

Spectrum (Devon and Cornwall Autistic Community Trust)

The Mowhay

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

The Mowhay 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. Two people had their own self-contained accommodation, one in a separate annexe and one in a basement flat. The other two people shared a kitchen and lounge in the main house. The service is part of the Spectrum group who run several similar services throughout Cornwall, for people living on the autistic spectrum. Three of the people living at The Mowhay had moved into the service from another Spectrum location which is now closed.

This announced comprehensive inspection took place on 9 May 2018. This was the first time the service had been inspected since it registered in April 2017.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service requires a registered manager and there was one in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received care which was responsive to their individual needs. Staff were highly motivated to ensure people led full and meaningful lives doing things which interested them. People, relatives and staff all told us people's quality of life had improved since moving to the service. People had access to a range of activities on a day to day basis both in and outside of the service. This meant they were protected from the risk of social isolation because of their continuous positive contact with the local community.

Activities were varied and met people's individual preferences and interests. People were supported to try new pastimes as well as develop their established interests. For example, two people had signed up to take part in a local Race for Life event the weekend following the inspection. They were clearly looking forward to this and were planning their fancy dress outfits.

People were comfortable and at ease in their environment. All were happy to show us around and demonstrated a sense of ownership and belonging within their surroundings. The premises provided people with opportunities to have privacy and time on their own as well as with each other or staff as they chose. The building was well maintained and there were photographs and personal possessions on display

throughout. This created a feeling of homeliness and there was a relaxed and friendly atmosphere. During the day we spent time in the office and people popped in from time to time to offer us drinks and ask if we wanted to speak with them or look round the garden. They were obviously used to entering the office and were comfortable and confident approaching us.

Staff were considerate and respectful when speaking with people. They allowed people to lead the conversation and make choices about where and how they spent their time. Relatives told us they were confident their family members were safe and well supported by staff who knew them well and understood their needs.

People were supported to have their medicines as prescribed. Systems for recording when people had received their medicine were robust. The organisation was committed to the principles of STOMP which advocates for stopping the over medication of people with a learning disability or autism.

Staff told us they were well supported and confident in their abilities to fulfil their roles and responsibilities. Staff roles and responsibilities were clearly defined and understood by all.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. DoLS applications or authorisations were in place for everyone living at The Mowhay. Where relevant best interest processes had been followed to help ensure any restrictive practices were necessary and proportionate.

There were effective quality assurance systems in place to monitor the standards of the care provided. Audits were carried out regularly by the registered manager and staff. Relatives and people's views about how the service was operated were sought out.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People were enabled and encouraged to take risks to develop their independence and skills.

Staff were confident about how to support people when they were anxious or distressed.

There were enough staff to support people safely and in response to their needs.

Is the service effective?

Good ●

The service was effective. Staff had the appropriate skills, knowledge and experience to deliver effective care and support.

People were assisted to eat a healthy and varied diet which met their needs and preferences.

The environment enhanced people's emotional well-being.

Is the service caring?

Good ●

The service was caring. Staff had developed trusting relationships with people and knew them well.

Communication tools were used to support people to improve their understanding in specific situations.

Staff recognised the importance of family relationships and worked to support them

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive. People were supported to lead full and meaningful lives.

Staff were creative and innovative when identifying new activities for people to try.

People were supported to access and engage with the local community on a regular basis.

Is the service well-led?

Good 

The service was well-led. The registered manager had an awareness and understanding of the day to day culture of the service.

Staff were enthusiastic about their roles and keen to improve the quality of people's lives.

There were clear lines of responsibility and accountability.

The Mowhay

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 9 May 2018 and was announced 24 hours in advance. This was because it is a small service and we wanted to be sure people and staff would be available to speak with us. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information we held about the home including any notifications. A notification is information about important events which the service is required to send us by law. We also reviewed the Provider Information 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 looked around the premises and observed staff interactions with people. We met with the four people living at the service, the registered manager, Spectrum's nominated individual and two members of staff. We looked at detailed care records for two individuals, staff training records, three staff files and other records relating to the running of the service. Following the inspection we spoke with two relatives to hear their views of the service.

Is the service safe?

Our findings

During the day of the inspection we spent time in the office and people popped in from time to time to offer us drinks and ask if we wanted to speak with them or look round the garden. They were obviously used to entering the office and were comfortable and confident approaching us. People told us they felt safe and were able to name members of staff they would talk to if they had any concerns or worries. Relatives told us they had no concerns about people's safety.

