

Spectrum (Devon and Cornwall Autistic Community Trust)

East Wheal Rose

Inspection report

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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



Overall summary

We inspected East Wheal Rose on 30 September 2015, the inspection was unannounced. The service was last inspected in January 2014, we had no concerns at that time.

East Wheal Rose provides care and accommodation for up to two people who have autistic spectrum disorders. At the time of the inspection two people were living at the service. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was sometimes under staffed. Staff told us they did not think staffing levels had impacted people's safety or resulted in any increased risk to people or staff. They did tell us there was an impact on the opportunities for people to take part in activities in the community or be supported with tasks at the service.

Summary of findings

The people living at East Wheal Rose did not use words to communicate and had complex support needs. This meant it took time to get to know them and understand how best to support them. Staff told us that less experienced employees sometimes lacked confidence to support people without the help of more experienced staff. The shortage of staff numbers meant this could be difficult to manage.

Experienced staff were confident when working with people and knew their needs and communication styles well. A relative told us staff were consistent in the way in which they supported their family member. There were a range of communication tools available for people which enabled them to make day to day choices.

Due to people's health needs there were restrictions in place throughout the service. The requirements of the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS) had been adhered to. This meant people's legal rights were protected when their liberty was restricted. Staff worked to help ensure people were supported to access the community and take part in activities they enjoyed when staffing levels permitted this. Strategies to support people to have as much autonomy as possible were developed.

The provider had identified where changes to the environment were necessary to meet people's needs. However, action had not been taken to meet those identified needs in a timely manner. For example a bathroom was in need of refurbishment; although this had been highlighted by the provider in 2014 the work had not been completed.

Staff had access to an effective and thorough programme of training. This included training in areas specific to the needs of the people they supported. New employees undertook a comprehensive induction which incorporated theoretical, classroom based training and shadowing more experienced staff.

Care plans were individualised and contained detailed and up to date information regarding people's support needs. Staff told us the information was relevant and easy to access. People's routines were clearly laid out and there was information about what was important for and to people.

Staff told us they were a close team who got on well together. They said they had worked hard to cover staff shortages and help ensure people were supported effectively. However they reported a lack of confidence in the management of the service at all levels. Staff did not feel their grievances were always listened to and told us they did not have confidence in a recent consultation process. Where concerns had been raised they felt these had not been adequately listened to.

Regular audits were carried out to help ensure the service was safe. Incidents and accidents were recorded appropriately and analysed monthly in order to highlight any trends. People's views regarding the running of the service were actively sought out.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not entirely safe. Low staffing levels meant people were not always able to take part in activities outside the service.

People were protected from abuse because staff had received safeguarding training and were confident about reporting any concerns.

Staff were knowledgeable about what actions to take to reassure people if they become anxious or distressed.

Requires improvement



Is the service effective?

The service was not entirely effective. Action was not always taken in a timely manner to meet people's identified needs.

Staff received relevant training to help ensure they could support people well.

The service met the requirements of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. This helped to ensure people's rights were respected

Requires improvement



Is the service caring?

The service was caring. There was a range of communication aids available for people.

Staff spoke about people with affection and were knowledgeable about their needs.

People were supported to maintain relationships which were important to them

Good



Is the service responsive?

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

The staff team communicated well with each other to help ensure they were up to date with people's changing needs.

People had access to a range of meaningful and enjoyable activities.

Good



Is the service well-led?

The service was not well-led. Due to staff concerns regarding staffing provided, the management of the service, and about Spectrum generally, staff morale was low.

Staff demonstrated a shared set of values which focused on giving people choice in their day to day life.

The service sought out the views of people and their families.

Requires improvement



East Wheal Rose

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 30 September 2015 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.

Due to people's health care needs we were not able to verbally communicate with people who lived at the service in order to find out their experience of the care and support they received. We spoke with the registered manager, the Divisional Manager with oversight of the service and five care workers. Following the inspection we contacted a relative to hear their views of the service.

We looked at detailed care records for two individuals, three staff files and other records relating to the running of the service.

Is the service safe?

