Spectrum (Devon and Cornwall Autistic Community Trust)

Bawden Manor Farm

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

We inspected Bawden Manor Farm on 12 June 2016, the inspection was unannounced. The service was last inspected in December 2013, we had no concerns at that time. Before the inspection the Care Quality Commission had received concerns about the service regarding staffing levels.

Bawden Manor Farm provides care and accommodation for up to seven people who have autistic spectrum disorders. It is part of the Spectrum group who have several similar services in Cornwall. They are providers of specialist care for people with autistic spectrum disorders and learning disabilities. At the time of the inspection six 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.

The service was due to close and this was being planned for September/October 2016. Five people were moving to a new Spectrum property and the sixth to a newly developed flat in another Spectrum service.

The service was short staffed with three full time vacancies and another member of staff due to leave in the next two weeks. Attempts to recruit new staff had not been successful. The registered manager told us the HR department were aware of the situation but they did not know if any new staff members had been identified to start the induction process. Some members of staff were working long hours to cover shifts.

We looked at rotas for the previous month and saw there were many occasions when staffing levels had fallen below the commissioned hours. A contingency plan outlined what staffing levels needed to be in 'extreme' circumstances. The rotas showed these were met on all but one occasion. However, these were being used routinely rather than as a last resort. Staff told us people were unable to take part in activities in the community as often as they would like due to staff shortages.

Recruitment practices helped ensure staff working in the home were fit and appropriate to work in the care sector. Staff had received training in how to recognise and report abuse. The registered manager reported any safeguarding concerns to the appropriate local authority when necessary.

People were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals when appropriate. Staff demonstrated a good understanding of the main principles of the Mental Capacity Act (MCA).

Roles and responsibilities were well-defined and understood by the staff team. The registered manager was supported by a deputy manager who had a clear set of responsibilities. There was a key worker system in place. Key workers are members of staff with responsibility for the care planning for a named individual. There were systems in place to help ensure a planned move was carried out in a way which would not cause people unnecessary anxiety. Spectrum had communicated with local residents in the village where people were moving to in order to help alleviate any concerns.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the end of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe. Low staff numbers meant people were not always receiving their support as commissioned.

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

Medicine errors were dealt with appropriately and action taken to avoid a re-occurrence.

Is the service effective?

Good

The service was effective. There was a comprehensive induction process in place and staff received regular training.

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.

Is the service caring?

Good

The service was caring. Staff were kind and considerate in their interactions with people.

A relative told us staff were genuinely affectionate in their approach.

Staff recognised the importance of family relationships and supported people to maintain them.

Is the service responsive?

Requires Improvement

The service was not entirely responsive. Gaps in daily logs meant it was not always possible to establish how people spent their time.

Staffing levels meant people were not always able to take part in meaningful activities.

Care plans were detailed and descriptive.

Is the service well-led?

Good

The service was well-led. There was a clearly defined management structure in place which was understood by the staff team.

Plans to support people to move to different services had been well considered and action taken to alleviate any anxieties.

There was a robust system of quality assurance checks to help ensure the service was safe.

Bawden Manor Farm

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 12 July 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection the provider completed a 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 also 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 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 and four care workers. Following the inspection visit we contacted two relatives and an external healthcare professional to hear their views of the service.

Requires Improvement

Is the service safe?

Our findings

People living at Bawden Manor Farm had limited verbal communication and were unable to tell us about their experience of living at the service. We did spend some time meeting with people and observed the care and support being provided to them by staff. People spent time with staff and the positive interactions we observed indicated they felt safe and comfortable in their home. We saw people relaxing in their rooms and shared living areas, smiling and engaging with staff.

Before the inspection we had received a concern that staffing levels at Bawden Manor Farm were below those identified as necessary to meet people's needs. When fully staffed the service had a staff team of fourteen. The registered manager told us there were three vacancies for full time members of staff. Another staff member was due to leave the service two weeks after our visit creating a fourth vacancy. The registered manager told us recent new recruits had not been able to start work due to problems with pre-employment checks. They were not aware if any potential new employees had been identified by the HR office to start work at the service. A staff meeting had been arranged for the day of the inspection which was to be attended by the head of HR and operations manager to discuss the staffing situation and planned closure of the service with the staff team. However, this had been cancelled due to a conflicting meeting.

