Spectrum (Devon and Cornwall Autistic Community Trust)

Pentire

Inspection report

Pentire
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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Pentire on 18 May 2016, the inspection was announced. The service was last inspected in July 2014, we had no concerns at that time.

Pentire provides care and accommodation for up to three people who have autistic spectrum disorders. It is part of the Spectrum group which offers care and support to people with autistic spectrum disorders living in Cornwall. At the time of the inspection three people were living at the service. Two people had bedrooms and their own living areas in the main house and a shared kitchen area. The third person lived in a self-contained annexe attached to the main house.

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.

One person had raised a safeguarding concern with staff. There had been a delay between the concern being raised and CQC and the local authority being alerted. Action taken to protect people from the risk of abuse had not been carried out in a timely manner.

We had received concerns in relation to staffing levels. The rotas and other evidence showed that over the three weeks before the inspection visit there had been two occasions when staffing levels had been below the hours commissioned by each person's Local Authority, as being the hours of staff support necessary to meet the person's needs. However these had been for relatively short periods and staff did not believe it had impacted on people's opportunities to take part in activities. People told us they were able to ask staff for support when they needed it and did not have to wait.

Several members of staff had recently left the service which meant most of the staff were new to the service. Staff displayed an enthusiastic approach to their work and told us they were keen to work together to ensure people were supported well. Most of the staff had experience of working for Spectrum in other units. Recruitment practices helped ensure staff working at the service were fit and appropriate to work in the care sector.

Care plans did not consistently describe how to support people when they became anxious or distressed. There was not always clear guidance for staff to follow to enable them to alleviate people's anxieties and protect others from any associated risk.

People, where appropriate, 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 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.

Staff were supported by a system of regular supervision and training. New staff were required to complete a house and corporate induction. They also had to undertake the Care Certificate within their first 12 weeks of employment if new to the role.

Staff recognised the importance of family relationships and friendships. People were encouraged and supported to develop and maintain social networks.

The layout of the building was organised in a way which meant people were able to spend private time alone if they wished. There were also shared areas within the house where people could socialize with each other. For example, on the day of the inspection two people chose to share a meal together.

People had access to a range of activities. There was gym equipment available within a shared area of the building and we observed one person using this. People took part in various activities in the community including paid and voluntary work. This can help people to develop confidence and contribute to their self-esteem.

Care plans contained details about how people wanted to be supported and in depth information regarding their behavioural needs. Some of the information was out of date or referred to incidents which had taken place many years ago.

People were confident about raising any concerns they had with staff. There was a satisfactory complaints procedure in place.

The registered manager and deputy manager had a good understanding of the day to day running of the service. There were clear lines of responsibility and accountability within the service which were understood by all. Quality assurance systems were in place to help ensure the safety and effectiveness of the service.

We identified breaches 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?

Requires Improvement

The service was not entirely safe. A safeguarding concern had not been dealt with in a timely manner.

People were at ease with staff and approached them for support when they wanted to.

Identified risks were not consistently recorded in people's care plans.

Is the service effective?

Good

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

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

People had access to other healthcare professionals as necessary.

Is the service caring?

Good

The service was caring. People's right to privacy was recognised and respected.

People were supported to develop their independent living skills.

Staff recognised the value of family relationships and friendships and supported people to maintain them.

Is the service responsive?

Good

The service was not entirely responsive. Care plans contained information about how people wanted to be supported. However some information was out of date and no longer relevant.

People had access to a range of meaningful activities.

There was a satisfactory complaints procedure in place.

Is the service well-led?

Good

The service was well-led. The staff team were enthusiastic and positive about the service.

The registered manager was supported by a deputy manager who had day to day responsibility for overseeing the service.

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

Pentire

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 18 May 2016 and was announced. This was because Pentire is a small service and we needed to be sure someone would be in. The inspection was carried out by one inspector.

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

We spoke with the three people who lived at Pentire, the registered manager and two care workers. Following the inspection we contacted a relative and two further members of staff.

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

Requires Improvement

Is the service safe?

Our findings

Before the inspection we had received a notification from the registered manager to inform us of a safeguarding concern that had been raised by a person living at the service. The alleged incident had taken place on 13 April 2016; however the notification was not submitted until 20 April 2016. Although the registered manager and other members of the staff team were aware of the allegation the local authority safeguarding team were not informed of it until 19 April 2016. The police were later informed of the concern by the local authority but not by any representative of the service despite the concern being of a criminal nature. There had been a significant delay between the date when the concern had been raised and any action being taken to protect people from any potential risk. This meant action was not taken in a timely manner to protect people from the risk of abuse.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the safeguarding concern with the registered manager who assured us that appropriate action had now been taken to protect people and staff from any further risk. They said team meetings and supervisions would be used as an opportunity to remind staff of the safeguarding processes and the importance of taking action in a timely manner.

