Spectrum (Devon and Cornwall Autistic Community Trust)

Carrick

Inspection report

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Date of inspection visit: 2 June 2015
Date of publication: 22/06/2015

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

Overall summary

We inspected Carrick on 2 June 2015, the inspection was unannounced. The service was last inspected in January 2014; we had no concerns at that time.

Carrick 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. 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.

People were mainly relaxed and at ease with staff and each other. When one person became anxious staff spoke quietly to them and reassured them, supporting them to a quieter area of the house in order that they might have some privacy. Another person frequently asked for

Summary of findings

confirmation they would be going out and this was given with patience and humour. Staff used distraction techniques to deflect the person's attention and demonstrated an understanding of how to support them well and maintain their emotional well-being.

Care documentation was informative, well organised and up to date. They contained information to enable staff to support people's emotional well-being as well as their health needs. Risks had been clearly identified and there was guidance for staff on how to minimise any risk. Staff told us the detail and depth of information was useful.

Support was geared towards individual needs and communication preferences were recorded and taken into account. Staff were able to describe to us in detail how people communicated and we observed this was effective and meaningful. Care planning was done in partnership with people and staff identified creative methods of planning to ensure people could have real involvement in the process. People were supported to lead full and varied lives and access the local community. They took part in a range of activities which were geared to their individual interests, hobbies and backgrounds.

Staff showed by their actions and conversations with us that they valued people for their individuality and had high expectations for them. People's goals and hopes were defined and recorded and their gifts and talents recognised and encouraged. Staff supported people to develop and maintain their independence.

There was a strong staff team in place who told us they felt well supported in the service and were able to approach the registered manager with any concerns they had or ideas for development. Training was up to date in areas defined as necessary for the service. Training more specific to the needs of people living at Carrick had not been updated for some time. However, we were told there were plans to address this in the near future.

The service at Carrick was well-led; there was an open and positive culture. Accidents and incidents were appropriately recorded and analysed monthly to identify any trends. Quality assurance systems were in place within the service and at provider level.

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 at ease with staff and approached them for support when they wanted to.

Staff had received safeguarding training and were confident about reporting any concerns.

Care plans contained clear guidance for staff on how to minimise any identified risks for people.

Good

Is the service effective?
The service was effective. New employees completed an induction which covered training and shadowing more experienced staff.

The service acted in accordance with the legal requirements of the Mental Capacity Act and associated Deprivation of Liberty Safeguards.

People had access to other healthcare professionals as necessary.

Good

Is the service caring?
The service was caring. Staff spoke about people with affection and regard for their well-being.

Peoples' gifts and talents were recognised and encouraged.

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.

People had access to a range of meaningful activities.

There was a satisfactory complaints procedure in place.

Good

Is the service well-led?
The service was well-led. There was an open and relaxed atmosphere at the service.

The staff team told us they were well supported by the registered manager.

There was a robust system of quality assurance checks in place.

Good

Carrick

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 2 June 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, an advocate and two external health care professionals to hear their views of the service.

We looked at detailed care records for two individuals, people's communication plans, staff training records, recruitment records and other records relating to the running of the service.

Good

Is the service safe?

Our findings

Relatives told us they believed their family members were safe living at Carrick. On the day of the inspection we saw people moved around the building freely and were comfortable in their surroundings. People were at ease with staff and approached them for support as they needed it and without hesitation.

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. One member of staff told us they had concerns in the past which they had raised with management and this had been dealt with. They told us they had; "no qualms" about raising issues.

Although not all staff were sure of who to raise concerns with outside of the organisation they knew where to go to find the information. Notice boards in the service 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 them presenting behaviour which could challenge staff. Care plans clearly outlined the process to follow in this situation. For example; 'When anxious only one person should be talking to [person's name]. The other person is there, ready to intervene, if required.' 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. Where people tried new activities or needed to undertake an unfamiliar task or event, risk enablement tools were completed. These summarised the task or event and outlined any foreseen associated risks. Information for staff on how to minimise the risk was included and the level of risk evaluated. For example one person's care plan outlined how to support them when attending a medical appointment where previously the health care professional had visited the person at the service. It detailed action to be taken in various circumstances and when staff should support the person to leave the situation. Staff told us they found the information useful. One commented; "It [medical appointment] went fine, we knew what to do step by step and there were no problems."

