

Spectrum (Devon and Cornwall Autistic Community Trust)

Trelawney House

Inspection report

Polladras
Breage
Helston
Cornwall
TR13 9NT

Date of inspection visit:
06 July 2017

Date of publication:
15 August 2017

Website: www.spectrumasd.org

Ratings

Overall rating for this service	Good ●
---------------------------------	--------

Is the service safe?	Good ●
----------------------	--------

Is the service effective?	Good ●
---------------------------	--------

Is the service caring?	Good ●
------------------------	--------

Is the service responsive?	Good ●
----------------------------	--------

Is the service well-led?	Good ●
--------------------------	--------

Summary of findings

Overall summary

We inspected Trelawney House on the 6 July 2017, the inspection was unannounced. The service was last inspected in June 2017. At that time the service was found to be good in all areas.

Trelawney House provides care and accommodation for up to six 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 six people were living at the service. The service was based in a large detached building set within its own gardens in a rural location. One person lived in a self-contained flat while the remaining five people shared a communal kitchen, two lounge areas, enclosed gardens and a bathroom. Each person's room had en-suite toilet and shower facilities.

The service is required to have a registered manager and there was a registered manager in post at the time of this inspection.

Not everybody who lived at the service was able to communicate verbally however when asked everyone living at the service indicated that they were happy and cared for. Comments received from people and their relatives included, "I can have a joke with [the staff]" and "I am happy here. It is a nice place to live". One Person's relative told us, "The thing that comforts me the most is, I won't be around for ever and I am confident they will look after [My relative]".

Staff understood their role in protecting people from abuse and people told us they felt safe and would raise any concerns with the registered manager. Comments included; "I am safe. I would tell the [Registered manager] straight away if I was worried." The service's recruitment practices were robust and designed to ensure people's safety.

There were appropriate systems in place to manage risks both within the service and the local community. The service supported and encouraged people to become more independent and recognised that this included some degree of risk taking. Staff were provided with detailed guidance on how to ensure people were safe and all incidents and accidents had been investigated.

The service was staffed safely. Staffing levels had been recently increased when a new person moved into the service. Our analysis of staff rota's found that although there were two staff vacancies this had not impacted on the level of support people received. Staff told us, "The staffing is good here. Staffing is really good" and "usually a good staff rate here".

People were supported to live varied and active lives. On the day of our inspection everybody left the service at some point during the day to engage in activities within the local community. This included attending a work placement, going for rural walks, shopping and attending a day centre. Staff said, "It's a young adults house and it is very active. People go out all the time" and "I went to the pub with [Person's name] last

night".

All new staff had received two weeks of formal induction training in accordance with the requirements of the care certificate. In addition, there were systems in place to ensure the training of existing staff was regularly updated. Staff told us, "The training is very good, they are really hot on it to be fair" and "All my training is up to date".

Staff understood the requirements of the Mental Capacity Act 2005 and where people's care plans were potentially restrictive necessary applications had been made to the local authority for their authorisation.

Care plans included details of people's preferred methods of communication and guidance for staff on how to support people to make decision and choices. We observed that staff were able to communicate effectively with everyone and saw that staff provided support in accordance with people's recorded preferences.

People's care plans were detailed and provided staff with clear guidance on both how to meet people's needs and their preference in relation to how support was provided. Where appropriate people's relative's had been involved in the care plan review process and accessible versions of care planning documents were available to support people to participate in these reviews.

Staff were well supported by the registered manager and there was a clear management structure within the home. Although the Registered manager was not present of the day of our inspection staff were able to locate all information required. All staff had received regular supervision and team meetings had been held to discuss any significant changes planned within the service.

Staff raised with us concerns in relation to recent changes that had resulted in increases in their workload. They reported that this had led them to become fatigued. We discussed these concerns with the registered manager who was able to provide details of the action they had already taken and intended to take to address and resolve this staff concern.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remains well led.