One person was commissioned to receive support from two members of staff during the day, three people were commissioned to receive support from one member of staff each and two were supported by one member of staff. This meant there should have been six members of staff on duty to support people during the daytime until 8:00pm when the requirement dropped to five. During the night time there was one waking night member of staff and two sleeping in. Some people required additional support when being supported to access the community. We looked at the rotas for the period 5 June 2016 until 2 July 2016, a period of 28 days. We found that on 14 occasions, at some point during the day, commissioned staffing levels were not met. For example, during the week commencing 19 June 2016 the commissioned staffing levels were not met on the 19, 20, 21 or 22 of June. We discussed this with the registered manager who told us the service had a contingency plan in place to cover staff shortages and this stated the service should be staffed by five members of staff during the day, dropping to four at 8:00pm. However, the rotas showed that on 19 June 2016 only four members of staff had been on duty all day. Furthermore the contingency plan stated: "In extreme emergency situations, i.e. flu epidemics, sickness and extreme weather conditions……..the emergency minimum for Bawden Manor Farm would be five staff 8am until 8pm, four staff 8pm until 10pm." The contingency levels were being routinely used rather than only in 'extreme' circumstances.

Staff told us that, due to staffing problems, people were unable to go out other than on local walks when they could go together meaning less staff would be required to support them. In fact the contingency plan stated that; "In these extreme circumstances the service users must remain in the unit." Had the plan been adhered to people would have had severely restricted opportunities to access the community during this period. One person's care plan stated the person had started attending church and was getting a lot of pleasure from this new activity, enjoying the atmosphere, singing and watching people. Staff told us that, due to the low numbers of staff, they had not been able to support the person to attend church for some time. Staff said the situation was particularly bad at evenings and weekends and there had been an

occasion one weekend when there had only been three members of staff working. One person lived in a self-contained flat within the property and were supported by a member of staff within the flat. This meant any drop in staffing levels directly impacted on the support available for the other five people, one of whom was commissioned to receive support from two members of staff.

The rota showed some members of staff were working extended periods in order to provide cover. For example one person started work on 22 June at 8:00am and finished at 17:00 on 23 June including a sleep-in shift. On the 24 June they started work again at 8:00am and did not finish work until 8:00am on 27 June. This included three sleep-in shifts. This meant they had worked a period of five days with a break away from work of only 15 hours. We spoke with this person who told us they chose to work extra hours voluntarily and were happy to do so. Another member of staff told us they regularly worked; "45, maybe 50 hours a week." This demonstrated how reliant the service was on staff covering extra shifts in order to meet the contingency staffing levels. People were at risk of being supported by staff who might be tired and overworked.

This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. This meant people were protected from the risk of being supported by staff who did not have the appropriate skills or knowledge.

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. Flyers and posters in the office and on notice boards in communal areas displayed details of the local authority safeguarding teams and the action to take when abuse was suspected. The registered manager had made safeguarding alerts to the relevant local authorities when they had been concerned about people's safety.

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. For example, when travelling in a vehicle one person sometimes behaved in a way which could put themselves or staff at risk. There was clear guidance for staff on how to minimise the risks and actions to take in the event of an incident.

People's medicines were stored securely in a locked cabinet within the office. The amount of medicines held in stock tallied with the amount recorded on medicine administration records (MAR). MARs were completed consistently and in line with current guidance. All staff were booked to receive training regarding the administration of emergency rescue medicines for epilepsy. Although no-one was prescribed these medicines at the time of the inspection some people did have epilepsy. The registered manager told us they considered it good practice to ensure the staff team were equipped to deal with any changes in people's health needs in the future.

Any errors in the administration of medicines were investigated and appropriate action taken to avoid a reoccurrence of the surrounding circumstances. An external healthcare professional told us: "They seem to be responsive and act appropriately e.g. calling for help quickly after a recent medication error." Staff who were responsible for errors were required to undertake refresher training and be re-assessed to check their competency. Following a recent medicines error and discrepancies in recording on people's MAR's, Spectrum had arranged for all staff to have refresher face to face training from the local pharmacy. This demonstrated the provider responded to problems highlighted by the registered manager and took action

to improve the service.

People had prescribed creams and staff were required to record when these had been applied. The monitoring charts were not consistently completed or marked to indicate people had not received treatment to be used when required. This meant staff would not be able to establish if the treatment was effective or not and show people were receiving their medicines as prescribed. We discussed this with the registered manager who said they would remind the staff team of the importance of recording when they had applied creams.

We had received concerns that people did not have access to their personal money. We discussed this with the registered manager who told us there had been problems over the past few months as the procedures for people to receive their money had been changed by the commissioning authorities. Arrangements were now in place to ensure people could access their money when they needed to. They told us that, during the interim period arrangements had been put in place by Spectrum to ensure people had access to funds as required. We did not find any evidence to substantiate the concerns raised. The registered manager completed monthly financial audits. These were backed up by regular checks carried out by Spectrum's financial department.

