

# Spectrum (Devon and Cornwall Autistic Community Trust)







## Silverdale

### 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	

### Overall summary

We inspected Silverdale on 7 July 2015, the inspection was unannounced. We visited the senior management team at Spectrums headquarters on 8 and 14 July 2015. The service was last inspected in May 2014 we did not identify any concerns. Silverdale provides care and accommodation for up to four people who have autistic spectrum disorders. At the time of the inspection four people were living at the service.

Silverdale has a registered manager in place. 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.

We received anonymous concerns from staff in respect of Silverdale and the senior management of Spectrum prior to our visit. These concerns related to staff being dissatisfied with various issues such as staffing levels, lack of staff support and feeling undervalued and not

# Summary of findings

appreciated by senior managers. We were also told us staff were reluctant to raise issues directly with managers in case of “repercussions.” At the inspection the majority of staff told us they felt supported by their line manager at Silverdale but not with senior managers who are based at Spectrum headquarters. We discussed the concerns with the registered manager and senior management team. We found that there was not an open culture within the service and organisation which allowed staff to feel supported to raise concerns without fear of recrimination.

We have made a recommendation about supporting staff to raise concerns in the report.

Managers had not undertaken a staff survey of how people felt about working for Silverdale or for the organisation. Therefore Spectrum did not have an understanding of how staff saw the organisation, for example what it did well or any areas where staff felt improvements could be made. We have made a recommendation about gathering the views from staff in the report.

People were happy and relaxed on the day of the inspection. We saw people moving around the home as they wished, interacting with staff and smiling and laughing. Staff were attentive and available and did not prevent people from going where they wished. Staff encouraged people to engage in meaningful activity and spoke with them in a friendly and respectful manner. Staff were knowledgeable about the people they supported and spoke of them with affection.

Care records were detailed and contained specific information to guide staff who were supporting people. One page profiles about each person were developed in a format which was more meaningful for people. This meant staff were able to use them as communication tools.

Incidents and accidents were recorded. These records were reviewed regularly by all significant parties in order that trends were recognised so that identified risks could be addressed with the aim of minimising them in the future.

Risk assessments were in place for day to day events such as using a vehicle and one off activities. Where activities were done regularly risk assessments were included in people’s care documentation. People had access to a range of activities. These were arranged according to people’s individual interests and preferences. Staff identified with people future goals and aspirations and worked with the person to achieve them.

The service adhered to the requirements of the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards.

Staff were well supported through a system of induction and training. Staff told us the training was thorough and gave them confidence to carry out their role effectively.

The staff team were supportive of each other and worked together to support people. Staffing levels met the present care needs of the people that lived at the service.

# 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. Staff were confident they could keep people safe whilst supporting them to take day to day risks.

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

Staffing levels met the present care needs of the people that lived at the service.

Good



### Is the service effective?

The service was effective. Staff were well supported through a system of regular supervision and training. This meant people were cared for by staff with up to date information and knowledge.

The service met the requirements of Mental Capacity Act and Deprivation of Liberty Safeguards. This helped to ensure people's rights were respected

People were supported to access a range of health services as necessary which meant their day to day health needs were met.

Good



### Is the service caring?

The service was caring. Staff spoke about people fondly and demonstrated a good knowledge of people's needs.

People's privacy and dignity was respected.

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 and regularly updated

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 not well-led. Spectrum did not undertake a quality assurance of staff views to gain their experience of working within the organisation and to review how the service could improve.

People did not feel able to share their concerns with the organisation

All new employees undertook Values Training as part of their induction.

Requires improvement



# Silverdale

## 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 checked 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.

Before the inspection we reviewed previous inspection reports and other information we held about the service including notifications. A notification is information about important events which the service is required to send to us by law.

This inspection took place on 7 July 2015 and was unannounced. The inspection was carried out by one inspector at the service. We met with the registered

manager, deputy operations manager and four care staff. Due to people's communication needs we were unable to gain their verbal views on the service and therefore observed staff interactions with two people who lived there. We spoke with three relatives to gain their views on the service and an advocate.