Trelawney House

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 checked 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 6 July 2017 and was unannounced. The inspection team consisted of one inspector.

The service was previously inspected on 12 June 2015 when it was found to be fully compliant with the regulations. Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met with all six people who used the service. We also spoke with two relatives, six members of care staff, the registered manager and provider's human resources Manager. In addition, we observed staff supporting people throughout the day. We also inspected a range of records. These included two care plans, three staff files, training records, staff duty rotas, meeting minutes and the service's policies and procedures.

Is the service safe?

Our findings

People and their relatives told us Trelawney House was safe and one person commented, "I am safe. I would tell the [Registered manager] straight away if I was worried." Staff said people were safe and well looked after. They told us, "I think they are all safe", "It's very safe" and "People are safe and happy". Staff understood their responsibilities in relation to the safeguarding of vulnerable adults and had received training to ensure they were able to identify all forms of abuse. Information about local safeguarding procedures was readily available to staff. Staff told us they would initially report any concerns to their manager and would raise concerns outside the service if they felt their concerns had not been addressed.

People's care plans included risk assessments and detailed guidance for staff on how to protect people and themselves from identified areas of risk. The service's approach to risk management was designed to ensure people's safety while encouraging people to become more independent. For example, one person's care plan identified specific risks associated with the use of sharp knives in the kitchen. Staff were provided with guidance on how to support the person to cook while ensuring that the specific risks identified in relation to knives were managed safely.

Where accident or incidents occurred these were documented in the person's care record and specific incident reports were also completed to raise these issues with the manager. All accident and incident records were logged on the service's electronic care record system and had been appropriately investigated to ensure staff learnt from each incident and identified any changes that could be made to improve people's safety. The registered manager told us, "It's about really looking into each incident to understand what was really going on". Within people's care records we found evidence that new procedures had been introduced as a result of these accident and incident investigation processes.

Individual evacuation plans had been developed for each person living in the service. These provided staff and emergency service personnel with information on the level of support each person would require in an emergency both during the day and at night. Regular fire safety drills had been completed but fire fighting equipment had not been routinely serviced. We raised this issue with staff during the inspection and arrangements were made for a suitably qualified contractor to service all fire fighting equipment the day following our inspection.

The service's recruitment procedures were robust and designed to ensure everyone employed at the service was suitable and safe to work in a care environment. All necessary pre-employment checks including Disclosure and Barring Service (DBS) checks had been completed.

The service was safely staffed on the day of our inspection. An analysis of the service's staff rota found that although there were two staff vacancies the service was routinely staffed safely. For the week following our inspection all except three care shifts had been allocated. On the day of our inspection staff were in the process of ensuring these gaps in the rota were covered and we were informed by the provider that both staff vacancies had been filled. Staff told us, "The staffing is good here. Staffing is really good", "We might be short till 11:00 but never later than that. It does not stop people going out" and "usually a good staff rate

here". There were systems to ensure the service was safely staffed and each day a back-up member of staff was identified to ensure night shifts were covered.

A new person had recently moved into the service and staffing levels had been increased during the day to ensure this person's needs had been met. During the inspection a number of staff raised with us concerns that there had been an increase in the work required from the sleeping night staff as one person was regularly getting up early. Following the inspection we discussed these concerns with the registered manager who explained this was being reviewed and with the intention of increasing overnight staffing from two sleeping staff to one waking and one sleeping staff member.

Medicines were managed safely. Medicine administration records had been completed and there were appropriate medicine storage facilities available. Each day designated members of staff were responsible for the management of medicines within the service. Staff had received training on how to support people with their medicines and there were detailed policies available to support staff. Where people were prescribed their medicines PRN or 'as required' there were systems in place to ensure these medicines were used appropriately and records showed management approval had been sought prior to their use.

The service clean, tidy and well maintained. People were encouraged and supported to complete a variety of domestic tasks within the service. A cleaning rota had been developed to ensure a fair division of labour between people living within the service and people's care plans provided staff with guidance on how to support people to complete these household chores.

