

# Spectrum (Devon and Cornwall Autistic Community Trust)

## Trewithen

### 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

Trewithen 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 7 April 2018. We last inspected Trewithen in February 2016, we had no concerns at that time and we rated the service as 'Good'. 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 ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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 atmosphere at Trewithen was busy and friendly. People were supported to go out during the day. When spending time in the service people busied themselves with household tasks and spent time with staff.

Risks were clearly identified and assessments guided staff on the actions they should take to minimise any risks. Appropriate safety checks were completed to help ensure the building and utilities were safe. The environment was clean and well-decorated. Plans were in place to improve the kitchen area.

Systems for the management and administration of medicines were robust. Medicine Administration Records were clear and indicated when anyone had received medicines to be used 'as needed.'

Some people required regular monitoring to enable staff to identify if they were at increased risk of deteriorating health. We found some gaps in monitoring records and have made a recommendation about this in the report.

Care plans identified how people preferred to be supported and how much support they required. 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. The manager had introduced a new audit tool to help ensure any restrictive practices remained necessary and proportionate.

Technology was used to help improve the delivery of effective care. Spectrum had introduced an electronic system for the recording of daily notes, appointments and incidents and accidents. Staff had received training in how to use the system.

Staff were supported through a system of induction, training, supervision and staff meetings. There were opportunities for staff to raise any concerns or ideas about how the service could be developed. There were enough staff to support people safely and allow them to take part in individual activities. Regular bank staff supported the core staff team as necessary.

People and their families were asked for their views of the service. Any complaints were taken seriously and addressed in line with policies and procedures.

The service was overseen by a manager. They were supported by a deputy manager who was based at Trewithen. The deputy manager had some protected time to complete administrative tasks. Key workers were assigned to individuals to enable them to focus on their care planning and organise any health appointments. The manager had introduced new systems to help drive improvement in the service.

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?

Good ●

The service remains Good.

### 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.

# Trewithen

## **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 comprehensive inspection took place on 7 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 manager and four members of staff. We looked at detailed care records for two individuals, three staff files and other records relating to the running of the service. Following the inspection visit we spoke with two relatives to hear their views of the service.

# Is the service safe?

## Our findings

We spent most of our time during the inspection in a shared lounge. We saw people were comfortable and at ease with staff. There was a friendly atmosphere, people approached staff for assistance and reassurance but also sought staff out to spend time with them. Relatives told us they believed their family members were safe living at Trewithen.

Information on how to report any safeguarding concerns was easily available to staff. Posters were displayed in the office area which contained contact details for Spectrum's safeguarding lead and the local authority. Safeguarding training was covered during the induction process for new staff, and was refreshed regularly. Staff told us they were prepared to raise safeguarding concerns if they felt it necessary. There was an Equal Opportunities policy in place which new employees were required to read as part of the induction process. We saw that people were not discriminated against with regard to their disability and were supported to be as independent as they could be. This was achieved through continually assessing each individual's abilities and the support they needed to keep safe. For example, one person had been given a ground floor room as they were at risk of falling when using the stairs.

Risk assessments were in place so staff were aware of any identified risk and had clear guidance on how to support people safely. Risk assessments were regularly reviewed and updated as necessary. They reflected people's individual needs. For example, it was important to one person that the kettle was put away in a cupboard. This presented a risk as they did not always take account of the fact that the kettle might contain boiling water, be in use or hot to touch. Staff described the measures in place to keep the person safe while not overly restricting their access to the kitchen. Their descriptions were in line with information in risk assessments. This demonstrated the assessments were meaningful, effective and staff worked in line with 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. They had access to protective clothing such as gloves and aprons if needed. Food was dated on opening so staff would be aware of when it was no longer safe to eat.

The boiler, gas appliances, portable electrical appliances and water supply 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 Trewithen. 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.

There were enough staff to support people safely. Although there were vacancies at the service bank staff were available to cover any vacant shifts. On the day of the inspection the service was fully staffed and people were supported to go out on various activities. Rotas showed staffing numbers had been consistently met the week preceding the inspection. Staff told us they had been through a period when they had been short staffed but this had improved over recent months. The manager told us they were actively

involved in recruiting new staff and an experienced employee from another Spectrum service was due to start work at the end of the month.

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.

Medicines were stored securely and in line with legislation. Medicine administration records (MARs) were clear and there were no gaps. 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. Some people had medicines prescribed to take 'when necessary' (PRN). There were clear protocols in place for staff to follow when administering these medicines. This helped ensure a consistent approach to the use of PRN. Spectrum had signed up to STOMP, a national project which stands for stopping the over medication of people with a learning disability, autism or both with psychotropic medicines. Psychotropic drugs are those which can affect a person's mental state. We saw the use of these kinds of medicines was infrequent and closely monitored.

There were systems and procedures in place to support people with their finances. Where the service held people's money it was stored securely and routinely audited. We checked the amount of money held against the records and found some minor discrepancies. Two people's records were one and two pence out and one person had £2.99 more than was recorded. The manager told us they had audited the records the previous week and the error must have occurred very recently. They assured us they would remind staff of the importance of keeping accurate and up to date records. A relative told us staff were very good at overseeing their family members monies. They commented; "We check it but it's complicated, they do a much better job of it than we could."

# Is the service effective?

## Our findings

Technology was used to improve the delivery of effective care. Spectrum had introduced an electronic system for the recording of daily notes, appointments and incidents and accidents. This meant information could be more effectively and accurately captured and 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. The system had only been in place for a week but staff told us they found it straightforward and easy to use.

Staff had the appropriate skills, knowledge and experience to deliver effective care and support. Staff completed a two week induction when they started employment with the organisation which included an introduction to 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.

Following the organisational induction new staff had a 'house' induction when they familiarised themselves with care plans and working practices in specific services. Although Spectrum did not have a policy for new staff to undertake shadow shifts, the manager told us they would arrange rotas to ensure any new employee was not lone working until they were fully confident.

Staff told us they were well supported by the management team. Supervision meetings were held regularly. These were an opportunity to discuss working practices and raise any concerns or training needs. A new system of yearly appraisals was being introduced throughout the organisation where staff could discuss their personal development. The manager and deputy manager had both completed training to enable them to deliver appraisals.

Training identified as necessary for the service was updated regularly. This included safeguarding, mental capacity and positive behaviour support. When people's needs changed staff were provided with additional training to enable them to support people safely and effectively. Staff told us the training was generally good and described the various trainers as; "Very helpful."

People were supported to eat a healthy and varied diet. Staff explained to us how they supported people to make meaningful choices using pictures and objects of reference, for example, different cereal boxes. They were knowledgeable about people's likes and dislikes as well as any dietary requirements associated with health conditions. The kitchen was well stocked and there were plenty of fresh vegetables and fruit available.

People were supported to access external healthcare services as necessary and attend regular check-ups. For example, GP, dentist and optician appointments. A GP had recommended that one person have some blood tests but the person concerned had refused to undergo this procedure. Staff were working with other professionals to discuss whether the tests were necessary and how they could be carried out without causing the person unnecessary distress. 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.



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). DoLS applications had been made for everyone living at Trewithen. One person had an authorisation in place and a DoLS assessor had recently completed an assessment in order to review the authorisation. When necessary, best interest discussions were held to check any restrictive practices were in the person's best interest and the least restrictive option available. Due to the length of time it could take for DoLS applications to be authorised the manager had introduced an audit tool to regularly check that any restrictive practices were still necessary and proportionate.

The premises were spacious; the two shared lounges were large rooms with plenty of comfortable seating and a large dining table. There was a smaller table in the kitchen so people could eat together or separately as they wished. There was an office space in the middle of the property and people were clearly comfortable accessing this area, often choosing to sit there with staff. If necessary, for example, when completing medicine audits, this area could be closed off without restricting people's access to other areas of the house. The property was well maintained and clean. The kitchen was due to be replaced the week following the inspection. One person had completed a woodwork course and enjoyed making things and taking things apart. There were plans to set up a garden shed as a workshop for them to use. Relatives told us they had no concerns about the premises and believed they suited people's needs.

## Is the service caring?

### Our findings

Relatives told us they believed their family members were well care for and they found staff were friendly, approachable and had a good understanding of people's needs. Comments included; "It's the best place he's been in" and "They are consistent and he is well supported." One relative told us of an occasion when their family member had become unwell and was admitted to hospital. The relative commented; "He doesn't tell you if he's in pain but they picked up on it very well. They proved themselves then."

People were relaxed and at ease with staff. We observed positive and supportive interactions and noted staff were respectful in their manner towards people. When people approached staff for anything staff prioritised their needs and gave them their full attention. One person was particularly loud during the morning which was not unusual for them. Staff were patient and understanding in their approach. They checked on the person's well-being and physical comfort. The person's care plan outlined clear strategies to use if this type of behaviour continued for a prolonged period. Staff descriptions of how they supported the person at these times were in line with the care plan.

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. Staff were able to describe to us how people made their wishes known and were able to make choices. One member of staff told us "[Person's name] doesn't use many words but they know what is going on and can let you know what they want."

People's privacy and dignity was protected. Staff were alert to the fact that one person might sometimes leave their room when they were not fully dressed. They acted quickly and calmly to protect the person's dignity when necessary.

Staff spoke about people positively and with affection. One member of staff described the people living at Trewithen as; "All very relaxed really." We met with everyone living at the service and all appeared occupied and content. One person preferred to spend time in their room alone. Staff took us to meet them and they quickly said hello and then chose to go back into their room. When we arrived at the service some people were preparing to go out and one person was completing household tasks. The atmosphere was busy and staff were actively supporting people.

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. Staff told us one person liked walking and was not put off by poor weather or long distances. They explained the person was used to this because of their parents' particular interests and the activities they had been involved in when growing up. They told us they were aware of this because of information they had read in the person's care plan.

Staff recognised the importance of family relationships and worked to support them. The manager and deputy manager 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. The manager told us they were looking into supporting one person to purchase a tablet computer to help them with their communication and to maintain family contact. This person used pictures to help them make choices and understand what was planned for them during the day. They disliked carrying pictures with them when they were out but liked to use a tablet. In addition they had recently spoken with relatives on the telephone which the manager told us was; "only for a couple of minutes but it was a great achievement for him." They said a computer tablet would enable the person to use video chat systems to keep in touch with their family.

People's cultural backgrounds were known and respected. Two people liked to attend church and were supported to do this. One preferred a local village church and another liked to visit the cathedral in nearby Truro. Relatives had recently told staff which church the person had attended with their parents when they were growing up. There were plans for the person to visit this church again to find out if they remembered it and would like to start using it again.

## 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 had recently been reviewed and updated.

Families told us they were invited to care plan reviews. This helped ensure people's needs were at the forefront of the process and their voices were represented. Adapted versions of care plans had been developed which used pictures and limited text to make them more accessible. These had been printed so staff could spend time with people looking through them.

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 the person had done during the day and included information about their mood and emotional well-being. The daily logs were detailed and informative and gave a comprehensive overview of the day, what had gone well and what had not worked for the person. Staff had started to complete these records on computer tablets rather than paper records the week before the inspection visit. All staff had received training in the new system.

Handovers took place between shifts to ensure staff were made aware of any changes in people's needs. Some people needed additional monitoring of certain aspects of their care due to their health needs. We looked at monitoring charts for March and identified some gaps. Staff were confident these were due to some staff forgetting to complete the charts rather than any concerns regarding the person's health. However, this inconsistency meant if the person did become ill it could be overlooked.

We recommend that the service implement support and training, for the staff team, about the importance of monitoring records.

People were supported to take part in various hobbies and daily activities. A member of staff told us; "I like getting people out." On the day of the inspection three people went out on a shopping trip and then ate lunch out. Another person left to spend the weekend with family and one person went out for a local walk. Four people had National Trust memberships and used these frequently. People were supported to access the local community. The manager told us people were known in the nearby town as they often used local shops and the train station. One person's care plan stated it was important that they took part in regular walks, both for their health and emotional well-being. Daily logs for March showed this happened most days, only being missed when the weather had been particularly bad. The manager commented; "It's part of his morning routine." In the afternoon of the inspection visit one person independently chose to wash cars and check on the recycling. The manager told us this was a job they enjoyed and did frequently. There were puzzles and games available as well as exercise equipment.

People were given information in a way which was accessible to support their understanding. For example, the complaints procedure and service user guides were available in 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. People's care plans contained information for staff on how they could recognise if people were unhappy and might want to complain about some aspect of their care. For example, one care plan stated; "If he isn't happy with a team member he will usually pushes them aside. ....If [persons' name] becomes persistent then this should be respected." Records showed complaints had been taken seriously and responded to in line with the policy. A relative told us they had raised a concern in the past and this had been acted on quickly and the problem resolved.

As part of the care planning review process families were being asked about any preferences in respect of people's care at the end of their lives and afterwards. This meant people's wishes could be recorded in advance to prevent families having to make difficult decisions at a stressful period in their lives.

## Is the service well-led?

### Our findings

The service requires a registered manager; there was none 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. The manager told us they had recently submitted their application for registration.

Roles and responsibilities were clearly laid down within the service. The manager had oversight of two other services and was supported by a deputy manager. The deputy manager was based at the service full time and had some protected administrative hours. They were responsible for the day to day running of the service. There was a key worker system in place. Key workers have responsibility for overseeing the delivery of care for specific people. Key workers were able to describe people's needs and preferences to us in detail.

Staff told us morale had been low in the past but things had improved considerably recently. This was partly due to improved staffing levels and a more consistent staff team which included regular bank staff. There had also been recent changes to the management of the service following a period when there had been no manager in place. The newly appointed deputy manager was familiar with the service having worked there as a care support worker previously. Staff told us this was important as it meant they knew people well and had an understanding of their needs. One commented; "[Deputy manager] is a source of enthusiasm and tries to make everything positive." The manager visited the service regularly and staff told us they were approachable. Team meetings were held regularly. Staff told us they were able to raise any issues or make suggestions about how the service could be improved.

The manager had introduced new systems to help drive improvement in the service. They were working to help staff develop their skills across a range of areas to empower them to carry out tasks such as the ordering and administration of medicines. They had introduced the restrictive practice audit tool referred to in the effective section of this report. A shift leader role had been more clearly defined to ensure all staff were aware of their assigned responsibilities throughout the day.

People were asked for their views of the service. The manager had identified that monthly questionnaires were not always meaningful for people. They had asked key workers to start producing a monthly summary of what activities people had taken part in using photographs to evidence this. They hoped this would capture what was working well for people and could be shared with families. We saw an example of a summary for March for one person.

Spectrum circulated an annual achievement book to relatives and other stakeholders. This contained a section on each service describing any improvements, changes or developments to the service. A quality assurance questionnaire was also included to gather views of individual services and the organisation generally. This had recently been issued and no results had yet been collated at the time of the inspection. A relative confirmed they had received a request for feedback.

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.

The senior management team at Spectrum communicated with staff via email to update them on any organisational issues. Members of the senior management team were known to staff and sometimes visited the service. The manager completed monthly manager reports.

Information was used to aid learning and drive improvement across the service. Learning logs and incident sheets were consistently completed giving detailed information. Incident sheets were analysed on a monthly basis in order to highlight any trends or patterns.

Staff completed values and equality and diversity training as part of the induction. This meant they were aware of Spectrum's visions and values. CQC ratings from the last inspection report were displayed at the service and on Spectrum's website.