

# Spectrum (Devon and Cornwall Autistic Community Trust)

## Trewithen

### Inspection report

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Date of inspection visit:  
04 February 2016

Date of publication:  
18 February 2016

### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected Trewithen on 4 February 2016, the inspection was unannounced. The service was last inspected in January 2014, we had no concerns at that time.

Trewithen provides care and accommodation for up to five people who have autistic spectrum disorders. At the time of the inspection four 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.

Trewithen is part of the Spectrum group which provides services to people living with autism in Cornwall. The service is a modern property located on the outskirts of Camborne. It is within walking distance of the town which has good transport links to the rest of the county. The premises were well maintained, pleasant and roomy. There were two large living rooms and a large kitchen/dining area allowing people choice about where and with who they spent their time. People had large en-suite bedrooms which had been decorated and furnished in line with their personal preferences. The garden was pleasant and people spent time in it either working or enjoying the surroundings.

Recruitment practices helped ensure staff working in the service were fit and appropriate to work in the care sector. Staff had received training in how to recognise and report abuse. They were clear about how to report any concerns and were confident any allegations made would be appropriately investigated to help ensure people were protected. There were sufficient numbers of suitably qualified staff to meet people's needs and keep them safe.

Staff had a good understanding of people's needs and support plans included clear information about how people chose and preferred to be supported. There were clear guidelines for staff on how they could support people to help them avoid becoming distressed. When people did become anxious the care plans informed staff on what actions to take. This helped ensure staff took a consistent approach to supporting people.

Staff monitored people's behaviour and routines in order to help ensure people's needs were not negatively impacting on others. Families and other professionals were involved in regular discussions about how best to support people. The registered manager told us they were continually assessing people's needs to check these were being met.

People's individual abilities and strengths were recognised and respected. People received as much support as they needed but were encouraged to be independent wherever possible. Staff took a flexible approach to support, according to the needs of the individual. People approached staff for assistance and reassurance as they needed it and staff responded with understanding and good humour.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005, and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Information was presented in easy read format to aid people's understanding and facilitate meaningful involvement. Care plans contained one page profiles and simple text was supplemented with pictures. Communication tools were available and staff supported people to use these to plan their days.

The registered manager took an active role within the home. There were clear lines of accountability and responsibility within the management structure. Tasks were delegated to help ensure the smooth and efficient running of the service. There was a key worker system in place. Key workers had oversight of each individual's plan of care.

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

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

There were sufficient numbers of suitably qualified staff to keep people safe.

People were protected by safe and robust recruitment practices

### Is the service effective?

Good ●

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

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

People had access to other healthcare professionals as necessary.

### Is the service caring?

Good ●

The service was caring. Relatives and professionals told us staff were kind and caring.

People's preferred methods of communication were recognised and respected.

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

### Is the service responsive?

Good ●

The service was responsive. Care plans were detailed, informative and updated regularly to reflect people's changing needs.

People had access to a range of activities that reflected their personal interests..

There was a satisfactory complaints procedure in place.

**Is the service well-led?**

**Good** ●

The service was well-led. The staff team told us they were well supported by the management team.

There were clear lines of responsibility and accountability within the service.

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

# Trewithen

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 February 2016 and was unannounced. The inspection was carried out by one inspector.

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

We spoke with the people living at Trewithen and observed staff interactions with people. We spoke with the registered manager, Spectrum's deputy head of operations and three care workers. Following the inspection visit we contacted two relatives to hear their views of the service. We also contacted two external healthcare professionals.

We looked at care records for three individuals, people's Medicine Administration Records (MAR), staff rotas, two staff files and other records relating to the running of the service.

# Is the service safe?

## Our findings

People living at Trewithen had limited verbal communication. We spent time talking with people and observed the support provided to them. The positive interactions between staff and people indicated they felt safe and at ease in their home and with staff supporting them. People approached staff for assistance and reassurance throughout the day. Relatives told us they believed their family members to be safe. An external professional told us; "I definitely consider this to be a safe and caring service."

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff told us if they had any concerns they would report them to the registered manager or deputy manager and were confident they would be followed up appropriately. Flyers and posters in the office and the kitchen/dining area displayed details of the procedures to follow if they suspected abuse. These included contact details for the local safeguarding team. Staff had also received training in equality and diversity.