There were systems in place to support people to manage their finances. The service held small quantities of cash securely for people to enable them to make purchases during trips away from the service. Transactions were documented and we observed people could access these funds when planning to go shopping.

Is the service effective?

Our findings

New staff received formal induction training before their first day of employment at the service. This training was completed at the provider's head office and consisted of two weeks of formal, classroom based training. As part of this induction staff completed the care certificate which is a nationally recognised training package designed to provide staff new to the care sector with a good understanding of current best practice. Recently appointed staff told us, "We had nine days in the class room" and "I found the [induction] training really good."

New staff were first introduced to people living in the service before they began shadowing experienced members of staff. Once new staff felt confident they could meet people's needs, their skills were assessed by the manager before they were permitted to provide support independently. The manager recognised this put additional pressure on established staff but believe this was necessary to ensure new staff were sufficiently skilled to meet people needs.

There were systems in place to ensure staff training was regularly reviewed and updated. Staff told us, "They send you an email to tell you what training you need to do". Staff felt confident they had sufficient skills to meet people's needs and commented, "The training is very good, they are really hot on it to be fair" and "All my training is up to date". Training records showed all staff had completed courses the provider regarded as mandatory on topics including, health and safety, medicines, infection control, fire safety, food hygiene and autism awareness.

Staff told us they received regular supervision from the registered manager. Their comments included, "I had one about 4 weeks ago" and "I had supervision last week". Records of these meeting showed they had provided opportunities for staff to discuss any observed changes in people's needs and any issues in relation to their individual performance.

Staff supported people to access a variety of health and social care professionals as necessary to ensure people's needs were met. Care records showed necessary reviews by health professionals had been completed and information was available on how to meet people's support needs in the event a hospital admission was necessary.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had a good understanding of this legislation and the importance of respecting people's decisions and choices. Staff told us how they used their knowledge and understanding of people behaviours to recognise people's choice and decisions. For example, they described changes in one person behaviour which they recognised as the person expressing their wish to discontinue an activity.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had identified that some people living at the service were not free to leave and were the subject of restrictive care plans. Necessary applications to the local authority for the authorisation of these care plans had been made. In addition care records showed people were routinely supported by staff to engage with a variety of activities in the local community.

Staff were provided with detailed and informative protocols on how to meet people's needs in the event that they became upset or anxious. This included details of how a person behaved when they were becoming upset and detailed guidance on individualised, staged approaches staff should use to support people to manage their anxiety. People's relatives told us these protocols worked well and commented, "They have good coping strategies and ways of coping with [My relative]" and "Nothing is a surprise for [the staff]. They have ways and means of supporting [My relative] with everything".

Fresh fruit, vegetables and branded foodstuffs were available in the kitchen. The food served at lunch time was freshly prepared and looked appetizing. Information about people's known allergies and food intolerances was available to staff in the kitchen. People were able to choose where, when and what to eat at lunchtime and their choices were respected. For example, staff prepared a packed lunch for one person as they wished to go out for an extended walk. Staff supported people to plan their menus each week and staff prepared or supported people to prepare the meals. One person told us, "I do cooking on Monday and at the weekends".

The service was well maintained and had been appropriately adapted to people's needs. Bedrooms had been decorated in accordance with people's individual tastes and further personalised with posters and keep sakes. There was an enclosed garden area at the side and rear of the property that people were able to access independently and during the inspection we saw one person tending their vegetable plot while another person enjoyed listening to music in the summer house. Staff told us a hand rail had recently been fitted to some steps in the garden to enable a person to access this area independently.

Is the service caring?

Our findings

Not everybody was able to verbally communicate with us about their experiences of care and support at the service. Everybody we met indicated they were happy at Trelawney House and got on well with their care and support staff. People told us "I can have a joke with [the staff]" and "I am happy here. It is a nice place to live". Relatives comments in relation to the staff team included, "they are just very helpful" and "[My relative] gets on well with the staff".