We looked around the premises and observed how staff interacted with people throughout the day. We also looked at two people's care records, staff training records, recruitment records and other records associated with the management of the service including quality audits.

Two inspectors met with the senior management team at Spectrum headquarters on the 8 and 14 July 2015. We met with the operations manager (who is also the Nominated Individual, for the organisation), deputy operations manager, Chief Executive Officer and the Human Resources manager.

# Is the service safe?

## Our findings

Relatives told us they felt their family member received safe care. The independent advocate told us they felt people were cared for safely by competent staff. Due to people's health needs we were not able to verbally seek some people's views on the care and support they received. We observed people were relaxed and at ease in each other's company. When people needed support they turned to staff for assistance without hesitation. During our visit the managers' office was unlocked with people coming and going to speak with the manager.

The service had a safeguarding policy and records showed all staff were up to date with their safeguarding training. Staff were confident they knew how to recognise signs of abuse, they told us they would report any suspected abuse and felt assured these would be taken seriously by the

registered manager. Staff knew who to contact externally if they felt any concerns were not being acted on. The registered manager had previously informed the local authority and The Care Quality Commission of safeguarding concerns as required and taken all appropriate actions to ensure people's safety.

Staff supported people to take day to day risks whilst keeping them safe. For example people were involved in preparing meals and hot drinks. This was achieved by supporting people hand over hand when necessary. Care plans were well laid out and regularly updated to reflect people's changing needs. They contained risk assessments which were specific to the needs of the individual. For example we saw assessments had been completed regarding one person's activities.

People living at Silverdale had a risk assessment completed about how they would respond to a fire alarm and what support they would need to ensure they left the building safely. Risk assessments were regularly reviewed and offered clear guidance for care staff on how to minimise identified risks. This demonstrated that the service protected people from risk whilst supporting them to lead full lives.

Some people could become anxious or distressed which could lead to them presenting behaviour which could challenge others. Care plans clearly outlined the process for staff to follow in this situation. For example; 'it helps me more if you [staff] try to move me on to something else and

or refocus my attention to the activity in hand.' Staff were made aware how to recognise signs that could make a person anxious and take steps to avoid them becoming distressed. 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.

Staff felt there were sufficient trained staff on duty to meet the needs of people who lived at the service.

Commissioners assessed each person at the service to ensure the correct staffing levels were identified to meet the person's individual's needs. Staff told us when minimum staffing levels for the service were on duty they felt there were sufficient staff available to meet the needs of the people living at Silverdale. They told us they had time to spend with the people living at the service. Staff rotas confirmed the minimum staffing levels were observed at all times. Staff said it was "rare" that they would be asked to cover shifts at other homes as the staffing ratio at Silverdale was so prescriptive. Staff were able to spend time chatting with people about their day as well as attending to people's personal care needs. The support was unrushed and staff were able to give support as commissioned by the local authority.

The registered manager told us the service had one full time and a 19 hour care staff vacancy but they were being actively recruited to. If additional staff cover was needed the staff team would work extra hours, or Spectrum would use their own bank staff. 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.

The registered manager notified us and commissioners that there had been some medicine errors. Due to this the registered manager ensured all staff attended refresher medicines training, sought advice from the community pharmacist and implemented a more robust quality auditing of the medicines system. A medicines trained member of staff was identified as the 'medicines leader on shift.' They were responsible for ensuring all medicines had been administered correctly and completed a daily audit of

## Is the service safe?

medicines. The registered manager believed that since staff had completed audits of the medicines they had a better understanding of the medicines system and no further medicines errors had occurred.

There were appropriate storage facilities available for all medicines including those 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. Records showed the manager had liaised with the community nurses and doctor to ensure a review of people's medicines had occurred. In discussion with staff we found them to be knowledgeable about the medicine that needed to be administered. There was clear guidance for staff when administering 'as required' medicines' (PRN). For example we saw descriptions of the signs and symptoms the person may display that may require these medicines to be

administered. There was guidance on how to administer the medicines, and who to inform. This meant there was clear guidance to help ensure a consistent approach from the staff team.