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. Some people could become distressed or anxious at times leading to them behaving in a way which could be difficult for staff to manage. Staff described the actions they would take in these circumstances. They told us they did not need to restrain people and were able to either distract the person or calm them using verbal prompts. All staff had received training in Positive Behaviour Management. (PBM). Care plans contained guidelines describing how staff could support people to avoid them becoming agitated. For example, one person benefitted from daily exercise and regular hot drinks. Descriptions of people's behaviours or outward signs of rising anxiety were on record to help enable staff to de-escalate situations and help keep people calm.

There were sufficient numbers of staff to meet people's assessed needs and help ensure their safety. On the day of the inspection visit people were supported to go out on planned activities attend health appointments and take part in daily chores and routines. Rotas for the previous three weeks showed the minimum staffing levels were consistently met. An external professional told us; "The rota reflects the 1:1 support hours of the service user identified in his assessment."

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's medicines were managed safely and stored securely. 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. Creams had not been dated on opening; this meant staff would not be aware when the medicines were at risk of becoming ineffective or contaminated. At the time of the inspection there were no medicines being used which required refrigeration. However, a dedicated fridge

was available if needed.

Some people had medicines available to use when needed (PRN). Staff could administer these when people's behaviour was becoming difficult to manage. On the front of individual MARs there was information for staff to guide them as to when PRN should be administered to help ensure a consistent approach. For example, "Severe agitation for longer than 20 minutes." Staff were able to tell us the circumstances when PRN could be given and the safeguards surrounding this. For example, a member of staff told us; "We need to contact on-call and they will double check when it was last given." Apart from two new employees all the staff team were trained to administer medicines. The new employees were due to complete their training in the near future.



# Is the service effective?

## Our findings

People received care and support from staff who knew them well and had the knowledge and skills to meet their needs. Relatives told us they believed staff were familiar with their family members' needs. One commented; "The key worker left recently which was a shame but the others are fine and know him well." An external professional commented; "The staff have training in relation to supporting the service user with his complex behaviour."

New staff were required to undertake an induction process consisting of a mix of training and shadowing and observing more experienced staff. The induction process had recently been updated to include the new Care Certificate. This is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. We met with a new employee who was just completing the induction period. They told us it had been a useful process and colleagues had been supportive and available for any advice at all times.

Training identified as necessary for the service was updated regularly. Staff told us they were happy with the amount of training they received and believed it equipped them to do their jobs effectively. One staff member told us the trainer supplying face to face training was; "a brilliant teacher." We noted one person engaged with staff using intensive interaction. Intensive interaction is a practical approach to interacting with people with learning disabilities who do not find it easy communicating or being social. Staff had not received training in this specific area. The deputy head of operations told us they would arrange a session for the next staff meeting.

Staff received regular supervision from the registered manager or deputy manager. Staff told us they felt well supported and were able to seek additional help and advice from the registered manager or deputy manager whenever necessary.

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. Mental capacity assessments and best interest meetings had taken place where appropriate and were recorded as required. Where DoLS authorisations had expired the management team had applied for them to be renewed to ensure people were not unlawfully deprived of their liberty.

The registered manager demonstrated a good knowledge of their responsibilities under the MCA and an

understanding of the underlying principles. For example, there had been discussions with an external health care professional about the possibility of one person having invasive dental treatment. The registered manager told us they had highlighted the need for a best interest meeting to be held including family members to help ensure the decision was the right one for the person.

Daily records confirmed people were supported to make everyday decisions about such things as when they wanted to get up, what they wanted to eat and how they wanted to occupy their day. An external professional told us: "I have seen evidence of [person's name] making choices about clothes and meals etc."

People were supported to be involved in planning menus, shopping for food and preparing meals. Staff were aware of people's individual likes and dislikes and took these into account. We observed one person making their own drink with limited supervision. Other people needed more support in this area which was provided. This demonstrated staff recognised individual strengths and abilities and were able to adjust the level of support accordingly.

