

Spectrum (Devon and Cornwall Autistic Community Trust)

The Beach

Inspection report

Alexandra Road
Newquay
Cornwall
TR7 3NB

Website: www.spectrumasd.org

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13 June 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected The Beach on 13 June 2017, the inspection was unannounced. The service was last inspected in November 2015, we had no concerns at that time.

The Beach provides care and accommodation for up to fifteen people who have autistic spectrum disorders. The service is part of the Spectrum group who run several similar services throughout Cornwall, for people living on the autistic spectrum. At the time of the inspection 11 people were living at the service. The accommodation is situated in three adjacent properties and consists of eight self-contained flats. Some people shared a flat and others had their own accommodation. One of the three buildings had a shared living and dining area where people could spend time if they wished. The Beach is a modern property based on the outskirts of Newquay and overlooks a beach.

The service is required to have a registered manager and at the time of the inspection there was no registered manager in post. The previous registered manager left in August 2016. 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 manager told us they were in the process of applying for the position. However, they were not intending to stay in the role for very long and a new manager was due to start at the service in August. Following the inspection we were informed the manager had withdrawn their application due to the short length of time they would have been in post.

Relationships between some members of the staff team and the manager were strained. This had left staff saying they felt undervalued and insecure. Arrangements for the management of the service were changing and we will continue to monitor the situation.

People did not always feel safe when receiving care and support. The systems in place to help ensure people received consistent support were not well established. Arrangements for support sometimes changed with very little notice leading to people becoming anxious and distressed. We have made a recommendation about this in the report.

There were sufficient numbers of qualified staff to meet people's identified needs. Recruitment practices helped ensure staff working at the service were fit and appropriate to work in the care sector. Staff told us the induction processes and training provided were thorough and gave them the knowledge required to carry out their roles.

People were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best

interest decision is made involving people who know the person well and other professionals when appropriate. People were 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.

The Beach was situated on the sea front and people, staff and relatives were unanimously positive about the location and access to local amenities. Some internal and external work was being carried out to improve the appearance of the building. At our previous inspection we identified a problem with the bathroom flooring in one person's flat. At this inspection we found no action had been taken to address the problem. Following the inspection we were sent evidence to show this work had now been completed.

People's support plans included clear and detailed information about their health and social care needs. There was clear guidance for staff on the actions to take to minimise any identified risks. Information about people's backgrounds and social histories gave staff an insight into the events which had helped shaped people's characters.

Staff had developed positive relationships with people; they knew them well and had a good understanding of their needs. We observed staff support people according to their needs at any one time. There were examples of friendly conversation and light teasing as well as times when staff gently reassured people when they had expressed a concern or worry.

People had access to a range of activities. Staff supported people to access the local community regularly. Staff had a good knowledge of people's interests and hobbies and were able to describe any goals people had and what they were doing to support them.

We identified a breach of the regulations. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not entirely safe. Systems to make sure people felt safe in the service were not well established or adhered to.

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

Processes for managing medicines were robust. Medicines audits were regularly completed.

Requires Improvement ●

Is the service effective?

The service was not entirely effective. Action to maintain the standards of the environment had not been taken since the previous inspection.

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.

Requires Improvement ●

Is the service caring?

The service was caring. Staff spoke about people with affection and took pride in their achievements.

Staff communicated effectively with people.

People's cultural needs and interests were respected.

Good ●

Is the service responsive?

The service was responsive. Care plans were detailed and informative.

People had access to a range of meaningful activities.

Good ●

There was a satisfactory complaints procedure in place.

Is the service well-led?

The service was not well-led. There was no registered manager in post and the manager had not developed effective relationships with people and the staff team.

There was a system of quality assurance checks in place.

Requires Improvement 

The Beach

Detailed findings

Background to this inspection

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

This inspection took place on 12 June 2017 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR, 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 six people who lived at The Beach. We also spoke with the manager and seven care workers, either during the inspection visit or after by telephone. We spoke with a pharmacist who was carrying out a medicines audit at the time of the inspection. Following the inspection we contacted four relatives and two external health care professionals to hear their views of the service.

We looked at detailed care records for four individuals, staff training records, three staff files and other records relating to the running of the service. Following the inspection the provider sent us further evidence in relation to the keyworker system and management of the service, evidence of work done to the environment and emails from five care workers regarding their experience of working at the service.

Is the service safe?

Our findings

On the day of the inspection there were sufficient staff on duty to support people to go out on individual activities, attend appointments and engage in daily chores and routines. At various points of the day people were supported to go to voluntary work places, shopping, attend the gym and out for walks. We looked at rotas for the previous week and saw all shifts had been covered.