The registered manager told us they held money for people at the service. People's money was kept safely. Records for each individual person were kept detailing money received and spent along with receipts. These records were audited regularly by the service accountant. We reviewed a person's accounts and found all transactions and money held tallied.

There were appropriate fire safety records and maintenance certificates for the premises and equipment in place. There was a system of health and safety risk assessment of the environment in place, which was annually reviewed.

# 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. We spoke to a new member of staff who was complimentary about the induction process. Following an independent consultation regarding the training that Spectrum provided, some recommendations had been adopted. One was to ensure that the induction clearly defined the skills staff were expected to achieve. From this they had introduced more in-depth autism and positive behaviour management training as part of the induction process. In addition the induction process had been updated to include the new Care Certificate.

Staff had the knowledge and skills necessary to carry out their roles and responsibilities effectively. The training records for the service showed staff received regular training in areas essential to the service such as fire safety, infection control and food hygiene. Further training in areas specific to the needs of the people using the service was provided. For example training in communication techniques.

Staff attended regular meetings every six to eight weeks (called supervision) with their manager where they discussed how they provided support to help ensure they met people's needs. It also provided an opportunity to review their aims, objectives and any professional development plans. The manager also held an annual appraisal to review their work performance over the year. Supervisions covered training needs, individual professional targets for the staff member, any concerns regarding working practices or individuals using the service and ideas for progressing the individual development of people using the service. Staff told us supervisions were useful for their personal development as well as helping

ensure they were up to date with current working practices. This showed staff had the training and support they required to help ensure they were able to meet people's needs.

The registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. Staff had an understanding of the Deprivation of Liberties Safeguards (DoLS), which 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 authorisations were in place for two people 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. Staff had discussed MCA and DoLS in their team meetings.

People had their own self-contained flats within Silverdale. Within these they had access to a kitchen area so that they could prepare snacks, drinks and cook simple meals. However the majority of people choose to prepare their meals in the communal kitchen. As the kitchen was quite limited in space a rota had been set up so that people had a dedicated time slot to cook their evening meal. This had been in place for some time and people were happy with this arrangement. Each person was supported to plan their own menu and, with staff support, went to the shops to purchase their food. There were pictorial prompts to aid people to pick meals. They then prepared and cooked their food, made snacks and drinks with staff support as necessary. Staff said people had access to good quality food and there was plenty of choice. Staff told us people's preferences in respect of food were recorded in care plans and staff knew these well. This meant that people were supported to maintain a healthy diet.

People's care records contained details regarding other health professionals and their contact details as well as easy read, health action plans which outlined what support

## Is the service effective?

people needed in an accessible format. Records showed people were supported to see their GP and dentist regularly. The registered manager and staff told us how the service dealt with people's changing health needs by consulting with other professionals where necessary. This

meant that the person received consistent care from all the health and social care professionals involved in their care. Relatives confirmed that the registered manager kept them up to date with any changes to the person's health so that their views could be considered.



# Is the service caring?

## Our findings

Relatives and the advocate were complimentary about how caring the staff were. Comments included “the carers are brilliant”, “they give the best they can” “they genuinely care for the people they support” and “nothing is too much trouble for them.”

People appeared relaxed in staff presence and they approached staff for any assistance when needed. We saw people undertake domestic tasks in the kitchen with support from staff. We also saw people getting ready to go out. Staff gave appropriate reassurance to one person who became anxious that they did not have all their belongings needed for their trip out.

Staff spoke with people kindly and made sure people were comfortable and occupied. Staff were respectful and spoke to people with consideration. They were unrushed and caring in their attitude towards people. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter.

Staff told us how they maintained people’s privacy and dignity generally and when assisting people with personal care. For example, by knocking on bedroom doors before entering and gaining consent before providing care. They told us they felt it was important people were supported to retain their dignity and independence. As we were shown around the home we observed staff knocked on people’s doors and asked if they would like to speak with us.

People’s care plans showed that people’s preferred communication skills were identified and respected. For example some people responded verbally and others also used picture symbols as a visual tool to assist them in understanding what activity they would undertake next. We saw pictures and photographs were used to help people make choices and supplement information, for example within care documentation. Staff also used Key Signing to communicate with people. This is a simple system of sign language often used to communicate with people who

have autism or a learning disability. Staff were aware that each person had their own way of expressing their views and were able to communicate with them in their preferred manner. Staff told us that, as the signs were so personal to the individual, the person and their relatives taught staff some signs. They had developed communication guides for people to record their unique signs. The organisation provided Key Signing training. The staff used these techniques competently with people living in the service. This showed that the service shared information and communicated with people in a meaningful way.

Care plans contained further detailed information in relation to people’s communication. There was information regarding what might indicate when someone was distressed and how to support them and recognise any triggers. For example a person would point to a certain part of their body to tell staff they were becoming anxious so that staff could then provide reassurance and distraction to reduce the person’s anxiety.

Staff knew the people they supported well. Care records contained information about people’s personal histories and detailed background information. This enabled staff to gain an understanding of what had made people who they were today and the events in their past that had impacted on them. In addition, along with the person, staff had summarised what was important to them by compiling a one page profile which outlined their likes and dislikes, preferences, what others liked about them and what was important to and for them. People had dedicated key workers who were responsible for updating care plans and leading on supporting people. These were chosen according to their experience and relationship with the person concerned.

People were smartly dressed and looked physically well cared for. People had specified in their care plan they wished to be involved in choosing their clothes. This showed staff took time to assist people with personal care and respected people’s individual preferences.

# Is the service responsive?

## Our findings

People told us they met with staff to talk about the care they received. They also talked about what they had done well and what future goals they would like to achieve. Each person had created, with staff support, a 'year book' which celebrated the achievements the person had made. The year book recorded by the use of photographs, memorabilia and written captions, what the person had achieved. The year book was shared with relatives with the person's permission.

People were consulted about the support they received. We heard staff ask people what they wanted to do and how they wished to spend their day. In discussion with staff and the registered manager we heard how the service endeavoured to help people maintain relationships with family and friends. Staff arranged for people to see their families and supported them to meet up if necessary. One relative had commented, "Staff support [person's name] to visit us, they are very caring and considerate."

Care records contained detailed information about people's health and social care needs. These were individualised and relevant to the person. Records gave clear guidance to staff on how best to support people, for example a person's daily routine was broken down and clearly described so staff were able to support people to complete their routine in the way that they wanted. Staff felt the care plans were informative and provided clear guidance in how to support people.

Care plans were up dated and reviewed on regular basis to ensure they reflected people's changing needs. People were involved in reviewing their care along with other interested parties. The person's ideas as to how they would like to progress their living skills were discussed in these reviews and agreement made as to how this would be achieved. For example one person had completed a 'what I want to achieve' document as part of their care plan review. The person wanted to go on a train ride and how this was to be achieved had been planned in small steps. This showed that staff listened to the persons wishes and worked with the person to achieve this.

In addition to care plans each person living at the service had daily records which were used to record what they had been doing and any observations regarding their physical

or emotional wellbeing. These were completed regularly and staff told us they were a good tool for quickly recording information which gave an overview of the day's events for staff coming on duty.

Care files also identified people's likes/dislikes and interests which the home then attempted to accommodate. We saw that people were able to take part in a range of activities which suited their individual needs. On the day of the inspection all of the people who lived at the service were taking part in various individual activities.

People were supported to take part in a wide range of meaningful activities both in and out of the home. Within the home people could socialise in the communal areas, in the garden or their room. Activities such as preparing foods and snacks and domestic tasks with staff support, or going out for walks occurred during this inspection. Where people had a particular interest, such as drumming, a class was identified in the community so that the person could attend.

People were protected from the risk of social isolation because the service supported them to have a presence in the local community and access local amenities. For example people joined community activities such as a musical group, skate park, walks and visiting the local pub.

The organisation had a complaints procedure which provided information on how to make a complaint. An easy read version was also available for people which used written and pictorial symbols so that it was presented in a more meaningful way. The policy outlined the timescales within which complaints would be acknowledged, investigated and responded to. It also included contact details for the Care Quality Commission, the local social services department, the police and the ombudsman so people were able to take their grievance further if they wished. Relatives told us they felt able to approach the registered manager if they had any concerns and felt they would be listened to and acted upon.

Staff told us how some people living at Silverdale would be unlikely to complain or speak up if they were unhappy or worried about anything. They described to us how they would know, by observing their behaviour whether there was something wrong and how they would support the person to share their worries. People completed monthly satisfaction surveys which were an opportunity to ask if they were happy with the service.

# Is the service well-led?

## Our findings

We had received anonymous concerns from staff in respect of Silverdale and the senior management of Spectrum prior to our visit. These concerns related to people being dissatisfied with various issues such as staffing levels, lack of staff support, feeling undervalued and not appreciated by senior managers. They also told us they were concerned to raise issues directly with managers in case of “repercussions.” The majority of staff told us they felt supported by their line manager at Silverdale but not with senior managers who were based at Spectrum headquarters. We discussed the concerns with the registered manager and senior management team. Managers acknowledged that staff should approach them with any worries and shared our concern that staff did not currently feel able to do this. The anonymous concerns received described a culture of ‘bullying’ and ‘fear.’ We remain concerned that the culture of the organisation has resulted in a number of employees contacting us with similar grievances over a period of time. We found that there was not an open culture within the service and organisation which allowed staff to feel supported to raise concerns without any fear of recrimination.

**We recommend that the registered persons identify systems to ensure staff are able to report any concerns without fear they will be treated unfairly.**

Managers had not undertaken a staff survey of how people felt about working for Silverdale or for the organisation. Therefore Spectrum did not have an understanding of how staff saw the service, for example what it did well or any areas where staff felt improvements could be made.

We raised this with the management team, Spectrum had in the last month introduced a newsletter to all staff. This had been distributed to all staff in all Spectrum services. The Nominated Individual and Chief Executive Officer stated they would visit each location to meet with staff and gain their views. This indicates the management team were not responding to staff concerns in a timely fashion.

**We recommend that the registered person seek and act on feedback on the services provided by those who work at the organisation.**

An independent review of the organisations induction and training programme had occurred. From this recommendations were made, one of which was to alter the staff induction programme. The induction programme had been extended, senior managers were now more involved in providing more in-depth training especially in the area of autism awareness. Senior managers hoped this change would allow new employees to form more positive relationships with senior managers. A newly employed staff member at Silverdale stated that they found the induction to be comprehensive and assisted them in learning about their role and the expectations placed upon them in their daily work.

During induction new employees were required to undertake ‘Values training’. This introduced staff to organisational values contained in their policy which included giving people ‘the same opportunities for community living and development as anyone else in society.’ The registered manager told us staff who had been with the organisation for some time also received this training as it had not always been part of the induction programme.

There was a clear ethos at Silverdale which emphasised the importance of supporting people to develop and maintain their independence. It was important to all the staff and management at the home that people who lived there were supported to be as independent as possible and live their life as they chose. This was reflected in the care documentation.

The manager told us they had regular supervision and attended monthly operational managers meetings. These meetings looked at staffing issues, updates on people using the service and overall day to day management of the services. They also had access to on-going support from the operational manager as they needed it. They told us they felt supported in their role.

There was an effective quality assurance system in place at Silverdale to drive continuous improvement within the service. Some of the audits included medicines, accidents and incidents, refrigeration temperatures for both food and medicines fridges, and maintenance of the home. Further audits were carried out in line with policies and procedures. For example we saw fire tests were carried out weekly and emergency lighting was tested monthly.