People were supported to access other health care professionals as necessary, for example GP's, opticians and dentists. Health files contained information about past appointments and any action taken as a result. We saw evidence that people's medicines were reviewed regularly and people had access to annual health checks. One person's health needs were being regularly monitored and the service worked with other healthcare professionals to try and ensure this was done effectively. Another person visited the dentist on the day of the inspection. Before they left staff told us how they supported the person during these appointments to help ensure they were successful. A relative told us their family member attended regular health checks and saw the GP when necessary.

The interior of the building was well maintained and decorated. Two people agreed to show us their rooms which were decorated to suit people's personal taste. All bedrooms were en-suite. There were two shared living rooms one of which contained an exercise bike and sensory equipment. There was a large kitchen and dining area. The kitchen was separated from the dining area by a small gate with a sliding bolt. This was to keep people safe from the risks associated with the environment. People also had access to outdoor spaces. There was a large garden which had been planted and equipped in order to meet people's sensory needs. Staff told us one person particularly enjoyed working in the garden and another loved watching the birds and sitting outside in the summer evenings. The house was adjacent to woods where people often went for walks.

## Is the service caring?

### Our findings

We observed staff interacting with people and noted the care and support they provided. People were treated kindly and respectfully by the staff team. We heard one member of staff compliment someone on their appearance. One person went for a haircut during the day and staff remarked on how smart they looked on their return. This clearly pleased the person. Relatives told us they were happy with the service provided. Comments included; "He is very well cared for and is always wearing nice clothes and has money in his pocket." External healthcare professionals told us they thought staff were caring. Comments included; "I definitely consider this to be a safe and caring service" and "I have always found the staff to be caring and supportive."

People were involved in decisions about their care and the running of the service. Easy read questionnaires had been developed to gather people's views and establish their satisfaction with how they were supported. Easy read information uses limited text supplemented with pictures and symbols. It can be a starting point for facilitating meaningful communication with people who have limited reading skills. Photographic records of how people spent their time and any new activities were kept. This meant they were meaningful to people as well as staff.

One person had a schedule strip in their room and access to a large number of symbols and photographs. This was used to inform them of what was going to happen during the course of the day. The registered manager told us this was important to the person because they could be reassured about what would take place during their day and that they would be returning to Trewithen. There were other examples of information being presented pictorially within the home including menu boards and a staff board showing who was on duty or would be later.

Care plans contained information about what was important to people and their personal likes and dislikes. There was also important information about people's past, interests and relationships. This meant staff were able to learn about the person and gain an understanding of who they were.

Staff recognised the importance of family relationships and friendships and supported people to maintain them. One person was supported to keep in contact with an ex housemate and they regularly met up for lunch. The manager or deputy manager spoke with families regularly to help ensure they were kept up to date with any developments or changes in routines. One person had recently suffered a family bereavement. Staff had supported them to attend the funeral. They had helped them develop a new relationship with relatives the person had not previously known but who had contacted them following the funeral. They had recently had a holiday close to these relatives and spent time with them. The registered manager told us this was a positive development in the person's life.

People's privacy and dignity was respected. Staff knocked on people's doors and waited to be invited in. One person had a key to their door which we observed them using. Bedrooms reflected people's personal preferences. One person had pot plants in their room and staff told us they enjoyed watching the shadows and patterns they created. Another person had a kettle so they were able to have a drink in their room if they

wished. People were supported to be independent and develop daily living skills according to their needs. One person did their own laundry while others were supported to do laundry.

## Is the service responsive?

### Our findings

People were supported by staff who knew them well and understood how they wished to be supported. Staff spoke knowledgeably about people's daily routines and their likes and interests.

Care plans contained clear and detailed information about people's backgrounds, preferences, and support needs. There was information on what might lead to people becoming distressed or anxious. For example, "Worrying that people will take my food and drinks." This helped staff avoid situations which might make people anxious. One member of staff commented; "Exactly what you need to know is right there." People and their families were involved in the development of care plans and review meetings were held regularly. One person had handwritten a one page profile outlining what was important to them and what people liked and admired about them. An external healthcare professional commented; "Reviews at Trewithen are always appropriately run with [person's name] choosing to stay for some or all of the review."