Good

Is the service effective?

Our findings

People were supported by skilled staff with a good understanding of their needs. 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 been updated to include the new Care Certificate. This is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. A member of staff who was new to the service and to care work told us the induction process had been thorough and they had felt confident to start work following the training and shadowing period.

Training identified as necessary for the service was updated regularly. Staff also had training specific to people's needs such as positive behaviour management (PBM). Staff told us they were happy with the amount of training they received and believed it equipped them to do their jobs effectively. Although most staff members had received the required training, or were booked to do so, we identified a few gaps in the training matrix.

Staff received regular supervision. This gave them an opportunity to discuss any changes in people's needs and exchange ideas and suggestions on how best to support people. They were able to ask for additional supervision at any time.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Everyone living at Bawden Manor Farm was either subject to a DoLS authorisation or an application had been made. The applications and other related records showed the correct procedures had been followed. Mental capacity assessments and best interest meetings had taken place and were recorded as required. The registered manager had contacted local authorities to check the applications had been received and check where they were in the system.

People ate varied and healthy diets and care plans recorded people's preferences and dislikes. Some people had specific dietary requirements and these were recorded and adhered to. For example, one person was at

risk of damaging their health due to their fluid intake. Staff were aware of how much they could drink and ensured the guidelines set by healthcare professionals were followed.

People were supported to access other health care professionals as necessary such as GP's, opticians, physiotherapists and dentists. One person had recently sustained an injury to their leg and the district nurse was visiting regularly to clean and dress the wound.

Good

Is the service caring?

Our findings

We observed staff interacting with people and the care and support they provided. People were treated kindly and respectfully by the staff team. We saw people smiling and engaging with staff. When one person became distressed staff were quick to respond to their needs. They were reassuring and calm in their approach to the person and able to diffuse the situation. Relative's comments included; "I can tell they genuinely like [person's name]. They show genuine affection" and "[Relative's name] always seems very happy."

Due to people's health needs their verbal communication was limited. Care plans contained detailed information about people's preferred communication styles and the most meaningful way for staff to engage with people. For example, one person would indicate, using body language and vocalising, that they wanted staff to tell them to sit down. The care plan described how this should be done to reassure the person. We saw examples of this occurring as recorded in the care plan and noted it was effective. Another person enjoyed some basic Intensive Interaction. Intensive Interaction is a practical approach to engaging with people with learning disabilities or autism who do not find it easy communicating or being social. The registered manager described to us how this was used and how the person benefitted from it.

People were supported in a way which meant their privacy and dignity was protected. When showing us round the premises the registered manager knocked on people's bedroom doors and asked people if they would like to show us their rooms. It was important for one person that they be supported by staff of the same gender as themselves. Rotas were organised to help ensure this was possible and to protect the person's dignity. A female member of staff was always on duty at night so they were available to support the person with personal care if required.

A relative told us their family member would often choose to spend time alone in their bedroom. They said that, while staff respected the person's right to privacy, they encouraged them to spend time with others as well. This demonstrated staff worked to protect people from the risk of social isolation.

People's bedrooms were decorated to reflect their personal tastes and interests. One person liked to have their hair styled and they had a range of hair products in their room. They also had a spa bath where they enjoyed spending time relaxing. The registered manager told us the person was given privacy at this time as this was important to them.

Staff recognised the importance of family relationships and supported people to maintain them. Key workers spoke with families regularly to help ensure they were kept up to date with any developments or changes in people's health needs. Feedback in surveys sent to families showed they valued having a named person to communicate with. Family members were invited to attend care planning reviews to help sustain their involvement in their relatives care. One person enjoyed sending their relatives postcards from time to time as well as birthday and Christmas cards.

Care plans included personal histories and information about people's backgrounds. This meant staff were

able to gain an understanding of past events which may have contributed to who people were today. Some members of staff had worked at the service for a long time and had an in-depth knowledge of people's preferences and how they liked to be supported. Newer members of staff told us information in care plans was invaluable to them while they were getting to know people.

Requires Improvement

Is the service responsive?

Our findings

On the day of the inspection some people had trips out on the service's vehicle to a nearby town. The service was situated close to the National Trust coast path and people were also supported to go out on local walks. The registered manager told us people took advantage of the local area and nearby walks frequently. As outlined in the 'safe' section of this report low staffing levels sometimes impacted on the available opportunities for people to take part in activities further afield. This was significant as, due to the geographical location of the service, there were no local amenities or shops within walking distance. People relied on staff being available to drive them to venues or events. Staff told us not all staff members were able to drive the services mini-bus because of insurance restrictions. This placed further limits on the opportunities available to people. A relative responding to a survey had commented their family member; "Could be offered a greater choice of opportunities."