Staff told us they were sometimes moved to work at other Spectrum locations at short notice. We discussed this with the manager who told us this only occurred if they had sufficient staff on duty to ensure people's needs were met. They told us they had deliberately overstaffed the service as they did not want to be over dependant on bank staff who might not be as familiar with people's needs. This meant they were sometimes able to free up staff to work at other services without impacting on the support people at The Beach received. A member of staff said; "At the moment staffing levels are the best they have been."

Other staff told us of a recent occasion when a member of staff supporting a person that used the service had been asked to drive other staff to a different Spectrum service to support the staff team there. The associated incident report read; "Staff supporting [person's name] was used to take other members of staff to different units although we were already short staffed." This had resulted in the person that used the service becoming anxious and feeling unsafe. As a result of this the person had acted in a way which put themselves at risk. Despite the action taken to help ensure there were sufficient staff to meet people's needs there were occasions when people's experience of the support provided was negative. Following the incident the person concerned had met with senior management to discuss their concerns.

Many people living with autism find change and inconsistent approaches to support difficult to cope with which can lead to them becoming anxious and distressed. People had allocated key workers who had oversight of their care planning. Healthcare professionals and relatives told us they were concerned about the large number of different staff supporting people, and the limited contact keyworkers had with the person who they were supposed to be overseeing, as they were regularly scheduled to work with different people. A healthcare professional told us; "[Person] is supposed to have a core team that know him well to support him. This is also no longer happening as there are lots of new staff who don't know him, working with him" and "There has also been a significant increase in incidents with the gentleman I am involved with as he is being supported by unfamiliar carers who do not recognise his triggers." A relative told us; "[Person's name] keyworker doesn't work with them as often as they used to." Staff team meeting notes for April 2017, showed there had been a change in approach in relation to how staff were allocated to support people. The notes read; "If service users ask who is with them next say, "There will be someone qualified."" We raised these concerns with the manager who told us they considered it was important for all staff to have experience of working with everyone so they were able to support anyone in an emergency. Following the inspection we were provided with evidence in respect of how often people were supported by key workers. This showed that, over a six week period, people had been supported by their key workers on average, no less than once a week and no more than twice a week with the exception of one individual. This individual had two key workers and was supported during the day by two staff. They had been supported by a key worker on 24 occasions, an average of four times a week.

We recommend that the service ensure systems and processes are established and maintained to help people to feel safe when receiving care and support.

Recruitment processes were robust; all appropriate pre-employment checks were completed before new employees began work. For example Disclosure and Barring Service checks were completed and references were followed up. The manager was directly involved with staff recruitment and had connected with a local college to help recruit people who were suitable for the role. One person living at The Beach had been involved in the recruitment process. They had formulated their own questions and taken part in interviews.

People and relatives told us they believed the service was safe and they trusted the staff team. One relative commented; "[Person's name] is safe, always happy. I've never had any reason to query anything." People were at ease with each other and staff and there was a relaxed atmosphere. A staff member commented; "I do believe these guys are safe."

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. Notice boards in the service displayed details of the local authority safeguarding teams and the action to take when abuse was suspected. This information was freely available to staff and visitors to the service. A local community police officer had visited the service to speak with people about how to keep themselves safe in the community.

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. There was clear guidance for staff on how to support people and any actions they could take when they identified a risk to people's well-being. For example, when travelling in a car one person sometimes acted in a way which could put themselves, or others, at risk. The guidance identified what the risks were and how staff should support the person to act in a safe way. In the event of this being unsuccessful there was further guidance on the actions staff should take.

People's medicines were stored securely in a locked cabinet in their individual flats. There were appropriate storage facilities available for medicines that required stricter controls. Medicines Administration Records (MAR) were completed appropriately. All staff were trained to administer medicines. One member of staff had responsibility for oversight of the management of medicines. They had organised for every member of staff to have an individual training session with them to help ensure they were familiar with the specific requirements of the service. On the day of the inspection a pharmacist carried out a medicines audit and confirmed there were no concerns. They told us; "It has improved since last year."

There were regular health and safety checks in place to protect people from risks associated with the environment. For example, fire checks and maintenance audits were taking place. Personal emergency evacuation plans (PEEPS), had been developed. These outlined the support each person would require if they needed to leave the building in an emergency such as a fire.

Is the service effective?

Our findings

People and relatives told us The Beach was a nice place to live and they were happy with the standard of the building generally. At our previous inspection we found one person's bathroom had developed an odour over time and the flooring required replacing in order to eliminate this. The registered manager told us they would look at alternative flooring to alleviate this. At this inspection we found no action had been taken to address the problem and the odour was still evident. Following the inspection we received photographic evidence to show the flooring had since been replaced. However, action to ensure the premises were clean and properly maintained had not been taken in a timely manner.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by skilled staff with a good understanding of their needs. Staff talked about people knowledgeably and demonstrated a depth of understanding about people's specific support needs and backgrounds.

