

Spectrum (Devon and Cornwall Autistic Community Trust)

Pendarves

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?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection at Pendarves on 4 August 2018. The previous inspection took place on 7 and 12 June 2017. At that time, we had concerns about the cleanliness of some areas of the service. Staff did not have guidance on how they should support people when they were reluctant to keep their environment clean or would not agree to staff assisting them with this. At this inspection we found improvements had been made in all the areas identified at the previous inspection. This meant the service had met the outstanding legal requirement from the last inspection.

Pendarves provides care and accommodation for up to four people who have autistic spectrum disorders. The service is part of the Spectrum group who run several similar services throughout Cornwall. At the time of the inspection four people were living at the service. The service was based in a large semi-detached house set within its own gardens.

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.

Services are required to notify CQC of various events and incidents to enable us to effectively monitor the service. This includes any incident which is reported to, or investigated by, the police. We identified that we had not been notified of two incidents following which the police had been called. This has resulted in the well-le section of this report being rated as 'requires improvement.'

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 accommodation was arranged to allow people independence and privacy. The building was subdivided into three flats. Two people lived in self-contained flats and two people shared a flat. Each had an en-suite bedroom and shared a kitchen and lounge.

People had choice about how and where they spent their time. Staffing was arranged to enable people to take part in activities and access the local community according to their preferences. Staff encouraged people to be independent in all areas of their lives. When people's choices impacted on their health and well-being staff and members of Spectrum's senior management team considered their capacity to make these decisions. Where people were found to lack capacity to make specific decisions these were made in their best interest in line with the legislation and principles of the Mental Capacity Act.

The service is required to have a registered manager and at the time of the inspection there was no registered manager in post. The previous registered manager left in June 2017. 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 previous manager had left the service following a long period of absence. There was a new manager in post who had only been appointed the day before the inspection. They had registered to complete relevant training and were intending to apply to CQC for registration.

The new manager had been working at the service as deputy manager for three months and had built up an understanding of the service and people's needs. People and staff were positive about the new appointment. Comments included; "He listens, if I've made a decision he seems to support my thoughts" and "The new manager is an improvement."

There was a stable and experienced staff team in place. They were supported by a system of regular training, supervision, appraisals and staff meetings. Staff told us they worked well together as a team and had a shared set of values which focused on doing things 'with' people rather than 'for' people.

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. This could be accessed by the senior management team as necessary.

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 was Safe. People were supported to keep their environment clean and tidy.

People told us they felt safe and were able to approach staff with any concerns.

There were robust systems in place for the management and administration of medicines.

Is the service effective?

Good ●

The service was Effective. The premises were arranged to allow people to have privacy and independence.

People's consent was sought and staff worked in line with the principles underpinning the Mental Capacity Act.

Staff were supported by a system of induction, training and supervision.

Is the service caring?

Good ●

The service was caring. People were treated with respect and empathy.

Staff supported and encouraged people to be independent.

Care plans contained information about people's backgrounds, histories and communication styles.

Is the service responsive?

Good ●

The service was Responsive. Care plans were clear and guided staff so they could deliver care and support in a consistent manner.

Staff were enthusiastic about supporting people to try new activities.

People were confident about how to complain.

Is the service well-led?

The service was not entirely well-led. CQC had not been informed of events when police had been called to the service.

Staff were positive about recent changes to the management arrangements and morale was good.

There was a robust system of audits in place to drive improvement.

Requires Improvement 

Pendarves

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 4 August 2018 and was announced. This was because the service is small and the inspection was taking place on a weekend. We wanted to be sure people would be available to speak with us and we would have access to records. 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 Record (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

We looked around the premises and saw staff supporting people and spending time with them. We spoke with three people living at the service, an area manager, the manager and three other members of staff. We looked at detailed care records for two individuals, one staff file and other records relating to the running of the service. Following the inspection visit the manager sent us further information we had requested. This included staff training records and details of an incident.

Is the service safe?