Staff told us people had access to a range of activities within the service. People were supported to take part in art related activities for example. One person enjoyed watching birds and they were in the garden when we arrived at the service.

Daily logs were completed throughout the day for each person. These recorded any changes in people's needs as well as information regarding appointments, activities and people's emotional well-being. We saw there were some gaps in the daily records which meant we were not always able to establish how people had spent their time. For example one person's daily logs on 11 June 2016 stated that between 1:00pm and 5:00pm they; "Went for a drive." The registered manager agreed it was unlikely they had been on a drive for such a long time and there was no further information. On the 21 June, in the same person's records, no information was recorded between 12:00pm and 5:00pm.

Staff had access to a communication book to record general information which needed to be shared amongst the team. There were also communication books in place for each person. This meant confidential information was protected. Verbal handovers took place between shifts when the day shift started work. This meant staff were up to date with any changes or developments. Staff told us they shared information with each other effectively and felt they were kept up to date with any changes in people's needs.

People's care plans were detailed and informative, outlining their background, preferences, communication and support needs. We saw several examples of people being supported in line with what was recorded in the care plans. This demonstrated the information was accurate and staff were supporting people in line with their plan of care. Where particular 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. For example, there were descriptions of people's morning and evening routines entitled 'micro care plans'. These were stand-alone documents which meant they were easy for staff to identify and access. Care plans were reviewed on a monthly basis or as required in response to any changes in people's needs. The registered manager was working through all the care plans checking for any errors or required updates and planned to have completed this review in the next few weeks. One member of staff commented; "The care plans are helpful. I learn a lot from them."

There was a satisfactory complaints procedure in place which gave the details of relevant contacts and outlined the time scale within which people should have their complaint responded to. No complaints had been received.

Good

Is the service well-led?

Our findings

An external healthcare professional described the staff team as; "generally reliable and able to communicate well." They went on to say; "Some of their long term clients have improved substantially whilst living there which must reflect on the service provided."

Roles and responsibilities were well-defined and understood by the staff team. The registered manager was supported by a deputy manager. Both had some protected administration hours to help ensure they were able to keep up to date with their managerial duties. They also worked shifts which meant they had a good understanding of the day to day issues which might be affecting the service. The registered manager received regular supervision from a senior member of staff. They attended regular manager meetings and told us they were kept up to date with any organisational developments.

There was a key worker system in place. Key workers are members of staff with responsibility for the care planning for a named individual. Staff members had allocated areas of responsibility including medicine audits, vehicle checks and environmental checks such as fire safety and water checks.

Plans were in place to close the service at Bawden Manor Farm and move people to another service. Five people were going to one service and the sixth was going to move into a newly developed self-contained flat at a different Spectrum service. In order to help ensure the moves went well a Developmental Support Worker (DSW) had been established in the staff team. DSW's are used in several of Spectrums services to act as a link between the service and Spectrum's behavioural support team. We spoke with the DSW who told us their role was to support the transition planning and actual moves when the time came. They commented; "It's finding ways to help them understand it." In order to facilitate this staff had already taken people to visit the new property, staying for a cup of tea and familiarising themselves with the surroundings.

Letters from Spectrum to local residents living near to the new service had been drafted and were ready to be circulated. These explained a little of what the organisation did and outlined what the parking arrangements would be as this had been identified as a possible point of contention. This was intended to alleviate any concerns the local residents might have. In addition they had been invited to look around the property in an 'open day' event before people moved in if they wished. A representative from Spectrum had visited the local pub and shop to explain what was happening in person. This demonstrated the organisation considered the impact of a move on people and other stakeholders and took steps to try and avoid any problems and facilitate a smooth transition.

Quality assurance surveys were circulated to families annually. The 2016 survey was due to be circulated. We looked at responses received for the 2015 survey and saw the responses had been largely positive. A relative told us communication with the service had deteriorated over the past year. They said; "They're not very good at keeping me up to date. We used to get regular updates."

Regular staff meetings were held to provide an opportunity for open discussion. Any organisational changes were communicated via newsletters and internal emails. In order to try and improve links between care staff

and the higher organisation Spectrum had recently re launched a Works Council to allow representatives from all levels to have a voice within the organisation.

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. Monthly in-house audits covered a range of areas including medicines and fire safety checks. Water temperature checks were supposed to be carried out weekly. However, records showed these were occurring only once or twice a month. We discussed this with the registered manager who told us they would address this with the staff team.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed in order to meet the requirements of the Act.