The registered manager and staff told us two people in particular did not always get along with each other. This meant they sometimes needed to be observed by staff when they were together to enable staff to avoid any potentially difficult situations from escalating. There was no reference to this in the people's support plans. There were no risk assessments in place to guide staff on how to diffuse situations or highlight when they were more likely to occur. This was particularly important as the majority of the staff team had only recently started working at the service.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where risks had been identified the care plans contained guidance for staff on how they could minimise the risk. People sometimes became anxious or distressed which could lead to them behaving in a way which might challenge staff or cause anxiety for other people. One person's care plan outlined how staff could support the person in this situation. For example, "Ask [person's name] to take some time to calm down. It is important [person's name] does not feel like they are being reprimanded or treated like a child."

Behavioural review sheets were completed following any incident. These were analysed regularly in order to highlight any trends. All members of the staff team had received training in Positive Behaviour Management (PBM) in order to help ensure they were able to support people effectively when they became distressed.

Before the inspection we had received information claiming the service was often short staffed. We had been told staff were sometimes left to work on their own supporting three people when two members of

staff should have been on duty. We looked at rotas for the previous three weeks and spoke with staff. We saw there had been two occasions when only one member of staff had been on duty during the day. This meant that, for these periods, staffing levels were below the hours commissioned by the Local Authority, as being the hours of staff support necessary to meet people's needs. Staff confirmed this had happened but said it had been for short periods only lasting three hours on one occasion and two on the other. They said this had not impacted on people taking part in planned activities. One member of staff told us a monitoring system had 'slipped', probably due to pressure on staff to complete other duties, but this was now back on track. We spoke with the person who lived in a self-contained annexe and they told us they contacted staff when they needed to using an intercom system. They were able to access staff support when they wanted and did not have to wait. They told us; "I might not always get [care workers name] straight away because he might be busy but someone will answer."

The staff team comprised of the registered manager, the deputy manager and three care workers. A new employee was due to start in the next few days following their completion of the organisational induction process. This would leave the service with one part time staff vacancy. There had been changes to the staff team in the weeks preceding the inspection and three of the staff team, including the deputy manager, were new to the service. One of them had worked at Pentire years previously. Another had been working for Spectrum for almost a year and had transferred from a different unit. The deputy manager was an experienced Spectrum employee. Following the inspection visit we were told another part time member of staff had handed their notice in. Our observations showed staff were confident working with people and had developed relationships with them.

During the inspection visit there were sufficient staff on duty to support people to go out on individual activities, attend appointments and engage in daily chores and routines. One person was supported to go to work, and we heard people discussing going out in the evening to either the cinema or swimming.
We discussed staffing with the deputy manager who told us they were experienced in organising and managing rotas to help ensure shifts were covered consistently, any gaps quickly identified and action taken to address them. For example, they said they would ensure staff did not take overlapping annual leave. Another member of staff had been assigned responsibility for reviewing the rotas on a daily basis and alerting Spectrum's on-call system as soon as a gap was identified. Staff told us the on-call system had worked well in recent weeks with shifts being covered by either bank staff or the on-call manager when required.

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.

People's medicines were stored securely in locked cabinets. 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. All staff were trained to administer medicines.

People's money was stored securely and records of any transactions were kept appropriately. Regular audits were carried out both internally and by Spectrum's finance team. We checked the amount of cash held for two people and found this tallied with the records. Receipts were held to enable audits to be carried out. One person kept their own financial records and only received support with checking monthly bank statements. This meant they were able to maintain financial independence and control over their budget.

Good

Is the service effective?

Our findings

Although the staff team were mainly new to the service they demonstrated a good understanding of people's needs. Staff told us they had read people's care plans in order to start building up their knowledge about people's support needs. Staff were experienced in delivering care and had completed a house induction before starting work at the service to help them gain an understanding of all the individuals needs and the working practices and routines established within Pentire.

Staff new to the organisation 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. Training identified as necessary for the service was updated regularly. This included health and safety, food hygiene and infection control. All training was either in date or had been booked to be up dated within the next two months. A new training module in autism awareness was being trialled. The organisations clinical psychologist was booked to attend the next staff meeting to support the staff team to work through the workbook.

Staff told us they felt well supported and received regular supervision or had signed an agreement that they would in the future. This gave them an opportunity to discuss any changes in people's needs and exchange ideas and suggestions on how best to support people. The process for annual appraisals was being updated and simplified in order to make it more effective.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. A DoLS authorisation was in place for one person and the conditions were being adhered to. Mental capacity assessments and best interest meetings had taken place and were recorded as required. Staff had received training in the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments showed people had been assessed as having capacity to agree to their plan of care.

People were supported to eat varied 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. A relative told us they were concerned about their family members weight gain since moving to Pentire. We discussed this

with the deputy manager who told us they had identified this problem and were working on a healthy eating initiative to inform people about the advantages of eating a more balanced and healthy diet.

People were supported to access other health care professionals as necessary, for example GP's, opticians and dentists. Care plans contained Health Action Plans with detailed information regarding people's health. For example, one person was reluctant to visit the dentist. Their Health Action Plan recorded that they had been assessed as having capacity to make decisions regarding their appointments. For their last hygienist visit they had opted to spread the treatment over two sessions in order to better; "Manage the discomfort."

The premises had been adapted to meet people's needs and allow them privacy and personal space. One person's accommodation was in an annexe adjoining the main house and was self-contained with a separate front door. The other two people lived in the main house and had a shared kitchen and bathroom and their own bedrooms and lounges. There was a dining area where people could choose to eat together if they wanted. We saw this was used by two people to eat their evening meal on the day of the inspection. Maintenance work was taking place to improve the environment and update the décor.

Good

Is the service caring?

Our findings

People were relaxed and at ease with staff. We observed people approach staff for support throughout the day and to engage in friendly conversation. When people became anxious or distressed staff supported them in line with the guidance given in care plans. For example, one person became upset and we saw they were given time alone in their room. Staff checked with them frequently and offered reassurance quietly and calmly.

People were supported in a way which meant their privacy and dignity was upheld. People had access to their own spaces where they could choose to be on their own if they wished. On person's accommodation was in an annexe adjoining the main house. Staff told us the person found continuous background noises difficult. A sign on the door separating the annexe from the house stated; "No shouting out. Quiet zone." We heard the registered manager discussing with a maintenance worker options for possibly soundproofing the door in the future.

Staff were aware of what was important to people. For example, one person enjoyed visiting local salons for various treatments. Staff made sure appointments were made regularly and this was built into the person's activity planner. On the day of the inspection the person had visited a nail bar and were happy to show us their nails which they were very pleased with.

Person centred planning (pcp) meetings had been held to identify what people wanted to do in the future. Pcp is a way of supporting people to plan for the future, ensuring their wishes are at the heart of the process. Some of these goals had been achieved. For example, one person had started swimming regularly. Other goals had not been met such as going on holiday. The registered manager told us there were still plans to do this. They said they were intending to set up further pcp meetings to explore new ideas with people in a way which would be enjoyable and meaningful for them.

Staff supported people to be independent in their day to day lives. We saw people were encouraged to carry out day to day chores in the service. We heard one member of staff saying: "You wash and dry up your own stuff after lunch don't you? It's not up to me."

Some people found certain social situations difficult. Spectrum's internal psychologist worked with them to develop social stories. Social stories help teach social skills to people on the autism spectrum. They are short descriptions of a particular situation, event or activity, which include specific information about what to expect in that situation and why.

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.

People's bedrooms and lounges were highly individualised and decorated to reflect their personal tastes, interests and hobbies. One person had a pet in their living space and we saw personal photographs on display. Another person told us they were updating the décor in their living area. They told us they had

chosen their favourite colour and that; "[Registered manager] helped me to choose a rug."

Staff recognised the importance of family relationships and friendships and supported people to maintain them. Some people received regular visits from family members while others kept in contact through social media and phone calls. The deputy manager told us they were supporting one person to reconnect with people they had shared accommodation with in the past. They told us they felt it would benefit the person to develop their social networks. Another person visited a friend at a different Spectrum service on a weekly basis.

Good

Is the service responsive?

Our findings

Care plans recorded how people liked and needed to be supported and what was important to them. 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.

Some of the information in care plans was out of date. For example, one care plan stated the person could be offered medicine to alleviate anxiety if necessary. The registered manager told us this was no longer necessary. Another wrongly stated the person had paid work but this had stopped some time ago. Although there was evidence the care plans were reviewed regularly not all of the changes in people's needs had been picked up.

Some of the information in care plans related to events which had occurred some time ago. For example, one care plan described an incident when the person had behaved in a way which was challenging for the staff supporting them. The incident had occurred in 2002. There was no evidence in the care plan that this was indicative of a pattern of behaviour or that similar incidents had occurred since. This meant staff unfamiliar with the person could have developed a negative view of them based on information which was out of date and no longer relevant. The care planning process was not robust enough to mitigate the risks of care being provided incorrectly.