Our findings

At our previous inspection in June 2017 we found the service did not have effective infection control policies and procedures. There were no formal cleaning schedules in place and people had not been adequately supported and encouraged to maintain a hygienic environment. Staff told us they were often unable to gain access to people's rooms to complete cleaning tasks and that a culture had developed where people failed to maintain the cleanliness of their rooms. We identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the safe section of the report was rated as requires improvement.

At this inspection we found improvements had been made in this area. Staff had worked with people to make them aware of why it was important to keep themselves and their environment clean. This had been achieved with the support of professionals from Spectrum's internal behavioural team, external professionals and a relative. The staff team had received training in supporting people who were at risk from self-neglect. Staff told us things had improved. Comments included; "[Person's name] is more accepting of staff support", "I always try and prompt [Person's name] to have a shower, it helps to try and get the temperature right first. It's much better than it was" and "He still has times when he refuses, but never over a long period, maybe a couple of days." We met with one person who told us they were now recycling regularly to avoid rubbish piling up. They and a member of staff explained they cleaned the person's rooms regularly and agreed in advance whether the cleans would be "platinum, gold or silver." The member of staff told us the person had created these terms themselves and it helped them to understand and communicate how much cleaning they were willing to do that day.

Comprehensive cleaning schedules were in place for shared areas and people's individual rooms. Daily job lists also included cleaning tasks. A 'safeguarding service users from self-neglect' policy had been introduced. This set out the need for staff to balance people's right to making lifestyle choices with the provider's duty of care and need to protect people from risk.

We found action had been taken and was ongoing to protect people from an identified risk. We concluded the service was no longer in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were happy living at Pendarves and felt safe in their environment and with staff. One person commented; "I do feel safe. If I didn't I would talk to the manager. I can have a private chat if I need to."

Sometimes people could become anxious or distressed which could lead to them behaving in a way which could put themselves, or others, at risk. Staff had received training on how to support people at these times. They told us they were always confident supporting people. The manager and staff were able to give examples of when people might become distressed and need additional support. Care plans gave clear guidance on how staff could recognise when people were beginning to become agitated. For example,

"Deep sighing. Clenched hands."

Following any untoward incident or event incident forms were completed and these were reported to the manager, area manager and members of the behavioural team. The reports were regularly audited and analysed so any trends could be recognised and any appropriate action taken to protect people from risk.

The service was fully staffed on the day of our inspection. Staff rotas for the two weeks preceding the inspection showed that the service had been staffed at a safe level. Most of the staff had worked at the service for a long period. There was some use of bank staff but they were staff who had previously worked in the service full time and were very familiar with people's needs. New staff 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 were not suitable to work in the care sector.

A safeguarding policy and information on how to report any concerns, was easily available to staff. Safeguarding training was included in the induction process for new staff, and was refreshed regularly. Safeguarding issues were also discussed in staff meetings. Staff told us they would be confident raising any concerns if they felt that was necessary.

There was an equality and diversity policy in place and staff received training in this area during their induction. Staff were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected. One member of staff told us they regularly supported one person to eat out at a particular café. They commented; "The waiting staff there always treat [person's name] respectfully."

Fire drills were held regularly and Personal Emergency Evacuation Plans had been developed for each person. These detailed the level of support each person would require leaving the building in an emergency. All firefighting equipment had been serviced to ensure it was ready for use. Electrical appliances were regularly checked to help ensure they were safe to use. Staff completed infection control and food hygiene training as part of the induction process.

Medicines were stored securely in a locked cabinet. All staff had received training to enable them to administer medicines. Medicine Administration Records (MAR) were completed according to good practice guidelines. We checked the medicines in stock for three people and the amounts tallied with the records. Staff were able to explain the process they would follow if they identified a medication error which included seeking professional advice if anyone had received the wrong amount of medicine. When errors were identified staff responsible were required to have their competency in this area reassessed before being able to administer medicines again.

Where possible staff encouraged people to be more independent when taking medicines. They were supporting one person to be more involved in the process. The person had started countersigning the MARs after taking their medicine. We spoke with the person about this goal and they explained to us why the MARs were necessary. They demonstrated an understanding of the process and were confident in their explanations.