There was sufficient staff on duty to support people to go out on individual activities, attend appointments and engage in daily chores and routines. During the day of the inspection visit one person was supported to visit the GP, another went horse riding and a third went out for a walk. Although the environment was busy staff had time to sit and talk with people and reassure them if they became upset or anxious. The registered manger told us there was one vacancy for a part time member of staff and they would be interviewing for this position within the next few days. 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 support system of bank staff." We looked at rotas for the previous three weeks and saw the minimum staffing levels were adhered to at all times.

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.

People's medicines were stored securely in a locked cabinet in the administration office. There were appropriate storage facilities available for medicines that required stricter controls. 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. Creams were not consistently dated when opened. This meant staff might not be aware when they were likely to become less effective or contaminated. Training for the administration of medicines was up to date with two staff needing to complete medicines competency assessments. These were booked to take place within the month. Where medicines errors were identified staff were required to retrain.

Good

Is the service effective?

Our findings

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 recently transferred to Carrick from another Spectrum service. Although they were not required to complete the general induction process they had undertaken a house induction and medicines competency assessments to help ensure they were confident and able to meet individual needs.

Training identified as necessary for the service was updated regularly and relatives and professionals said they believed the staff to be, "professional and competent." Staff also had training specific to people's needs such as Autism Awareness. However this was not routinely updated and some more long standing members of staff had not refreshed this training since completing it in 2008. This meant they might not be aware of any developments in the area or updates on accepted good working practices. We discussed this with the provider's deputy head of operations who showed us a newly developed training plan for Autism Awareness which had been developed. This was due to start being delivered through the organisation during June 2015. It was planned to cascade the training throughout Spectrum and update it yearly.

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 described the process as; "positive."

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. Mental capacity assessments and best interest meetings had taken place and were recorded as required. These had included external healthcare representatives and family members to help ensure the person's views were represented. DoLS authorisation was in place for one person and the conditions were being adhered to. Appropriate applications to the local authority for further authorisations had been made and were in the process of being formally reviewed.

People took part in choosing meals on a weekly basis. People's preferences were recorded and well known amongst the staff team. Staff spoke with confidence about individual's likes and dislikes and how to present food so that it was more appealing for people. For example one staff member told us; [Person's name] won't eat a salad unless you give it on the side, then they're happy to eat it." No-one had any strict dietary requirements although staff told us the needed to, "keep an eye" on one person's wheat intake. The menu for the upcoming week was interesting and varied with two new recipes being tried.

People were supported to access other health care professionals as necessary, for example GP's, opticians and dentists. A learning disability professional visited the service annually to complete health checks for everyone living at the service. Care plans contained information on how best to support people if they needed to visit any external health services and what reassurances they might need. Staff told us of how they had supported one person when they needed a general anaesthetic. They explained the person was not allowed to eat anything after 7:00am. However, they had recognised the importance of routine to this person and identified that missing their breakfast might cause them anxiety. To overcome this they had explained to the person what would happen using a social story. On the morning of the procedure the person had got up early, eaten breakfast and then returned to bed. This had been successful and the person had gone through the process without becoming distressed.

Good

Is the service caring?

Our findings

People were relaxed and at ease with staff. It was clear from our observations and discussions with staff, caring relationships had been developed and staff valued people. They talked about people affectionately and with a respect for their gifts and talents. Comments included; "They have a great sense of humour", "A lovely gentle character" and, "[Person's name] is very creative and does wonderful art work." All staff were positive in the way they spoke about people.

We observed one person became anxious during the day of our visit. Staff quietly spoke with them and reassured them. They offered the person options without overloading them with too many choices which could have further agitated the person. They were given time and space to settle and staff were unobtrusive in their approach whilst maintaining a close eye on the persons mood. Another person frequently turned to staff for confirmation they would be going out soon. Staff reassured them with patience and humour. When necessary they used distraction techniques to deflect the person and help ensure they were not becoming distressed or anxious. Staff demonstrated an understanding of the person's needs and a willingness to engage with them.