We spent time in the service's communal areas during the inspection observing interactions between people and the staff who supported them. It was clear people got on well with their support staff and we saw people approached staff for support without hesitation. Staff provided support calmly, with compassion and in accordance with the detailed guidance contained within people's care records. One person's relative described an incident they had witnessed where their relative had reached out to staff for support, this had been provided immediately. Their relative had clearly been reassured and confident staff would provide the support needed

Staff clearly respected the people they supported and praised their achievements. One staff member was overheard congratulating one person for their commitment to a task saying, "You've done a good job today. You worked really hard". During our conversations it was clear staff recognised and took pride in people's individual achievements. Staff treated people as equals and told us individuals were, "Awesome" and "Pretty cool". One staff member told us, "I do like it here the staff do have people's interests at heart".

Staff told us people's care plans included, "Good information on how to communicate with people" and we saw staff communicating effectively with people throughout our inspection. In addition, people's care plans included information and guidance on how to present information to support people to make effective decisions and process complex information. This included guidance on how and when staff should use specific techniques to support people.

People were able to make day to day decisions about how and where they spent their time. People were able to move around the service freely and chose to spend time in various areas of the service throughout the day. These included; an activity lounge on the first floor where one person spent much of the morning engaged with craft activities, a communal TV lounge where people spent time relaxing during the mid-afternoon and a summer house where one person chose to spend time relaxing and listening to music. People were involved in choosing and planning activities away from the service and we observed staff supporting people to plan activities during our inspection. Staff told us, "People choose what to put on their activity planners" and "Everybody is able to make choices. I think people have quite a lot of choice".

People were supported and encouraged to maintain links with family members and friends. Relatives told us they felt welcome while visiting the service and records showed staff regularly supported people to visit their family members at home. Staff said people regularly used both the service's telephone and Wi-Fi network to keep in touch with relatives and arrangement were being made to support one person to visit a previous house mate.

Staff respected people's privacy and dignity and always knocked on people's doors before entering the person's rooms to offer care or support. People had keys for their own rooms and during the inspection we found that one person had chosen to lock their door while they were away from the service.

Is the service responsive?

Our findings

The service completed detailed assessments of people's needs before they moved in. One person had moved into the service within the month prior to our inspection. We found detailed assessments in which their needs and associated risk had been documented. Staff had visited the person in their previous home and information about their specific needs had been discussed with staff from the previous service. In addition, the person had visited Trelawney House to look round and meet other people and staff before they moved in. Although staff raised some concerns in relation to the speed of this transition they told us, "It has been pretty well managed considering the time limitations" and "it was very quick but I know [the person] came to visit a couple of times".

People's care plans were extensive and informative. They provided staff with detailed guidance on the person's individual care needs and preferences in relation to both how they wished to communicate and be supported. Care plans also included detailed information about the person's medical needs, life history, hobbies and interests. Where routines were important to people, for example, in relation to how support was provided first thing in the morning or at night staff were provided with specific guidance on how to meet the individual's needs. Staff told us the care plans were, "Pretty good", "All pretty well written and up to date", and "Cater for everything".

Each person's care plan included a one page summary document. This provided staff with readily accessible details of the person's likes, dislikes and interests. It also included a photograph of the person and a section detailing what people admired about them.

Care plans included sections in a more easily accessible format to enable people to be involved in the planning and review of their needs. In addition, records showed, where appropriate, people's relatives had been involved in the care plan review process and one person's relative told us, "We have a regular meeting to go through it." The registered manager told us, "I feel the partnership working with families is important". Staff said the care plans accurately reflected each person's needs and commented, "The key workers read them every month and keep them up to date".

The provider had recently introduced an electronic recording keeping system which was used to log details of the care and support staff provided each day. Staff had access to a computer, two laptops and a tablet computer to input data into the system. This meant staff were able to complete these records from the service's communal areas. The completed daily records were detailed. They provided the reader with a good understanding of the support staff had provided and how the person had chosen to spend their time. Where people had declined aspects of their planned care this had been recorded along with details of how staff had responded to these decisions. Staff told us they felt confident using the new system and their comments included, "It does generally work well and is really easy to use".

Where responsibility of people care was shared, for example with a day centre, the service worked collaboratively with partner organisations to ensure people received consistent support. Any change to care plans and protocols was shared and staff from these services were involved in the care plan review process

where appropriate.

Care records and our observations on the day of our inspection found that people lived varied and active lives. During our inspection everyone left the service for some part of the day to engage in activities in the local community. These included, shopping trips to a nearby town, country side walks (including with a staff members dog that one person particularly enjoyed), visits to day centres and to go to work. Each person was involved in planning what activities they engaged in and the service used a number of appropriate systems to assist people to make these decisions. One person told us they had particularly enjoyed a new ride at a local amusement park and staff reported that as a result arrangements had been made for the person to revisit the park at the weekend following our inspection. People's relatives recognised the service supported people to regularly engage with a variety of activities and told us, "[My relative] does get out and about a lot" and "My relative] has a really busy schedule". Staff said, "It's a young adults house and it is very active. People go out all the time", "Activities are good. Generally people go out every day", "There are always enough staff to get every activity done" and "I went to the pub with [Person's name] last night".

There were systems in place to ensure that any complaints received were appropriately investigated and addressed. Relatives told us they had no concerns about the service and were confident any issue they raised would be investigated. One person's relative commented, "I don't have anything bad to say about them."

Is the service well-led?

Our findings

During this inspection we found that the service was well run and staff met people's care and support needs. People appeared happy in their home and relatives were complimentary of the level of support provided. One Person's relative told us, "The thing that comforts me the most is, I won't be around for ever and I am confident they will look after [My relative]".

The service is required to have a registered manager and there was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was not present at the service during this inspection. Care records and policy documents were well organised and during the inspection care staff were able to locate all information required. Following the inspection we spoke with the registered manager by telephone to discuss and clarify a number of issues.

Relatives told us, "[The Registered Manager] is quite approachable" and "She is absolutely brilliant I cannot speak highly enough of her." While staff reported that, "Everything is all right" and the Registered manager was, "Approachable and pretty good generally" and "Nice, understanding, fair and supportive". The register manager recognised and valued the commitment of the staff to the people living at the service and the support they provided. The Manager told us, "The staff team are really good, really supportive".

The registered manager was based at the service and there was a clear and well understood management structure within the home. All staff had received regular formal supervision and staff team meetings were held periodically to discuss any significant changes planned within the service and to allow staff to share information about any observed changes to people's care and support needs.

During the inspection staff raised concerns about the impact recent changes within the service had had on their morale. Staff said these changes had led to increased staff fatigue and one staff member told us, "When you finish your shift you are [extremely tired]". Following the inspection we raised these matters with the registered manager who was able to explain the background to these comments and describe actions that had already been taken in an attempt to resolve the issues. Staff had recognised that things had begun to improve and the registered manager explained their intention to further increase staffing levels to address and resolve this issue.

There were effective quality assurance systems in place to help ensure any areas for improvement were identified and action taken to continuously improve the quality of the service provided. The provider's senior managers completed unannounced spot checks to assess and monitor the services performance. Detailed reports were completed as part of this process and the registered manager had developed action plans approved by senior manager to address and resolve each significant issue identified. Staff and the registered manager also regularly completed a variety of audits including of medicines, finances and

accidents to ensure people needs were being met. In addition, people's feedback was valued and encouraged. Each month staff supported people to complete a brief survey questionnaire and we found these results were normally positive. Two people had recently raised concerns via their feedback and these concerns were discussed with the registered manager following the inspection. The manager described actions that had been taken in response to this feedback to provided reassurance and ensure the reported issues were addressed.