Is the service effective?

Our findings

People's physical, mental health and social needs were assessed to help ensure all their needs were known and recorded in a range of care plans. Health files contained details of the support people needed to maintain good health. People were supported to access external healthcare services for regular check-ups. Some people had refused to attend health appointments and this had been identified as a concern. A member of Spectrum's senior management team with a background in health was working closely with one person to address this. They had provided them with information about the importance of attending health checks and how their tendency to self-neglect might impact on their health. The manager told us this input was beginning to have a positive effect and the person was more willing to accept advice and support.

Due to the concerns associated with one person's health and their reluctance to attend appointments, mental capacity assessments had been carried out to establish if they had the capacity to make this decision. 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. Best interest meetings with relevant professionals and relatives were arranged when necessary.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Technology was used to support the smooth running of the service. One person had an intercom which was connected to the office so they could contact staff quickly for support if required. Daily logs and incident reports were stored on an online system.

Staff had the appropriate skills, knowledge and experience to deliver effective care and support. Staff had 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. One member of staff described the induction as; "The best training I've ever had, it kept you interested." Training was regularly updated and staff were prompted to complete refresher courses when necessary.

Staff told us they were well supported and the manager was approachable if they needed guidance or additional support. Comments included; "He listens; if I've made a decision he seems to support my thoughts." Supervision meetings were held which gave staff an opportunity to discuss working practices and raise any concerns or training needs. There was also a system of annual appraisals in place for all staff.

People were able to make decisions about what they ate and drank. They were encouraged to be involved in meal preparation and planning and were supported to have varied diets. Some people liked to eat a lot of

unhealthy food. Staff provided them with advice about the impact this could have on their overall health. They encouraged people to limit the amount of unhealthy foods they ate and move towards a more balanced diet. Care plans contained information about people's likes and dislikes highlighting possible healthy options.

Records showed people were supported to access external healthcare professionals at regular intervals. For example, people were encouraged to have annual health checks.

The premises were arranged to allow people independence and privacy in line with the principles underpinning the Registering the Right Support policy. Two people had their own self-contained flats with a living area, kitchen, bedroom and bathroom. The other two people shared a kitchen and large living room and had their own bedrooms. There was a small office room and any records relating to the running of the service were kept in the office. There was a pleasant and well-kept garden with a small summerhouse and some garden furniture. One person was enjoying the garden on the day of the inspection. The manager told us they had plans to develop a vegetable garden and staff had been identified who were keen to support this.

Is the service caring?

Our findings

People told us they liked staff and were treated respectfully. One told us; "Yes, they're OK, especially those that have been here a long time. I know them better." When people had indicated they did not get on with a particular member of staff the rota was arranged to respect their opinion about this. The manager told us; "[Person's name] and [member of staff] just don't gel, there's not a positive relationship between them so [staff member] doesn't work with that person."

One person could become worried and anxious and liked to talk things through with staff at these times. The manager told us they set aside half an hour a week to spend one to one time with the person discussing any concerns they might have. The timing of these meetings was agreed between the manager and the person at the start of the week. The person told us they valued having some protected time when they knew they would be able to spend time talking through their worries. They commented; "Talking about your emotions is the best way."

People were supported to be independent and develop skills. A member of staff commented; "I have to step back sometimes and think; "Hang on, they're capable." It's about promoting independence." Everyone had access to cooking equipment and cleaning products so they could to carry out tasks independently. One person told us how they liked to be supported to cook meals. They commented; "I get staff to break the recipe down and talk me through it step by step." Another person had recently purchased a lightweight rechargeable hoover which was easier to manoeuvre than their previous hoover. Staff told us this had seemed to make a difference to their willingness to use it. One commented; "I could hear him using it the other day when there was no-one down there. That's a big thing."

Staff told us they enjoyed their work and were positive when talking with us. One told us; "I feel I'm making a difference to people's lives. If I didn't enjoy it I wouldn't be here." Staff were patient in their approach to supporting people to become more self-reliant. Comments included; "I will suggest the idea (of changing bedding), and then give him time to think about it and make the decision himself" and "It's taking it slowly, slowly."

Staff had identified that one person, who needed encouragement with their personal hygiene, enjoyed using the jacuzzi when visiting a local swimming pool facility. When their bath needed replacing a specialist bath had been purchased. As well as having a jacuzzi function it was also a walk-in bath which was easier for them to use as their mobility was declining. Staff told us this new equipment had made a big difference to the person. Comments included; "He's turned it round massively, the bath made a real difference." The person told us; "You just press the buttons and the bubbles come!"

Staff talked about people positively and demonstrated empathy towards them. We identified some negative use of language in the daily notes where staff had described one person as "manipulative." We highlighted this to the manager who agreed the language was inappropriate and said they would arrange a supervision session with the staff concerned.

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. One person was proud of their local heritage and this was recorded in their care plan. Staff were aware of people's communication needs and styles. Social stories were created to help people understand specific situations.

People's privacy was respected. Flats were personalised and reflected people's tastes and interests. Staff always knocked on people's doors and waited for a response before entering. People demonstrated a sense of ownership about their flats.

People and staff's confidential information was protected. Records were stored securely in the office and on password protected computers. They were up to date, accurate and complete. Staff respected people's confidentiality.

Is the service responsive?

Our findings

At our previous inspection in June 2017 we found people's care plans did not provide staff with clear guidance on how to respond if people declined support to maintain either their personal hygiene and /or the cleanliness of their environments. Individual staff members were trying a variety of different approaches to achieve the desired goals but there was a lack of oversight to identify which methods had been successful. We rated the responsive section of the report as Requires Improvement.

At this inspection we found guidance in care plans was clear and informative. Staff spoke with us about how they supported people with cleanliness and hygiene. They demonstrated a common approach which focused on giving people time and encouragement while ensuring people were aware of what was unacceptable. During the inspection we heard staff talk to the manager about one person's reluctance to shower. The manager then went to encourage the person themselves as a change of staff had been identified as sometimes having a positive effect. Later that day staff told us the person had decided to visit the barbers for a beard trim. A member of staff said; "Consistency is the key to keeping things on an even keel."

Care plans outlined people's needs across a range of areas including their emotional well-being and social needs as well as their physical and mental health needs. There was information about what was important to and for people and their likes and dislikes. The manager told us they were carrying out a full audit and review of the care plans to help ensure information was up to date and any old and irrelevant information was taken out.

Staff recorded daily notes on hand held electronic tablets. The daily notes were entered at key points throughout the day and included information about people's moods. Any significant incidents were also recorded on the tablets. These required staff to describe the circumstances leading up to an event and any possible triggers. This meant any patterns or trends could be recognised and strategies put in place to minimise the risk of the situation reoccurring. We saw an example when it was recorded in the daily notes that one person was 'distressed.' We were able to cross reference this with an incident record which gave more detail of the circumstances and explanation of the person's mood.

Care plans contained information on how people communicated and how they could be supported to understand any information provided. For example, one person's care plan stated; "Staff will help [person's name] to understand more complicated correspondence that he may receive such as medical review notes." This meant the service was identifying and recording people's needs when accessing information in line with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Staff had handovers between shifts to help ensure they were up to date with people's needs. Communication books were also used to record information. Staff told us they were kept well informed of any change in people's needs. One commented; "The communication works well. It's a good team working

well together."

Staff encouraged people to take part in activities as much as possible although they told us this was sometimes difficult. One commented; "It's an active team and staff want to get out with people. They have ample opportunity to get out but are sometimes choosing not to." They told us about ideas and activities that had been successful and had got people interested. One member of staff told us they had supported one person to go cycling on a local bike trail. They told us; "He really enjoyed that." They supported another person to go out on café trips. They commented; "It's adding to his social skills and social communication." One person had a paid paper round and staff told us they were always keen to do this. Another had a classic car which they enjoyed working on.