Our findings

Before the inspection we had received a concern that staffing levels at East Wheal Rose were below those identified as necessary to meet people's needs. The registered manager told us there was a vacancy on the staff team and another staff member was due to leave to take up a position at another service in the near future. This would create a further vacancy. On the day of the inspection a new employee had started work at the service. The registered manager and staff confirmed that the service had run below the minimum staffing levels at times. In response to our concerns, which we had raised with the Spectrum senior management team before the inspection, the divisional manager and registered manager had analysed information regarding any incidents that had occurred. They had identified seven dates in August 2015 when the service was below the agreed staffing levels as assessed as necessary by commissioners to meet people's needs. They compared the dates with occasions when people's anxieties had resulted in them becoming distressed. They did not find any correlation between these two factors. Staff told us they did not think staffing levels had impacted on people's safety or resulted in any increased risk to people or staff. They did tell us there was an impact on the opportunities for people to take part in activities in the community or be supported with tasks at the service. On the day of the inspection there was sufficient staff on duty to support people. Both people were supported to go out during the day on separate activities.

We looked at rotas and other records to establish how many members of staff had been working during weekends in September. In order to meet identified needs there should have been five people on shift for the majority of the day dropping to four at either end of the day. There should have been three members of sleep-in staff on duty each night. We found that of the eight days we looked at, on one occasion there were five members of staff on duty during the day. On three and a half days there were four members of staff on duty, although this dropped to three one evening. On three and a half of the days there were only three members of staff working. On two occasions there were only two sleep-in members of staff on duty. The registered manager confirmed to us that; "Weekends have been a problem."

Spectrum had an on-call system in place to allow staff to access a manager at all times for support if necessary. This included if they needed support to cover shifts. However staffing across Spectrum was low and a member of staff told us; "On-call can't really do anything about it."

Although staff did not believe people had been put at risk due to low staffing numbers some did voice concerns about the need to arrange the rota to ensure experienced staff were always working with those with less experience. They told us the needs of the people they supported were extremely complex and it took a long time to get to know them. As both people were non-verbal staff relied on a background knowledge and understanding of their non-verbal communication in order to support them effectively. Staff told us that while the induction and shadowing period was valuable it was not sufficient on its own to give new staff the confidence and knowledge necessary to support people. One member of staff commented; "It's a young team. Sometimes inexperienced staff are left to support people and they have little confidence." Another said; "It's pressure for staff. It can be daunting."

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

Before the inspection we met with members of Spectrum's senior management team. They told us they had a group of new employees going through the induction process. They said this new intake would result in Spectrum being fully staffed. They added that they would continue to actively recruit care workers in order to help ensure they remained fully staffed. The new employees had not yet been assigned to named services so we could not establish if East Wheal Rose would have a complete staff team in the near future.

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 and were confident they would be followed up appropriately. They were aware of the management hierarchy and how they would escalate concerns if necessary. If they were not satisfied their concerns were being dealt with appropriately they would raise them with the Care Quality Commission. Staff told us they believed senior management would respond appropriately to any concerns they had regarding people's

Is the service safe?

safety. Notice boards in the office displayed details of the local authority safeguarding teams and the action to take when abuse was suspected. The registered manager described a situation to us where a member of staff had reacted verbally inappropriately when they had been in a situation they found difficult. The member of staff had received additional training and been moved to a service with fewer challenges. This demonstrated action was taken to help ensure people were protected from possible abuse.

Some people could become anxious or distressed which could lead to behaviour staff might find difficult to manage. Care plans clearly outlined the processes to follow in this situation and pinpointed when staff interventions should increase in line with the level of behaviour. They identified situations which might cause anxiety for the person and how to avoid these where possible. There was guidance for what actions to take to reassure people if they did become anxious, and descriptions of verbal and distraction strategies to adopt in the event their reassurances were unsuccessful. This meant there was a clear process for staff to follow which would help ensure a consistent approach. Care plans also included guidance for staff on how to reassure people following any incident.

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. People needed additional support when accessing the community and staff had clear guidance to support them. Staff described to us the strategies and precautions they operated in order to keep the person and themselves safe while ensuring the person had a positive experience. As well as formally documented

risk assessments staff told us they continually risk assessed situations, especially when supporting people to access the community. They described a specific example of a trip out and the strategies and precautions they had taken during the trip to minimise any risks. They told us; “He did brilliantly, it was a real success.”

