to the service which was fully staffed at the time of this inspection. There were sufficient staff to help ensure people's health and social needs were met according to their preferences. People were supported to take part in a range of activities which were in line with their interests and preferences. Staff were pro-active in encouraging people to try new experiences and visit different places to widen their experiences. Staff helped people take part in day to day tasks such as household chores and baking. This meant people were active both in and outside of the service.

Risk assessments were in place and new ones were developed as people tried new activities. Learning logs were kept to record what worked well for people and where improvements could be made.

Staff were confident about reporting any safeguarding concerns both inside and outside of the organisation. We found there was an open culture amongst the staff team which enabled them to raise any concerns and question working practices if they wished to. Staff told us they were well supported by the manager and could ask for guidance at any time. There was a system of regular supervisions and staff meetings in place to help facilitate open discussion.

Training was updated regularly. The manager had completed a recent audit of staff training needs and was arranging for any identified gaps in training to be addressed. Most staff were booked to receive training for people's specific health needs the following month.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental capacity Act 2005 (MCA). The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). One person was subject to a DoLS authorisation. There were conditions attached to the authorisation regarding the recording of activities the person had taken part in. These conditions were now being met.

Care plans were informative and regularly reviewed. They were very focused on people's individual needs, describing their likes and dislikes, communication preferences and styles and personal histories.

Regular audits were carried out to monitor the quality of the service provided. Where these identified areas for improvement action was taken appropriately. The manager was working to improve communication with families and help ensure they were kept up to date with what their family member had been doing throughout the week.

We found the breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identified at our comprehensive inspection in January 2017 were now being met.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve safety. There were sufficient staff to make sure people's needs were consistently met.

There were robust systems in place to help ensure the safe management of medicines, including topical medicines.

Risk assessments were in place to protect people from harm while enabling them to try new experiences.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service effective?

Good ●

We found that action had been taken to improve the effectiveness of the service. Conditions associated with DoLS authorisations were being adhered to.

Staff received supervision to support them to carry out their roles and responsibilities. Additional training had been arranged to ensure staff were able to meet people's individual needs.

People had access to external healthcare professionals to help ensure their health needs were met.

Is the service responsive?

Good ●

We found that action had been taken to improve the responsiveness of the service. People had access to a variety of activities which reflected their individual interests.

Daily records were consistently completed and were detailed and informative.

Staff used learning logs and photographs to gather and document people's views on the service they received.

Is the service well-led?

Requires Improvement ●

We found that action had been taken to help ensure the service was well-led. Regular audits had led to improvements being made when any shortcomings were highlighted.

There was an open and communicative culture in the staff team.

There were clear lines of responsibility in place which were well understood by staff.

We could not improve the rating for effective from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Rosehill House

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.

We undertook an unannounced focused inspection of Rosehill House on 12 May 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our January 2017 inspection had been made. We inspected the service against four of the five questions we ask about services: is the service safe, effective, responsive and well-led? This is because the service was not meeting some legal requirements in these areas.

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 ask people who lived at the service about their experience of the care and support they received. Instead we observed staff interactions with people. We spoke with the manager, Spectrum's head of operations and three members of staff. Following the inspection we contacted a further three members of staff and two relatives to hear their views of the service.

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

Is the service safe?

Our findings

At our comprehensive inspection in January 2017 we found there was not always sufficient staff on duty to make sure people's needs could be consistently met. Some people had been assessed as needing continual support because of their health needs and this was not always being provided. This meant people could have been at risk as they were not receiving support in line with their plan of care. We found the service was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found staffing levels had improved. Rotas for the two weeks before the inspection showed the staffing levels identified as necessary to meet people's needs were consistently met. On the day of the inspection there were four members of staff on duty when we arrived at 9:00 am. This increased at 10:00 am to five members of staff. There were both male and female staff on duty to enable people to be supported by a care worker of the same gender when necessary. During the inspection we heard staff arranging to support people with personal care according to their preferences.

The manager told us the service was fully staffed and they had no problems organising rotas. The manager and staff told us bank staff were quick to offer to cover any gaps in the rota and the service was considered a good place to work. The manager commented; "Staff seem to like to work here." Staff confirmed staffing levels were appropriate and sufficient to help ensure people's needs were met. A relative told us; "Staffing levels now appear to be at a proper level." We concluded the service was now meeting the requirements of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the night there were two waking night staff on duty and one sleep-in member of staff. The manager told us the sleep-in worker was rarely disturbed. If they were called on to support, and were also working the following day, the rota would be reorganised so they could leave early. This meant people were protected from the risks associated with being supported by staff who were overtired.

Recruitment processes were robust; new staff told us all the appropriate pre-employment checks were completed before they began work. For example, Disclosure and Barring (DBS) checks were completed and references were followed up.

At our comprehensive inspection in January 2017 we found charts used by staff to record when topical medicines had been applied were inconsistently completed. The records of the care and treatment provided did not enable us to establish if people had received their medicines as prescribed. At this focused inspection we found staff were consistently recording when people had creams applied.

People's medicines were stored securely in locked cabinets. Medicines Administration Records (MAR) were completed appropriately. We checked the number of medicines in stock for two people against the number recorded on the MAR and saw these tallied. There were clear processes to follow when staff administered any additional medicines in response to need, for example paracetamol. Before administering additional medicines staff were required to obtain authorisation from a manager. If one was not on duty in the service at the time Spectrum's on-call system helped ensure there was always access to a duty manager.

Information on how to support people with specific health conditions was in place to help guide staff. Regular medicines audits were carried out.

Any incidents were clearly documented and analysed to allow trends or patterns to be identified. One person had recently been distressed resulting in them becoming angry. Staff had identified the person had not been supported in line with their care plan and there had been an inconsistent approach to the way in which support was offered. This had resulted in the person becoming upset and confused. Staff had gone back through the care plan and discussed the importance of continuity of support to prevent similar incidents occurring.

During the inspection we frequently saw people approaching staff and communicating with them in a friendly and open way. Staff and relatives told us they considered people were safe. Staff told us they were confident about questioning any working practices they felt might be unsafe. One commented; "There is an open forum to raise and discuss any concerns."

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 manager and were confident they would be followed up appropriately. Notice boards in the office displayed details of the local authority safeguarding teams and the action to take when abuse was suspected.

Care plans contained detailed information to guide staff as to the actions to take to help minimise any identified risks to people. For example, how to support people if they became unwell or distressed. The information was contained within the relevant section of the care plan. There was also clear guidance for staff on how they could avoid situations developing which could present a risk to people or others. When people were planning to take part in new activities risk assessments were developed to help ensure people's safety while enabling them to try new experiences. For example, one person had recently had a review of their care plan where it had been suggested they might enjoy using a local cycle trail. Staff had discussed with the person's family what difficulties this might present and how the person could be supported appropriately to enjoy the activity. The manager told us a comprehensive risk assessment would be put in place before the activity was carried out. Any learning during the initial trip would be used to inform further development of the assessment.

Personal Emergency Evacuation Plans (PEEPS) had been developed for each person and these were kept either in the annexe, main house or flat as appropriate. These were updated to help ensure they accurately reflected people's support needs.

Is the service effective?

Our findings

Staff had received training in the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS). 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 so that they can 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).

At our comprehensive inspection in January 2017 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 were being met. We found one person was subject to a DoLS authorisation and there were conditions in place regarding the records to be kept when the person went on outings into the community. Records did not contain the level of detail required by the authorisation. For example, it was not always possible to establish the duration of a trip out and whether other people had taken part in the trip without cross referencing the daily logs. There was no record of the outcomes of outings as stipulated in the DoLS authorisation. We found this contributed to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this focused inspection we saw a separate system for recording the person's activities had been established. Staff recorded when the person had been out, where they had been and how long the trip had lasted. There was also information on how much the person had enjoyed the outing. This meant the service was now meeting the conditions of the DoLS as laid down by the supervisory body. We concluded the service was now meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our comprehensive inspection in January 2017 we found staff supervisions were not taking place for all staff. Where supervisions had occurred these were not always recorded. There was no plan for any further supervisions to be carried out. Staff training for people with specific health needs had not been updated for some time. We found this contributed to a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this focused inspection we found staff supervisions were taking place regularly. Most staff had met with the manager for supervision in recent weeks and others were booked to do so. Staff told us they felt well supported and were able to approach the manager for advice if they needed to. We concluded the service was now meeting the requirements of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff received regular training which included areas specific to people's needs such as Autism Awareness. Training in a specific health condition relevant for some people living at Rosehill House had been booked to take place the following month. The head of operations told us the organisation was planning to introduce a programme of webinars (a presentation conducted on-line) to deliver focused training sessions in response to staff requests or identified gaps in staff knowledge.

The premises were well decorated and the furnishings were up to date and in good condition. At our last inspection we noted the windows in the kitchen of the ground floor flat did not open and the kitchen door opened directly onto the lane. We were concerned about the possible problems this might present in the summer when the weather was hot. At this inspection we were told of arrangements to have a new window fitted which could open to allow ventilation. Handrails and lighting had been fixed to a steep path which led from the main property to the self-contained annexe higher up the hill.

New employees were required to complete an induction process consisting of a mix of training and shadowing and observing more experienced staff. Any staff completely new to care also completed the Care Certificate or an equivalent qualification. One member of staff told us the induction had been, "Thorough, it really covered a lot of areas."

Although several new staff had been recruited to the service there were a number of established care workers in place who knew people well and had a good understanding of their needs. People had allocated key workers who worked closely with them to help ensure they received consistent care and support.

People were supported to access external health care professionals as necessary, for example GP's, opticians and dentists. One person's health had declined recently and arrangements had been made for them to have input from the local occupational therapist team. Another person had recently been referred to a physiotherapist. This demonstrated staff worked with other healthcare professionals in order to help ensure people's well-being.

Is the service responsive?