The service had a policy and procedure in place for dealing with any concerns or complaints. There were no on-going complaints at the time of the inspection. The manager told us; "They [people living at Pendarves] absolutely know who to speak to. They are very, very aware of how to complain. Very able to express themselves. People confirmed to us that they would not hesitate to raise any concerns with staff.

The manager was beginning to develop end of life care plans as part of the care planning review process. They told us they were going to start talking with people about their wishes at the end of their life, including any preferences around funeral arrangements.

Is the service well-led?

Our findings

At our previous inspection in July 2017 we found the quality assurance and audit processes in place had failed to identify concerns with the environment.

At this inspection we found audits were being carried out regularly, including audits of the environment. Staff and management were aware of any concerns and continually monitored how well people were managing their environment and when they might need additional support and encouragement.

The manager completed a monthly audit of the whole service and produced a report for the senior management team. The area manager also completed regular audits identifying areas for improvement. Incidents and accidents were audited and analysed every month by the area manager and behavioural team. This enabled them to identify any patterns and trends and update care plans accordingly.

A computerised 'Easy Log' system had been introduced to the service. The system was used to record daily descriptions of how people had spent their time, their health and emotional well-being. Staff were confident using the system and believed it was a positive step. Comments included; "I'm not fazed by it. It points stuff out that you might forget to put on" and "It needs a bit of fine tuning to make it relevant to each person but on the whole it's better."

Services are required to notify CQC of various events and incidents. This includes any incident which is reported to, or investigated by, the police. However, we identified that we had not been notified approximately six months ago, of two incidents following which the police had been called. The provider explained that at that time, there had been a change of manager at the service, which in turn, resulted in miscommunication within the senior management team about whether the notifications had been submitted. The provider told us, that since then they had taken pro-active action to strengthen internal monitoring systems and processes, to help ensure this did not occur again. Despite this, failure to notify is considered to be serious enough to limit the rating of well-led to requires improvement. It is important CQC has all the relevant information to enable us to effectively monitor the service.

There was no registered manager 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 previous manager had withdrawn their application to register. A new manager had been appointed the day before the inspection and were intending to apply for registration. They were being supported by a registered manager from another Spectrum service and the area manager. They told us they were well supported and keen to progress their application quickly. Arrangements for them to begin the relevant training were being put in place. Staff were positive about the appointment.

There was a key worker system whereby staff acted as key workers for named individuals. They had oversight of the individual's care planning and responsibility for organising any appointments. Each person

had two keyworkers. They were able to tell us who they were and said they would approach them for advice or if they had any concerns.

The manager and staff told us staff morale was good and staff worked together as a team. Comments included; "You couldn't wish for a better team" and "This is a strong team." During our conversations with the manager and staff it was evident there was a strong theme of working with people at their pace to make improvements to their environment and personal hygiene. One member of staff commented; "We are trying to install self-respect."

Staff meetings were held regularly and these were an opportunity for staff to raise any concerns or suggestions. There were systems in place for staff to feedback to the higher organisation. One member of staff was a member of Spectrum's Works Committee which provided a forum for open discussion between care staff and senior management.

The manager was keen to drive improvement and help ensure people's ideas for the service were heard. Peoples views on the service were not being formally sought out. The manager told us they planned to introduce a system whereby people would be asked for their views every month in a way which suited their communication needs.

The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any discrimination. There was an Equality and Diversity policy in place in relation to staff. Staff were required to read this as part of the induction process. Systems were in place to ensure staff were protected from discrimination at work as set out in the Equality Act. For example, making reasonable adjustments to enable staff to complete training.

People had access to additional specialist support from Spectrum's senior management team and behavioural team. As outlined in effective one person had received extra support with their health needs. They had also had input from the behavioural team to support them in specific areas.

People's care records were kept securely and confidentially, in line with the legal requirements. CQC ratings from the last inspection report were displayed at the service and on Spectrum's website.