People’s medicines were stored securely in a locked cabinet in the administration office. Medicines Administration Records (MAR) were completed appropriately. We checked the number of medicines in stock for one person against the number recorded on the MAR and saw these tallied. One person was receiving covert medicine; this is medicine which is given to people without their knowledge, for example hidden in food. There was evidence to show the correct legal processes had been adhered to when taking this decision with the involvement of a GP and family. Staff were all able to administer medicines and had received the appropriate training.

People’s money was kept securely. Records for each individual were kept detailing money received and spent along with any receipts. These records were monitored by the registered manager and audited monthly by Spectrum’s finance team. We reviewed one person’s accounts and found all transactions and money held tallied.

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.

Is the service effective?

Our findings

The provider had identified where changes to the environment were necessary to meet people's needs. However, action had not been taken to meet those identified needs in a timely manner. At the last inspection in January 2014 we noted the bathroom for one person was not meeting their needs. At the time we were told there were plans to either relocate or refurbish the bathroom. At this inspection we found this work had still not been carried out. The bathroom was cramped and the toilet was situated on a raised narrow platform which felt confined. This was significant as the person was of large stature. There was no fitted shower and the person was using a shower attachment from the taps. The flooring was in a poor condition. The registered manager told us the work had been planned to be carried out at the beginning of September 2015, 20 months after the last inspection. However this had been further delayed due to the maintenance team undertaking training.

A relative told us there were plans for their family member to have a swing in the garden. Before this could be purchased the ground needed to be flattened as the area was on a slope. They told us this would be of great benefit for the person as they enjoyed being outside and taking part in physical activities. The relative said they understood this was going ahead; "But seems to be taking a very long time."

One person had an en-suite bathroom. The extractor fan had broken and the registered manager told us this had been broken for "about three weeks." The person enjoyed running the shower for long periods of time and the shower had been fitted with a timer to shut the water off to prevent condensation building up. However the timer had stopped working and the combined effect of these two problems had resulted in black spots of mould developing on the bathroom walls and ceiling.

This was in breach of Regulation 12 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. A relative told us they observed staff to be competent and consistent in their approach. They commented; "The staff are amazing, they know him inside out. And they all do the same thing, it's the

only way that will work with my son." The registered manager and staff talked about people knowledgeably and demonstrated a depth of understanding about people's specific support needs and backgrounds. People had allocated key workers who worked closely with them to help ensure they received consistent care and support.

A relative told us of an occasion when their family member had become ill. They said the staff member who was with them at the time had known: "exactly what to do." Following the event staff had contacted them by phone to reassure them. They commented; "They described everything that had happened, all the detail. They were very good."

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. One new member of staff described the induction as; "Really, really good. It's giving me the tools to do the job effectively." Another said the shadow shifts were particularly important as they; "Help relate the theory to practice."

Training identified as necessary for the service was updated regularly. Staff also had training specific to people's needs such as Autism Awareness. Staff told us the training was good. One commented; "Spectrum is very good at that." Another told us the trainers were very good and; "Extremely enthusiastic." A relative said they found staff to be competent and trusted them to support their family member appropriately.

Staff had received training in the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS). They demonstrated an understanding of the underlying principles of the legislation. 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. There were some restrictions in place for people and mental capacity assessments and best interest meetings had taken place and were recorded as required. Meetings had included external healthcare representatives, an Independent Mental Capacity Advocate (IMCA) and family members to help ensure the person's views were represented.

Is the service effective?

Applications for DoLS authorisations had been made to the local authority. As these had been made some time ago Spectrum had recently contacted the local DoLS team to ensure the applications were in progress.

People took part in choosing meals on a weekly basis. Pictures were used to support people to make meaningful choices. The range of meals available included recipes which took account of people's cultural background. Staff told us the budget for food was good and allowed the service to access good local produce and have takeaway nights and regular meals out. People were supported to be involved in preparing meals such as homemade burgers. A member of staff commented; "They are both very good at

baking and they both love it." One person was especially interested in being involved in activities in the kitchen. The kitchen layout had been designed to accommodate their needs and allow them to be supported effectively and safely.