People were supported in a way which meant their privacy and dignity was upheld. Staff explained to us how people were supported to maintain their dignity when moving between their bedrooms and the shared bathrooms. People were able to lock their doors and we observed they did this as they chose to. Some people chose to lock the door when they were in their room and others when they left it. Staff respected this choice and knocked before entering or asked people if we could see their room. One care plan stated that if the person needed to change their clothes staff were to; 'Place the clothes on the bed and leave the bedroom to ensure [person's name] privacy.'

Staff supported people to be independent in their day to day lives. We saw people taking part in daily chores such as loading the dishwasher and hoovering. This demonstrated staff supported people to do things themselves rather than doing things for them. One person particularly enjoyed baking and staff told us they supported them to choose a recipe, shop for ingredients and then cook the dish which would be shared amongst everyone. They also encouraged them to be involved in meal preparation and learn to recognise new ingredients.

Care plans included people's goals and these indicated how staff supported people to develop their independence and access the local community. We found staff had high expectations for people. For example we were told it was hoped two of the people living at Carrick would eventually be supported to move into more independent settings such as supported living.

People's rooms were highly individualised and decorated to reflect their personal tastes, interests and hobbies. For example one person enjoyed creating stencils and staff had supported them to make their own wallpaper using lining paper and their customised stencils. The room reflected the person's personality and showed their skills and talents. Another person had grown up in a rural setting and the furnishings and ornaments in their room had been chosen to reflect this. People were comfortable in their personal space and at various times throughout the day we saw people chose to spend time on their own listening to music or watching television.

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. Staff were able to describe people's individual communication style to us in great detail. For example; "[Person's name] loves you to put inflection in your voice when talking to them."

The staff team had worked to create 'communication guides' for each person. These gave a condensed, easily accessed overview of how the person would communicate and how best to support them with this. Staff acknowledged it could be difficult for new members of staff to get to know people and form trusting relationships. They explained how they were helped to do this and recognised the importance of it. One commented; "Getting to know people can be difficult but I know all the guys really well now and am very comfortable with them. They are all very lovely."

Care plans contained more detailed information in relation to people's communication. For example there was information regarding what might indicate when someone was distressed and how to support them and recognise any

Good

Is the service caring?

triggers. Staff were innovative and creative in their approach to supporting people to be involved in the care planning process. Person Centred Planning meetings were organised in a way which helped ensure the person was at the centre of the process. This included identifying people's interests and using them as a focus for the meetings. Objects of reference which represented items that had meaning for the person were created and photographs used to indicate what was important to people and highlight any goals for the future. People were supported and encouraged to choose pictures to place within the objects. This meant people became involved and participated in sessions and a strong visual record was created to help the person reflect on the process at a later date. Staff were proud of what people had accomplished during these sessions and keen to show us the associated objects of reference. They told us planning in this way helped people to 'own' the process and recall it later. An external professional told us: "I was impressed with the flexible way of thinking about their person centred support, as I was shown various ways in which service users have been encouraged to record their likes and dislikes."

One person had recently had experienced a bereavement and staff told us how they, a relative and Spectrums clinical psychologist had supported the person through this period. Social stories had been developed to help the person understand and anticipate the various events associated with the bereavement. Staff spoke of the importance for the person to try and have an understanding of what had occurred.

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 updated and relatives were invited to attend reviews. An advocate told us; "The home has always involved me in [person's name] life". An external professional who had carried out a recent audit of the service stated all documentation was; "well maintained, person centred and up to date."

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 were completed throughout the day. These recorded any changes in people's needs as well as information regarding activities and people's emotional well-being.

People had access to a wide range of pursuits which were meaningful to them and reflected their individual interests. These included horse riding, attending church, swimming and visits to the local pub. One person had been brought up on a farm and particularly enjoyed going to country shows. Arrangements had been made for them to attend the Royal Cornwall Show later in the week. Everyone had their own activity plan which they were able to have an input into. For example, one person had a weekly planner with pictures and photographs so they were able to understand and use it in a meaningful way. For those activities which were not time specific such as shopping trips and gym sessions, they were able to choose which day and time of day they preferred to do them. This enabled the person to control how they spent their time. A relative told us; "[Person's name] is doing so much. And they introduce new things as well, they don't just stick to the same old stuff."