This contributed to the breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed this with the registered manager and deputy manager who acknowledged the care plans needed updating and assured us this had been identified and they were planning to address it in the near future.

Our observations of staff showed staff had the necessary knowledge and skills to respond to people's needs appropriately. For example, staff were able to describe people's behaviours when they were starting to become anxious and tell us how they would respond to support the person effectively.

Staff told us they were always aware of any changes in people's needs. Daily logs were completed throughout the day for each individual. These recorded information about what people had done throughout the day and their emotional well-being. In addition there was a communication book to record more general information which needed to be shared amongst the team. Verbal handovers took place between shifts. One member of staff said; "The service users will tell you what's happened. And the daily logs are a good record."

People had access to a range of pursuits which were meaningful to them and reflected their individual interests. These included work, both voluntary and paid, cinema trips, horse riding and swimming. There was evidence people were supported to take part in activities in the community in the evenings and at weekends as well as during the week. For example, people were planning to go to the cinema on the

evening of the inspection visit. One person could be reluctant to take part in activities. The deputy manager told us how they were planning to work with the person to widen their interests and experiences.

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. People told us they would speak with staff if they had any worries. One person described to us how they would escalate any concerns they had. They told us; "I would talk to [care worker] first and then [deputy manager] and then [registered manager]." Another told us they would write down any complaints they had and give it to staff.

Good

Is the service well-led?

Our findings

Before the inspection we had received information of concern regarding how the service was managed and a lack of support for the staff team. The registered manager had been absent from work for several weeks and had only recently returned to work. The concerns raised described a lack of oversight and support during this period. Most of the staff team had left Spectrum in the three weeks preceding the inspection and the majority of staff we spoke with were new to the service. Staff told us they believed the service was well managed and that things had improved. One said; "It has been difficult but staff are really enthusiastic and there has been a lot of support from the senior management team."

Most of the staff were positive about their roles and optimistic about the development of the service. They told us they felt unable to comment on the safeguarding issue discussed in the safe section of this report as they were either very new to the service when it occurred or had not yet started. They assured us they recognised the importance of reporting any concerns straight away. One commented; "I would always take any allegation seriously. You have to." One member of staff was less positive and told us they believed staff morale was low. However, they said things were improving.

A relative said they did not feel they had been kept up to date on recent changes within the service and had to; "chase up" information. They told us there had been a dip in the effectiveness in communication since the recent staff changes. We discussed this with the deputy manager who assured us they would re-establish communication links with the relative and ensure they were updated regularly.

Roles and responsibilities were well-defined and understood by people and the staff team. The registered manager was supported by a deputy manager. The registered manager was also registered manager at another Spectrum service and had additional responsibilities as a divisional manager. They told us they spent at least one day a week at the service. The deputy manager had day to day oversight of the service and had responsibility for staff supervisions, overseeing training needs and organising rotas. There was a key worker system in place. Key workers are members of staff with responsibility for the care planning for a named individual. In addition one member of staff had recently been appointed as a developmental support worker, (DSW), and was due to take on this role the following week. DSW's are used in several of Spectrums services to act as a link between the service, Spectrum's behavioural team and Spectrum.

There was a system of meetings in place both within the service and at an organisational level. Staff meetings had been infrequent over the past few months but were now being held regularly. Monthly manager meetings were held across Spectrum services. DSW's had monthly meetings which could be used for training, group supervision or to exchange ideas and update each other about the various services.

There were a range of quality assurance systems in place. Checks and audits were made in areas such as medicines, vehicle maintenance, fire safety and the environment. An in-house maintenance team was available to deal with any faults or defects in the building. Quarterly audits based on the Care Quality Commissions key lines of enquiry (KLOE) were carried out by the provider. Any highlighted issues or areas requiring improvement would result in an action plan with a clearly defined time frame. The registered

manager had responsibility for producing a monthly report.

Ratings from our previous inspection were displayed near the entrance to the premises and in the office as required. An easy read version of the report was pinned to a notice board in the corridor. We looked at the provider's website and found there was no information regarding inspection findings at any Spectrum services. We have asked that the website be updated and will check to see if this has happened.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not consistently provided in a safe way for people. Risks to people's health and safety was not always assessed. Action was not taken to do all that was reasonably practicable to mitigate any risks. Regulation 12 (1)(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were not protected from abuse and improper treatment because systems and processes were not established or operated effectively to investigate immediately upon becoming aware of any allegation or evidence of abuse. Regulation 13 (1)(3)