A safeguarding policy and information on how to report any concerns, was easily available to staff. Posters outlining the process to follow in the event of any safeguarding concerns, were on display in the office and shared areas of the service. Safeguarding training was included in the induction process for new staff and refreshed regularly. Staff told us they would be confident raising any concerns both within the organisation and outside if they felt that was necessary. A member of Spectrum's senior management team acted as safeguarding lead for the organisation.

People were enabled and encouraged to take risks to develop their independence and skills. On the day of the inspection one person was going into the local town shopping. They had voiced a wish to go into a particular shop and make a purchase without any support. They had discussed this with staff and decided how much support they wanted and where the staff member would be while they went into the shop. We spoke with them on their return from town and they told us the trip had gone "very well." They told staff what had made them anxious and described how they had managed their anxiety. Staff were supportive and encouraging. They reassured the person this was a normal reaction to a new experience. This demonstrated people were able to be involved in discussing and managing risk to develop independence and give them a sense of achievement.

Some people could become distressed or anxious leading to them behaving in a way which could put themselves or others at risk. Staff worked to try and identify what the likely precursors for this were so they could support people to avoid them. For example, any incidents were recorded with details about the events leading up to the incident which may have triggered it. Care plans contained information about what might make people anxious, how staff could recognise the person felt anxious and how to help them become calm again. For example, one person's care plan directed staff to present changes; "in a positive manner. A solution or an 'instead' is offered rather than any discussion around problems, faults etc." Staff had received training in supporting people when their behaviour might be difficult to manage. One told us of a recent occasion when they had used positive behaviour support techniques to help a person calm themselves.

The boiler, gas appliances and portable electrical appliances had been tested to ensure they were safe to use. There was a system in place to minimise the risk of Legionnaires' bacteria developing. Checks on fire safety equipment were completed regularly. Fire drills were held and these involved people living at The Mowhay. Personal emergency evacuation plans were in place outlining the support people would need to evacuate the building in an emergency. Staff had completed fire safety training and this was regularly refreshed.

Water temperatures were checked weekly to ensure these were within a safe range. The hot water temperature in one person's bathroom sink had been recorded as being over 44 centigrade on the previous two checks. Water at this temperature puts people at increased risk from scalding. There was no indication any action had been taken to address the issue and the registered manager was unaware of it. We judged the risk was low as the person whose bathroom it was had the capacity to assess the temperature independently. However, it is important that defects such as these are reported so remedial action can be taken promptly.

There were enough staff to support people safely. The permanent staff team were supported by regular bank staff who were familiar with the service and people's needs. People were supported to take part in individual activities and tasks. Staff responded quickly to any requests for assistance or support. Staff had the necessary skills and knowledge to support people safely. They told us they were confident supporting people at all times.

There was an on-call system in place to help in situations when there were unplanned staff absences. The registered manager told us recent changes to how on-call was organised had improved the effectiveness of the system.

When new staff were recruited they completed a number of pre-employment checks. This included Disclosure and Barring Service (DBS) checks and supplying suitable references. This meant people were protected from the risk of being supported by staff who were not suitable for employment in the care sector.

Systems in place for the administration and management of medicines were robust. Medicines were stored securely and disposed of safely. All staff had received training to enable them to administer medicines and competency assessments were regularly completed. Spectrum had signed up to STOMP, a national project involving many different organisations working to stop the overuse of medicines to control behaviour. There were clear protocols in place for staff to follow before medicines of this type were administered. This helped ensure there was a consistent approach across the staff team. We spoke with a relative who told us the number of times these medicines were being administered to their family member had decreased dramatically.

Staff had received training in infection control and food hygiene. People were encouraged to be involved in maintaining the cleanliness of the environment and in food preparation according to their ability. The premises were clean and well maintained.

People's monies were stored securely and individually. Records of expenditure and accompanying receipts were kept and these were audited regularly. We checked the amount of cash held against the records and found these tallied.

Is the service effective?

Our findings

People's needs were assessed holistically to help ensure their needs were met in a way that suited them as an individual. Support provided as a result of these assessments was based on current best practice and was focused on achieving positive outcomes for people and promoting a good quality of life. A relative told us Spectrum representatives had visited them six times as part of the transition process. They commented; "They totally immersed themselves in our family life, we really feel part of the team."