New staff were required to undertake an induction process consisting of a mix of training and shadowing and observing more experienced staff. The induction process had been updated to include the new Care Certificate for those staff new to care. All new employees received a starter pack containing basic information on various aspects of their role. There were links within the information to signpost staff to more detailed information if they required it. In addition, new staff were required to read people's care plans and complete a knowledge check. A new employee told us the induction had given them; "A good base."

Training identified as necessary for the service was updated regularly. This included health and safety, food hygiene and infection control. Staff also had training specific to people's needs such as autism awareness. Relatives told us they found staff to be competent and knowledgeable. A member of staff commented; "We are constantly training. They [Spectrum] are very on the training."

Staff received regular supervisions. These were used to refresh staff knowledge in specific areas such as the Mental Capacity Act. At the time of the inspection these were being delivered by the manager. There were plans for one of the deputy managers to take some of the responsibility for supervisions. Before this was put into practice they would attend a supervision training workshop to help ensure they had the necessary skills.

Staff had received training in the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS). 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. DoLS 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. The conditions attached to one person's DoLS stated a meeting should take place, involving all relevant stakeholders, before the 19 June 2017 to discuss the person's accommodation needs, wishes and preferences. The manager assured us this was being arranged.

People were supported to eat varied and healthy diets. Everyone was involved in their own food shopping and meal preparation and staff encouraged people to develop their skills in this area. Care plans contained information in respect of people's likes and dislikes and any specific dietary requirements. People had opportunities to eat together in a communal area if they wanted to.

People were supported to access other health care professionals as necessary, for example GP's, opticians and dentists. In addition, people were supported to have access to more specialist professionals to support them with their specific individual needs. Care plans contained records of appointments and Health Action Plans had been developed with detailed information regarding people's health needs. Annual health checks were carried out at the local surgery.

Is the service caring?

Our findings

There was a relaxed and friendly atmosphere between people and care workers. We heard staff and people laughing and chatting together and there was a sense of equality and mutual respect. Staff talked about people affectionately and demonstrated a pride in people's achievements. For example, one person had just had an art exhibition and staff described the work they had done for this and how it had tied in with their love of rock music.

At times people turned to staff to clarify information or for reassurance. Staff responded with kindness and spoke to people gently while offering them the information they had requested. People were positive about the support they received and described staff as; "Lovely" and "A great bunch." Relatives and health care professionals were also complimentary about the staff team. A healthcare professional said; "There are some amazing support workers there. They are caring and know their client's needs well." While relatives comments included; "The staff team are absolutely fantastic, staff are superb" and "The staff put the service users first. I'm very impressed with individual staff."

Staff communicated effectively with people and demonstrated respect for them. For example, when people spoke with us during the inspection staff stood back and only became involved in the conversations when people turned to them for confirmation of what they were saying. They adapted their own communication style to suit the circumstances and the needs of the person they were talking with. For example, at times there was gentle teasing between people and staff and at other times staff spoke with people quietly in order to give them reassurance. Staff gave people the time they needed to process information and were happy to reiterate anything if people were unclear about plans for the day. Relatives told us staff had developed trusting relationships with their family member. One commented; "[Staff member] has developed a relationship with [person's name] and done it very skilfully."

People were supported in a way which meant their privacy and dignity was upheld. Staff asked people if they wanted to meet with us and their decisions were respected. They also checked with people if they were happy for us to visit them in their flats.

Care plans included personal histories and information about people's backgrounds. This meant staff were able to gain an understanding of past events which may have contributed to who people were today. There was also information about people's cultural and political beliefs and interests. One person was supported to attend church regularly. Another had an interest in politics and had followed the recent general election. These interests were appropriately recorded within care plans as being important to the individuals.

People's flats were highly individualised and decorated to reflect their personal tastes, interests and hobbies. People had keys to their own front doors and demonstrated a sense of ownership about their flats. One person told us; "It is mine!"

Staff recognised the importance of family relationships and supported people to maintain them. Where families were unable to visit regularly staff kept contact either by telephone or email. People had telephones

in their flats so they were able to contact families independently. One person had recently become distressed when travelling to see family. Staff had made sure future arrangements were changed to minimise any stress for the person and help make the experience a positive one for all involved.

Is the service responsive?

Our findings

Before moving into The Beach people's needs were assessed and a managed period of transition was put into place to help ensure a successful move for all involved. People spent time at the service getting to know other people, staff and the local environment and community. Spectrum's behavioural team worked with the person, families and other healthcare professionals to develop care plans to help ensure staff had a good knowledge of how best to support people.