Our findings

At our comprehensive inspection in January 2017 we found people had limited access to activities. There was no evidence that people's personal preferences regarding activities were sought out or taken into account when planning outings. We found the service was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this focused inspection we found people were regularly accessing the local community and engaging in activities which they enjoyed. A member of staff told us things were; "Much improved. The guys are getting out more; they are getting a community presence." On the day of the inspection two people were supported to visit a local National Trust property and another went out with Spectrum's gardener to assist them with their work. Staff told us this was something they had done for a long time and thoroughly enjoyed. People had participation plans in place outlining the various activities they were taking part in during the week. Staff told us these were an accurate reflection of how people spent their time.

Staff told us people were taking part in a more varied range of activities and visiting places they were unfamiliar with to allow them to widen their experiences. Learning logs were used to record when people had tried a new activity. Staff used these to document what had worked well and what might be done differently in the future to improve the experience. This was a meaningful way of capturing people's views of activities and enabling staff to work to improve the service delivered. A member of staff commented, "It's (access to a range of activities) very good now and it keeps improving."

People had more opportunities for in-house activities including arts and crafts, baking and developing independent living skills. Staff told us they no longer used on-line shopping services but instead involved people in weekly food shops to local supermarkets. The manager told us; "At first staff were a bit wary about it, but it's been fine and people enjoy it." Daily records reflected a greater involvement in daily tasks with entries such as; "Helped staff with hoovering" and "Brought his laundry down." We concluded the service was now meeting the requirements of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At our comprehensive inspection in January 2017 we found there were several gaps in the daily records making it difficult to establish how people were spending their time. At this inspection we saw daily logs were consistently completed outlining what people had done during the day and information about their emotional well-being.

People's care plans were detailed and informative, outlining their background, preferences, communication and support needs. A front page outlined basic, but important, details about the person's needs. Further sections contained more detailed information to help staff gain an in-depth knowledge of all aspects of people's 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. The manager told us they were updating all care plans to help ensure the information was relevant. Relatives were invited to attend annual reviews where appropriate. New staff told us the care plans were informative

and helped them develop an overall picture of people.

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. No complaints had been received.

Is the service well-led?

Our findings

At our comprehensive inspection in January 2017 we found audits designed to ensure the quality of the service provided were not effective and had not highlighted the problems identified at the inspection, including gaps in daily records, medicine charts and recording of activities. Staff morale was low and team meetings to enable staff to discuss any problems were not occurring. We found the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found audits were regularly being carried out and action taken to address any identified issues. For example, the system for recording the application of topical medicines had been found to be ineffective. The manager had discussed with staff how this could be improved and, as a result, the charts had been brought down from people's rooms to be kept with the MAR's.

The manager and deputy manager completed regular audits of all aspects of the service. For example, they had recently requested a breakdown of staff training from head office. This had enabled them to identify any gaps in training and take action to address them. Key workers also completed monthly audits of people's care plans, medicines and any incidents. Spectrum's health and safety manager had recently completed an audit although there was no report available for us to see at the time of the inspection.

Staff meetings were taking place and these were an opportunity for staff to raise any concerns or discuss how the service provided could be improved. At a recent team meeting the importance of keeping accurate records was discussed. This had been a failing identified in our previous inspection in January 2017. At this inspection we noted records were consistently completed. We concluded the service was now meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The manager and deputy manager attended regular manager meetings organised by Spectrum. Both told us they were well supported by the organisation.

Although there was a registered manager in post they had not been responsible for the service since January 2017. The service was overseen by a manager who told us they were intending to apply for the registered manager role. We will continue to monitor this to ensure the registered manager position is filled in a timely manner.

There were clear lines of responsibility in place. Each individual had two named key workers with responsibility for checking appointments and maintaining family contacts. The manager was supported by a deputy manager and the rotas were organised to make sure one of them was on duty most days. Staff told us the manager was; "Approachable." One commented; "She's very, very supportive. And if she doesn't know the answer straight away she'll know where to find it." Another told us; "She will listen and act very quickly."

Although several of the staff team were new to the service, and to care, experienced staff had supported them to gain a thorough knowledge of the systems and processes in place. For example, in addition to the

training for medicines provided at induction, an established member of staff had delivered a session for new employees looking at how medicines were organised within the service. New staff told us they had been well supported and were able to ask for guidance if they were unsure of anything. One commented; "The staff were brilliant, very welcoming and they showed us the way."

The manager was positive about the staff team and told us new staff had brought fresh ideas to the service and were; "Keen to try new things." Staff told us morale was good and they worked well together. There was an emphasis on the importance of communicating as a team and being open with each other. Comments included; "We talk a lot at work and everyone's happy to ask questions if we don't understand why things are done in a certain way" and "We're not afraid to bring things up with each other."

Spectrum had recently restructured the organisations on-call system. A duty manager was available between 8:00 am and 10:00 pm for staff to contact for guidance or to report any unexpected staff absences. Outside these hours an on-call manager was available. The manager told us the system worked well.

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.

Relative's told us communication had improved. For example, the manager had started to send photographs of one person to their family so they could see what they had been doing throughout the week. Scrap books and other visual aids were being introduced to record what people had done and create records about their history.

At our next comprehensive inspection we will check to see if the improvements recorded in this report have been sustained.