Technology was used to drive improvement. Spectrum had introduced an electronic system for the recording of daily notes, appointments and incidents and accidents. This was accessible to senior management as well as staff at the service. The system was also used by staff to sign in and out of work electronically. One person lived in an annexe adjacent to the main property and did not receive continuous support. They were able to communicate with staff at all times using a walkie-talkie. This allowed them to request support and assistance at any time while maintaining their independence.

Staff had the appropriate skills, knowledge and experience to deliver effective care and support. Staff completed an induction when they started employment with Spectrum which involved them completing the Care Certificate. The Care Certificate is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. Training identified as necessary for the service was updated regularly. This included safeguarding, mental capacity and positive behaviour support. Relatives were complimentary about staff and told us they found them to be competent.

Staff told us they were well supported by the registered manager. Supervision meetings were held which gave staff an opportunity to discuss working practices and raise any concerns or training needs. A system of appraisals had recently been introduced to allow an opportunity for management and staff to review their practice and performance and identify any areas for professional development.

People were assisted to eat a healthy and varied diet. Staff were aware of people's individual dietary needs and preferences and these were recorded in care plans. One person followed a mainly vegetarian diet as they disliked the texture of meat. Meat alternatives were provided and the weekly menu plan showed these were used regularly. People were actively involved in meal planning and had been given information to help them make healthy choices.

One person told us they liked to eat unhealthy foods but were aware this was not good for them and so they limited themselves. They spoke with us in detail about their understanding of what was healthy and how they tried to eat a balanced diet. The registered manager said they had worked closely with the person on this particular aspect of their care with positive results. For example, the person was reluctant to give up or reduce the amount of fizzy drinks they drank. They had agreed if they wanted a drink of this kind they would walk to a nearby shop to buy it to help counteract some of the negative effects. People were supported to access external healthcare services for regular check-ups. For example, they attended GP, dentist and optician appointments. One person told us they had an opticians appointment the following day.

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. Capacity assessments had been completed to record when people were not able to give consent to certain decisions.

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). Everyone either had a DoLS application or authorisation in place. When authorisations had not been completed action was taken to help ensure any decisions about potentially restrictive practices were taken in people's best interest.

Where people had been assessed as having capacity to consent to certain aspects of their delivery of care they had signed to indicate they were in agreement with the specific care plan. Records did not show whether people had Power of Attorney arrangements in place to allow others to consent on their behalf. We discussed this with Spectrum's nominated individual who said they would consider how this information could be more clearly recorded.

The environment suited people's needs. Rooms were spacious and there was a choice of areas where people could spend their time, either on their own or with each other. A garage space was used as a games room and utility room. Living areas and bedrooms were personalised and reflected people's personal taste and interests. There was a large well maintained garden. Staff and relatives told us the environment had been a positive impact on people's lives, affording them space and enhancing people's well-being. One relative told us; "Previously [person's name] just had a small room. Now he has his own space which is super important for him. He's living a life with a decent amount of space. It's the perfect environment" People told us they liked their rooms and were proud to show us around.

Is the service caring?

Our findings

Staff had developed trusting relationships with people. People were consistently positive about the support and care provided by staff. Comments included; "Staff are very nice, very kind." Relatives described staff as; "So positive" and "Cool and relaxed." We found people were listened to and staff were able to identify what made them anxious.

Staff spoke about people positively and with respect. They displayed pride in people's achievements and were clearly delighted to be able to demonstrate that people's life experiences had improved since moving into the service. Comments included; "Everyone's so much happier, and because they're happier we're happier." Relatives echoed this view. One told us; "I can't believe how it's turned around. [Person] is in such a good place now, so happy!"

Some people sometimes behaved in a way which could be difficult to manage. Staff displayed an understanding and empathy for people. The registered manager said of one person; "There can be tears, shouting, door slamming. It's just that they find it difficult sometimes to manage their emotions. It's just an expression of frustration and anger."

Staff took time to get to know people to help ensure they were able to support them in the best way possible. The registered manager said about one person; "He was up for working with us to make his life as good as it could possibly be". Care plans contained information about people's backgrounds and personal histories. This helped staff gather an understanding of what events had impacted on people and underpinned their characteristics and personalities. The registered manager told us they considered it important that any potentially negative information was put into context so people would not be unfairly or harshly judged because of isolated or historical events. They told us; "I don't want them unfairly stigmatised."