People's care plans were detailed and informative, outlining their background, preferences, communication and support needs. Where certain routines were important to people these were broken down and clearly described, so staff were able to support people to complete the routine in the way they wanted. Care plans were regularly updated and relatives were invited to attend reviews when appropriate and with the person's consent. Relatives told us they were kept informed of any changes in people's health. People had signed care plans to indicate they agreed with their content. Parts of the care plan were in easy read format to help facilitate people's understanding of them. For example one page profiles used photographs and limited text to outline what was important to and for people. Information was positive, for example, "What people like and admire about me." A new member of staff told us the care plans were; "Very informative. In a way I got to know people before I met them."

The staff team worked well together and information was shared amongst them effectively. 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. A daily handover took place twice a day so staff coming on shift were aware of any changes in people's needs.

People were protected from the risk of social isolation because the service supported them to have a presence in, and contribute to, their local community. They had access to a range of pursuits which were meaningful to them and reflected their individual interests. Two people volunteered at a local wildlife protection group and another did voluntary work at the RSPCA. One person contributed weekly to a local community radio station. A member of staff commented; "I think, across the board, people have a very good engagement in the community."

People's interests and talents were identified and respected. One person enjoyed creative writing and staff supported them to research novel writing. Part of their flat had been set aside as an office where they could spend time writing. One member of staff was helping people to organise a sponsored walk. In order to prepare for this those involved took part in regular long walks. Staff explained how people supported and encouraged each other in this showing a respect and understanding for each other's differing abilities.

Relatives were concerned that people's access to activities had lessened over recent months. One told us they were concerned their family member was putting on weight. They commented; "He doesn't seem to be getting the exercise, he's putting on a bit of weight."

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 when they had raised any complaints or concerns these had been addressed in a timely manner and to their satisfaction.

Is the service well-led?

Our findings

There was no registered manager in post for the service at the time of this inspection. The current manager had been recruited as an interim manager in October 2016. The previous registered manager had held the position for several years. Staff told us they did not feel supported by management and their views were not sought out or respected. Some staff had worked at The Beach for a long time and knew people and their needs well. They said they didn't feel their depth of knowledge was respected. They felt unable to raise concerns as they said they were fearful of disciplinary action being taken against them. Relatives and a healthcare professional also stated the change in management had been unsettling for both staff and the people that used the service. The manager confirmed they had been through a difficult period and often had conflicting ideas to that of staff. Following the inspection the provider forwarded us feedback from a further five members of staff who were positive in their assessment of the manager. Comments included; "I feel very supported by the manager", "flexible, approachable and focused" and "Very approachable and more than amenable."

There was a feeling amongst some staff that the situation had begun to improve in recent weeks and input from the provider's senior management team had been a positive influence. Comments included; "I feel we have turned a corner", "Staff felt undervalued but [the CEO and head of operations] came for a meeting and that has made a difference" and "Up until about three weeks ago it was a very stressed atmosphere." However, staff said they were not confident the improvement would be sustained.

The manager told us new arrangements for the management of the service were being put in place with a new manager due to start work at the service in August. They were moving to another role within the organisation and told us that, from the week following the inspection they would be spending less time at The Beach. The manager was supported by a deputy manager and acting deputy manager who had just recently been appointed to the role. The manager told us they were confident in the abilities of the deputies to take a more pro-active role in managing the service and would be available for advice if needed. We were reassured by the apparent recent improvement in the situation and the planned changes and concluded there was no breach of the regulations, in relation to the management of the service, at this time. However, we were unable to assess if the improvement would be sustained or if the planned changes would have a positive impact and we will continue to monitor the situation.

One member of staff was the Positive Behaviour Management lead for the service. This involved them acting as a link between the staff team and Spectrum's behaviour management team. There was a key worker system in place. Key workers are members of staff with responsibility for the care planning for a named individual. However, as highlighted earlier in the report there had been concerns raised about the lack of contact people were having with their keyworkers.

There was a system of meetings in place both within the service and at an organisational level. Staff meetings were held regularly. However, the minutes for the most recent meeting which had been attended by Spectrums CEO and head of operations were not available for inspection. Staff were unclear if any had been taken. Monthly manager meetings were held across Spectrum services.

There were a range of quality assurance systems in place which were used to identify shortfalls and to drive continuous improvement. The manager was responsible for completing monthly checks which were then fed back to head office. If any concerns or issues were identified through this system an action plan was formulated by the senior management team. In addition the manager carried out weekly spot checks looking at areas such as fire, staff sickness rates, time sheets and vehicle checks.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The premises were not properly maintained. Regulation 15 (1)(e)