People were protected from the risk of social isolation because the service supported them to have a presence in their local community and access local amenities. People regularly walked to the local shop and visited the nearby pub. The service was located in a rural setting and the registered manager told us there were several local walks nearby.

People also took part in activities in the house, these could be organised sessions involving outside professionals or more informal activities such as art, jigsaws, dominoes and pampering sessions. One person particularly liked music and a music therapist visited once a fortnight to involve them in playing instruments, singing and making up songs.

The building had a large living/dining area where most people chose to spend some of their time, either interacting with staff, watching television or eating. There were additional quieter areas and a sensory room where people could sit if they preferred to. One person in particular, liked to spend time in the garden and there was a shelter for use in rainy weather. The house was well maintained although the garden was untidy and uneven underfoot. This meant there was a risk people who had mobility problems might trip and fall. One part of the garden had been sectioned off to provide a private spot for one person. This was next to a window where they sat and could watch the birds which were encouraged into the space with bird tables.

The service had two vehicles to use when supporting people to attend appointments or go out on activities. The deputy head of operations told us they were planning to start supporting people to make greater use of local public transport links which would increase their potential involvement in the community and teach them a useful life skill to further their independence.

One person had recently purchased an electronic tablet. Before deciding whether to invest in this Spectrum had loaned them one to ensure they would be able to use it and enjoy it. The registered manager told us they would be supported to use this as a communication tool as well as a means of storing personal photographs.

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. The registered manager told us photographs of who people could complain to were contained in the service user guide which everyone had a copy of. Staff told us they knew people well and were able to tell from their behaviour if they were unhappy and might want to make a complaint. People were asked every other month if they were happy with the service using a simple

Good

Is the service responsive?

questionnaire and pictures. Relatives told us they had not needed to complain but would not hesitate to do so if necessary. They told us staff were approachable and they were confident any concerns would be acted on.

Good

Is the service well-led?

Our findings

There was a positive atmosphere within the service and staff and people interacted with each other in an open and friendly manner. Staff told us they were a strong team and a relatively new member of staff described the team as; "Very welcoming and easy to work with." We found the service was focused on the needs of the people who lived there. Throughout the day we heard staff discuss how to organise themselves to ensure people were able to attend appointments and go out on activities. One member of staff said; "I think we run pretty well here. It's a good team, we get on and everyone's pretty supportive."

External professionals told us the service was open to suggestions. One said; "It has always appeared to be a service that actively looks for suitable activities, advice & professional support if required."

The registered manager had only been in post a short while although they knew the service well having worked there for several years. They told us they had no dedicated administration hours which could be problematic. They said, although it was possible to catch up on paper work on an ad hoc basis if the service was quiet, it was more difficult to arrange things in advance such as staff supervision. There was no deputy manager or Developmental Support Worker (DSW) in place to support the management role. DSW's are used in several of Spectrums services to act as a link between the service and Spectrum. The deputy head of operations told us there were plans to widen the role of the DSW to include more managerial support and that one would be recruited to Carrick.

Staff told us they were able to raise any issues they had with the registered manager or the deputy head of operations who knew the service well and visited often. They felt any concerns were listened to and acted on appropriately. Comments include; "They do listen and try and find a solution." One member of staff described a situation to us where they had had a concern and this had been acted on promptly leading to a satisfactory conclusion. Staff meetings were held although the registered manager told us they had needed to cancel the last two because of limited time. A member of staff told us these were a good opportunity to discuss people's individual needs as well as general working practice issues.

Staff told us they felt part of a team at Carrick but felt disassociated from the wider organisation, Spectrum. We discussed this with the deputy head of operations who said staff were able to meet with higher management if they wished and a newsletter was circulated to all services.

Monthly manager meetings were held across Spectrum services. These were an opportunity to share examples of good working practice and any tools that a service had developed such as the social stories created for one person following a bereavement.

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.

The provider had signed up to the 'Communication Charter', a local initiative headed by a member of the Speech and Language Team (SALT) to try and improve communication for people with limited verbal and/or reading skills. The registered manager and deputy head of operations told us this was a useful network for learning and about and sharing examples of good working practice.