There was a stable staff team in place at The Mowhay who worked alongside all of the people living at The Mowhay. This meant they developed an understanding of how each individual preferred to be supported. This was particularly important for one person as they needed to be supported by people who knew them well and who they were comfortable with. The registered manager explained that having a very small core team would be potentially difficult if staff holidays and sickness coincided leading to staff who were unfamiliar with the person having to support them at short notice. Having the whole staff team able to work with the person meant it was easier to provide the consistency that was important to them.

People living at The Mowhay were able to communicate verbally. Some people needed additional support at times, for example, to help them understand specific situations or to let staff know when they were beginning to get anxious. In these situations staff had identified communication tools which met people's needs. For example, one person used 'worry cards' to help enable them to understand specific social situations. Another person had a 'chill out' card they could use to let staff know when they wanted to spend time alone. This person also had a planner on their wall which detailed the activities they were going to take part in over the course of the day. Relatives told us they had worked with staff to develop tools to enable the

person to have the information they needed presented in a way which was meaningful to them.

People's support was designed to fit their individual needs and preferences. Three of the people supported often made decisions about how they wanted to spend their time spontaneously and staff responded to this. The other person preferred routines and their care was planned accordingly. They were supported in a self-contained flat which meant their routines and need to be able to predict what was going to happen did not impact on other people.

People's right to privacy and confidentiality was respected. Records were kept securely while being accessible to staff. At times during the inspection we looked at people's individual records. During these times the registered manager ensured other people did not enter the office. One person received weekly phone calls from their family. The family also spoke to the registered manager on a weekly basis. When relatives phoned to speak to the person staff were directed to give the phone straight to them. The care plan read; "It's [person's name] call."

Staff recognised the importance of family relationships and worked to support them. The registered manager told us they had regular phone and email contact with families according to their preferences. This meant they were able to keep them up to date with any changes in people's health or social needs.

People's cultural and religious needs were respected. It was particularly important to one person that they were able to attend church and weekly prayer meetings. This was recorded in their care plan and, on the day of the inspection, the person went to a prayer meeting. They told us this was something they did every week. Records showed they had become an active member of the church group.

Is the service responsive?

Our findings

Relatives told us their family member's quality of life had improved significantly since moving into The Mowhay. Comments included; "I can't believe how much it's turned around. [Person's name] is doing so much now. Before it was a case of, "You can have a walk round the block on such a day." Now they choose how long a walk, at what time and on what day. They are empowering [person's name] to make choices about how to live their life" and "It is incomplete contrast to previously and beyond the top end of our expectations." We found examples of how work by the staff had led to excellent outcomes and improved the quality of life for people living at The Mowhay.

One person had been at a crisis point before moving into the service. They had sometimes withdrawn for days at a time during which time they would often hurt themselves and have to be highly medicated. The person's relative described the improvement to the person's quality of life as; "A staggering achievement" and "Stunningly successful." They told us that, since the move the person rarely withdrew and when they did it was only for short periods. The registered manager told us that at these times staff used a privacy curtain so the person could sit watching DVD's on their own. Staff, while not in the person's eyesight due to the curtain, were able to hear if they became distressed and were able to provide support quickly if necessary. This had given the person control while keeping them safe. The relative told us their family member was exploring new activities and they were confident staff would identify new interests for them. They commented; "We don't know yet what it will be but they will find it."

The service was highly responsive when meeting people's individual needs. Staff identified what was important to and for people. They were creative and innovative when finding ways to support people accordingly. For example, one person had found it difficult to cope with any defects or breakages in their environment in the past. The registered manager had worked with Spectrum's behavioural forum team and developed a traffic light system for the person to help them deal with their anxieties in this area. When they reported any issues staff would ask them to decide whether it needed fixing quickly, whether it could wait a few weeks or whether they could cope with it and the repair would be attended to within six months. This had been successful and the person was now better able to deal with their anxieties in this area. The registered manager told us; "[Person's name] decides how important it is to do the repair and put's the coloured sticker on. He's in control of it and so can cope." The person's relative told us they had initially been sceptical that this would work but it had been wholly successful.

Staff worked to help ensure people led a full and meaningful life. People's interests and preferences were well known to staff and they worked to find ways to identify activities which would match these. A relative told us staff were committed to identifying new experiences and activities for people to try. The registered manager displayed a passion and drive to help people achieve as much as they could and lead fulfilling lives.

People were supported to take full part in the running of the service and in the community. The PIR stated; "Mowhay is in a very small community and we regularly walk to local amenities. We encourage the use of the local shops etc. and as such have built relations with shop staff etc. This encourages social interaction

opportunities and chances to practice skills in a safe and supported environment." Relatives confirmed people were able to access the local town regularly. One told us; "They walk into town and have all the social life available there."

People were involved in household tasks during the inspection. One person was being supported to change the batteries in equipment and another was organising laundry. People were obviously used to being part of the organisation of the service, offering hot drinks throughout the day and being constantly occupied. Their confidence and ease with which they approached this demonstrated they had a sense of ownership and control within the service.

People were supported to be part of the local community. During the inspection staff and people told us of plans for two people to take part in a local Race for Life event the following weekend. The people concerned were clearly looking forward to this and were enthusiastically planning their pink outfits for the day. Another person was going along to support the event and also told us they were looking forward to it. They had some reservations about the journey which we discussed with the registered manager. They were already aware of this and had thought about how to make the journey pleasurable for all concerned. For example, they were going to make sure the person took their headphones with them so they could listen to the music they enjoyed without disturbing other people.

There were numerous other examples of how people were supported to take part in community events and be a visible presence in the local area. One person attended church and prayer meetings regularly. They had become an integral member of one church group in particular, sometimes doing a reading during the service. The PIR stated; "Since our move to Mowhay one of our service users expressed a desire to try different churches locally to potentially find a new favourite. They were supported to visit lots of different services and encouraged to weigh up their options. They have since narrowed the field so visits each church when they feel like it. It has widened their fellowship network which has boosted their confidence no end." A relative told us staff would take the person to the church where they had been a long standing member if they wanted to attend. They commented; "[Person's name] loves being part of that team, it's important for them to be able to go back. They know a lot of people there."

Another person was very keen on crafts. A member of staff had heard there was a need for 'cat blankets' to be used in a cat rescue centre. They had suggested the person make some and they had taken this project up with great enthusiasm. An appeal on social media had led to members of the public donating material and the person had made 50 blankets. They had since set themselves a target of 200 blankets and were confident they would be able to attain this. In order to develop these skills and interests a sewing machine was being purchased. Staff had also identified a local craft club for the person to attend. They had already been to one session and were intending to attend regularly. There was a large storage area in the garden and the registered manager was considering the possibility of the person using this as a workshop where they could complete their projects and invite other people and friends to form their own group. This demonstrated that people were supported to develop skills and interests and widen their experiences.

People were also able to pursue their interests within the service. There was a large garden which was home to four goats and several chickens. People liked to be involved in caring for the animals and enjoyed watching them. On the windowsill at the top of the stairs there was a pair of binoculars and a wild bird book. A member of staff told us; "That's for [person's name]. They will sit there for ages watching the birds, loves it!" We spoke with the person who told us what kind of birds they had seen. They showed us around the garden and clearly took great pleasure from their environment. A relative told us; "[Person's name] is mad about wildlife and it's wildlife heaven!"

The service was within walking distance of the town but very rural in its setting being surrounded by woodland. This meant people had access to a range of varied opportunities. People told us they regularly went out shopping, for coffee and to the cinema as well as going on local walks.

As part of the care planning process people were encouraged to set goals. One person had expressed a wish to be more involved in their finances and get a better understanding of money generally. On the day of the inspection we heard them ask a member of staff if they could do some work in this area. The member of staff got out some coins and supporting teaching aids and spent time with the person looking at the different coins and teaching them about their value. We spoke with the member of staff later and they commented; "I love being able to help in that way, it's almost like being a teacher." In the PIR provided before the inspection it stated ; "In the last 12 months Mowhay services users have all achieved personal goals, losing weight, attending Elvis tribute concerts, sponsored swims for charity, organising and making blankets for a local cat charity, visiting the Isles of Scilly on the ferry etc etc." Some people had part time paid employment and this gave them a sense of pride. They were also supported and encouraged to follow educational pursuits. One person was proud to tell us they had completed a cookery course. They told us staff had helped them to practice their skills in the kitchen.