People were supported to access health care professionals as necessary, for example GP's, opticians and dentists. Where necessary specialists were consulted such as Speech and Language therapists and the Intensive Support team. One person had recently had a change in their health needs and a medicines review had been carried out with the relevant consultant.

Is the service caring?

Our findings

Staff spoke of the people they supported fondly and with enthusiasm for their achievements. One commented; “It’s brilliant to see [person’s name] out, he’s so happy. He’s done so much and he really enjoys himself.”

Neither of the people living at East Wheal Rose used words to communicate. Staff were aware of the various methods people used in order to communicate and these were also recorded in care plans. A range of tools were used to support people such as pictures, choice boards, symbol strips and basic sign language or Makaton. Makaton is a simple sign language system developed for use by people with a learning disability and/or autism. Care plans contained photographs of the signs people might use. This was important as people had adapted universally recognised signs creating their own version. Symbol strips are visual tools which use a limited amount of photographs or pictures to help people understand what activities or events are going to take place over a specific time. One care plan stated symbol strips should be used throughout the day outlining morning, daytime and evening routines. Both people also used objects of reference to indicate choice. For specific situations which people might find difficult to cope with or understand staff developed social stories to assist them. These are short descriptions of a particular situation, event or activity, which include specific information about what to expect in that situation and why. This demonstrated staff were able to support people’s communication using a wide range of tools as appropriate.

We looked round the building which was divided into two distinct flats. Each person had access to a kitchen, bathroom and garden area. Bedrooms and living areas

were decorated to reflect people’s personal tastes and preferences. Family photographs were on display throughout the building. Communication tools were readily available to people within their own living space.

Care plans guided staff on how to recognise and support people when they became distressed or anxious. For example we saw written; “When I am sad I will ...make loud vocalisations and a throaty growl noise. Ask [person’s name] if you can rub his shoulder.”

People were supported to access the local community. One person sometimes behaved in a way which staff might find difficult to manage in the community. There were clear strategies in place to guide staff on how to do this effectively. The registered manager told us; “We need to promote positive experiences in the community.”

Staff recognised the importance of sustaining family relationships and worked closely with relatives. Families visited regularly and staff accompanied people on visits outside Cornwall to spend time with their families. In addition people kept in contact with their relatives using Skype.

People’s privacy was respected. One member of staff described the routines for one person when bathing. They told us they would ask the person two minutes in advance if they could support them with personal care. This allowed the person to process the information and helped ensure they did not feel rushed. They would then wait until the person gave them the thumbs up sign and made eye contact with them. They added; “I always ask permission, it’s his space.” The registered manager told us one person would indicate when they wished to spend time alone. Their garden had been made secure to enable them to spend time there on their own if they wished.

Is the service responsive?

Our findings

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 reviewed. One page profiles had been developed to give staff and others a brief description of the person, their likes and dislikes, what was important to them and how best to support them. These contained information such as; "I need interaction from staff to keep me motivated and focussed." And; "Give me time to process information." 'Micro plans' were also in place to give staff clear guidance when supporting people to undertake specific tasks or activities; for example how to support people in a vehicle. Staff told us the care plans were useful, particularly as people's needs were so complex.

There were a range of systems to support communication within the staff team to help ensure they were up to date with any change in people's needs. Daily logs were completed and a communication book was in place. Staff used this to record any appointments, relevant phone calls or other communications to be shared amongst the staff team. A white board in the administration office was used to note any information which staff needed to be quickly aware of when coming on shift. Staff told us they were a close team and effective at sharing information as necessary.

People had access to a range of activities and care plans outlined how to support people to complete them. People's care documentation emphasised the need for predictability for people. For example; "An activity rota that gives me consistency should be followed." The registered manager told us one person found crowds and heat difficult to cope with. Different activities and places to visit

were identified for winter and summer in order to accommodate this. Both people enjoyed physical activities. The service had three staff bikes to allow staff to accompany people on bike and scooter rides. People also went ice skating and used a local sports hall. Due to insurance restrictions only staff over the age of 25 were permitted to drive Spectrum vehicles. Staff told us this meant unless the rota was carefully managed there could be occasions when no driver, or only one driver, was on shift. This impacted on people's ability to take part in activities in the community. We discussed this with the registered manager who told us half the staff team were able to drive the vehicles and they tried to organise rotas to ensure driver were always available.