Daily logs were completed throughout the day for each individual. These recorded any changes in people's needs as well as information regarding appointments, activities and people's emotional well-being.

The atmosphere at Trewithen was mainly calm which benefitted the needs of people living there. However, one person could be very vocal at times and we witnessed this during the inspection. We discussed this with management and staff who told us this did not seem to have a negative effect on others. The registered manager told us they were monitoring the relationships between people living at Trewithen on a regular basis. We saw staff responded quickly and kindly to the person and offered reassurance both verbally and physically. Waking night logs showed this person did not sleep well and could also be noisy during the night. The records showed this had disturbed another person on two nights the previous week although staff said this did not happen very often. We reviewed records for the December 2015 and January 2016 and saw, although the person often had nights when they were awake and noisy, it was not disturbing others on a regular basis. The registered manager and deputy manager told us they had emphasised to night staff the importance of recording any disturbances so they could identify if people's needs were beginning to impact negatively on others. This demonstrated action was being taken to monitor any discomfort or distress to people so that it could be addressed in a timely fashion.

People were supported to take part in a range of activities which reflected their personal interests. For example, one person had recently completed two adult education night school courses in woodwork and catering. Staff told us the person had enjoyed this and they were trying to identify similar courses. An external professional told us; "They have been very creative in finding activities for [person's name] which he enjoys doing– such as beach cleaning and a woodworking course. Recently [person's name] put on weight but they have acted quickly to address this by finding more physical activities for him and he has now lost weight and is much fitter."

During the inspection people were in and out of the service taking part in planned appointments and leisure activities. For example, shopping, haircut appointments and walks out. Trewithen was a 20 to 30 minute

walk from the nearby town centre and people regularly walked in. The town had good public transport links and people often caught a train or bus to visit other areas of the county. For example, one person caught a train twice a week to a day centre. The registered manager told us people were well known in the community as they often used local amenities'. There was a pub within walking distance and people used the nearby gym and were regulars in several cafes.

We saw people were able to occupy themselves within the service. One person enjoyed puzzles and there was a selection to choose from. People had their own televisions and music collections in their rooms. There was plenty of space in shared areas of the building so people could spend time on their own or with others as they chose.

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. Relatives told us they would be confident to raise any concerns they had with the registered manager or deputy manager but had not had need to.

## Is the service well-led?

### Our findings

The registered manager was also registered manager for another two Spectrum services and shared their time between the three. They had additional responsibilities as a divisional manager. They told us they spent approximately 10 hours a week at Trewithen and had a good working knowledge of the day to day running of the service. They attended staff meetings and ensured they spent time at the service at least once a week. The registered manager received regular supervision from Spectrum's head of operations. They also attended monthly managers meetings and monthly operational meetings in their role as a divisional manager. They told us they felt well supported and were kept up to date with any changes via a system of emails and regular meetings. In addition they said they had very good peer support from other managers in Spectrum. Staff told us they considered the service to be well-managed.

There were well defined lines of responsibility and accountability within the service. The registered manager was supported by a deputy manager who had worked in the role for 18 months and had a good working knowledge of the service. People were supported by key workers who had oversight of their plan of care and responsibility for organising any external health appointments.

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

Regular staff meetings were held to provide an opportunity for open discussion. A member of staff told us the last meeting had been attended by members of the senior management team. They told us this had given them an opportunity to discuss organisational issues as well as issues solely regarding Trewithen. This was viewed as a positive development.

Staff felt well supported and considered the service to be well organised. They told us they communicated well as a team and a newer member of staff said they valued the support they had received from their colleagues. Staff told us the registered and deputy managers were approachable and available. Spectrum employed an internal clinical psychologist and staff told us this helped ensure people had access to specialised professional support when they needed it. For example, one person had recently suffered a bereavement and the psychologist had developed a social story to help them understand and come to terms with their loss.

Any organisational changes were communicated through 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. One of these visits had taken place the week before the inspection and no concerns had been highlighted at that time. In addition, the registered manager had responsibility for producing a

monthly compliance report. Spectrum's internal maintenance team were available to attend to any defects in the premises. Staff told us reported faults were acted on promptly. During the inspection a maintenance worker carried out some minor repairs which had been reported the previous week.