Care plans outlined people's needs over a range of areas including their health and emotional well-being. There was information about what was important to and for people and their likes and dislikes. Staff had clear guidance on how they could support people with their emotional well-being as well as their health needs. The plans were relevant and up to date. Where possible and appropriate, the registered manager ensured people's families were involved in the care planning process.

Any changes in needs or how care and support was delivered were recorded and care plans updated accordingly. Daily logs were completed to document what people had done during the day. Staff had recently started using hand held electronic tablets to record these. There was some inconsistency in the depth of information included in these records. We discussed this with the registered manager who told us they had identified this and were taking action to address it. They showed us a plan of focussed training sessions they were holding with each member of staff regarding the recording of daily notes. Some staff had already completed this which accounted for the inconsistency across the records. This demonstrated these inconsistencies had been identified and action taken to develop and improve the service.

Information was provided to help people and their relatives understand the service available to them. Since August 2016 all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. Care plans documented the communication needs of people in a way that met the criteria of the standard.

There were systems in place to manage and investigate any complaints. A complaints policy outlined the time periods within which complaints would be addressed and responded to. There were no on-going complaints at the time of the inspection. A relative told us they had approached the registered manager when they had any queries and these had been responded to well.

People were asked for their opinion of the service provided on a monthly basis. This gave them an opportunity to raise any complaints or suggestions on how to improve. The registered manager told us the way in which people were asked for their view was personalised and, "based on who they are and what their goals are, when goals change they [the questionnaire formats] change." Staff used photographs to help one person reflect on activities they had taken part in. These were also sent to relatives so they could have a

visual record of their family member's life.

The registered manager had discussed people's wishes in respect of end of life arrangements with them and, where appropriate, their families. They told us these had sometimes been difficult conversations. However, they believed it was important to record people's wishes.

Is the service well-led?

Our findings

The service requires a registered manager and there was one in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had some protected administration time but spent a large amount of time supporting people. This meant they had a good sense of the culture of the service and an understanding of people's day to day needs. People and staff told us they liked and respected the registered manager and believed the service was well organised. Relatives commented; "[Registered manager's name] has made a big difference. It's all about [relatives name] now and their needs" and "The staff are incredibly understanding, particularly [registered manager's name]."

Staff meetings were held regularly to give staff a formal platform to raise any ideas, suggestions or concerns about the service. Between organised staff meetings the registered manager facilitated 'group chats.' Due to the open culture within the staff team they told us they were able to raise issues at any time. Staff told us they worked well together and enjoyed their roles. Comments included; "I absolutely love it" and "It's like being part of a very large family." The registered manager was positive about the staff team. They told us; "They all have different skills and are valued for them." Roles and responsibilities were clearly understood. The registered manager was supported by a Positive Behaviour Support lead and each had clearly defined responsibilities. Keyworkers had oversight of the care planning and delivery for specific individuals. People were aware of who their keyworker was.

The registered manager had regular training and supervision from a member of the senior management team. They told us they were well supported. For example, if they needed any extra administration time to catch up on managerial duties they were able to organise additional cover to enable them to do this. An area manager had oversight of the service and the registered manager told us they could ring them at any time if they needed advice or support. They also commented on the supportive relationship between registered managers at other Spectrum homes.

Incidents and accidents were recorded and monthly reports created to give an overview. Any incidents were recorded on the computerised system and the record was automatically shared with the senior management team and members of the behaviour forum. This meant any incidents which required any further input at this level could be quickly identified and the necessary action taken. There was clear guidance for staff on what constituted an incident for each person. This enabled a consistent approach which would help create an accurate overview. For example, one person could become angry and tearful at times and this was considered normal for them. There was guidance for staff to record this on behaviour charts if the event lasted for up to 30 minutes. If it went on for longer or there was any potentially harmful behaviour it was recorded as an incident.

Staff completed values and equality and diversity training as part of the induction. This meant they were aware of Spectrum's visions and values. Staff and people were protected from harassment and discrimination. If any employee had specific needs reasonable adjustments were made to support them to complete training and fulfil their roles and responsibilities.

Regular audits and checks were carried out both within the service and by the provider. For example, staff completed audits of medicines and people's monies. Key workers completed care plan checks and updates.

There was a culture of driving improvement within the service. The registered manager told us; "We are always looking for ways to improve and develop the service for the guys."

Records were stored securely to help ensure confidential information was kept private. The records were up to date, accurate and complete. All care staff had access to care records so they could be aware of people's needs.