One person enjoyed visiting beaches and bringing sand back to the service. Their key worker had developed a book containing information about various beaches throughout the county. There was information for staff on parking facilities and cafes and toilets. Nearby walks were described including the length and difficulty. There was space to record how successful the trip had been and any learning points. The registered manager told us they expected the book would be used to widen the person's experiences and encourage staff away from continually revisiting the same beaches.

A relative told us their family member went out frequently. Staff sent them photographs of the various activities their family member took part in. They appreciated this and found it an informative and meaningful way of keeping up to date with their relatives' life.

There was a satisfactory complaints procedure in place which gave the details of relevant contacts and outlined the time scale within which anyone should have their complaint responded to. A relative said they had not had reason to complain formally but would approach the registered manager if they had any concerns.

Is the service well-led?

Our findings

Staff reported that they sometimes felt unsupported and unappreciated by Spectrum. One said; “You don’t always feel valued. You’re just a number that’s replaceable.” There had been a recent proposed change to the pay structure meaning staff would not receive an enhanced pay rate for working weekends. Senior management told us this was due to the complexity of the system and that pay rates would be increased generally to counteract the effect of this change. There had been a period of consultation in respect of these changes. However staff were sceptical about the value of the consultation. One told us; “No-one will put themselves up for weekends anymore.”

Staff were confident higher management would respond appropriately to any concerns regarding people’s safety or possible risk of abuse. However they did not have the same confidence that other issues staff might raise would be listened to, for example about staffing levels. One commented; “Concerns are brushed under the carpet by head office.”

The registered manager had been absent from work for some time over the preceding months and this had impacted on staff team confidence. Staff said there had been a lack of ownership of the service and their concerns had been raised with Spectrum head office. In response to this a divisional manager had recently taken on oversight of the service and staff saw this as a positive development. One said; “I can ring [divisional manager] with any issues.”

Due to the registered managers absence there had been a drop in the level of supervisions in recent months. The registered manager told us this was being addressed. In order to enable them to carry out managerial related tasks such as these, the service’s managers told us they were allocated six hours administration time per week, “When we’ve got the staff.” They added that as they worked shifts they were able to carry out informal observations on a daily basis and were aware of the day to day workings of the

service. One member of staff told us; “The support from other staff has been really good. But I was doubting myself and thought I didn’t get the support or feedback I needed to make sure I was doing OK. It couldn’t be helped.”

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were clear lines of responsibility within the staff team. The registered manager was supported by a Developmental Support Worker (DSW). DSW’s are used in several of Spectrums services to act as a link between the service and Spectrum. Both people living at East Wheal Rose had an assigned key worker. A third member of staff supported these roles as a ‘floating’ key worker. Each member of staff had specific responsibilities allocated to them such as overseeing vehicle maintenance and checks and fire safety audits.

Staff displayed a shared set of values in their conversations with us. There were repeated references to the importance of supporting people to have choices in their everyday lives. One told us; “It’s all about service user choice. Making sure we’re supporting people to do what they want.” Staff were enthusiastic about supporting people. Comments included; “I absolutely love it!”

Questionnaires were circulated to families once a year to gather their views of the service. These had gone out recently but no responses had been returned at the time of the inspection. People were given an adapted version of the questionnaires to complete once a month. These were in easy read format and staff supported people to give yes or no responses to questions regarding their environment and activities for example. Learning logs were completed as a further means of recording what worked well for people. The registered manager told us; “By hook or by crook they’ll get their point across.”

Incidents were recorded appropriately and reviewed monthly in order to identify any trends. Other regular audits covered areas such as medicines, electrical appliances and fire safety.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

How the regulation was not being met:

Premises and equipment were not suitable for the purpose for which they were being used and/or properly maintained. Regulation 15(1)(c)(e)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

Systems or processes were not operated effectively in order to:

Enable the registered person to assess, monitor and improve the quality and the safety of the services provided. Seek and act on feedback from relevant persons for the purposes of continually valuing and improving the service. Reg 17(1)(2)(a)(e)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

There were not sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed.