

Spectrum (Devon and Cornwall Autistic Community Trust)

Chylidn

Inspection report

Valley Lane
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Truro
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Chylidn provides care and accommodation for up to five people who have autistic spectrum disorders. At the time of the inspection five people were living at the service. The premises are comprised of two self-contained apartments, with one person living in each apartment. The main house has three en-suite bedrooms where three people live. The service is part of the Spectrum group who run several similar services throughout Cornwall, for people living on the autistic spectrum.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People and their relatives told us they felt safe living at the service and staff treated them in a caring and respectful manner. People were observed to have good relationships with the staff team. Comments included, "We are delighted with the care and support [person] receives at Chylidn" and "Chylidn is a lovely home which is perfect for [person]."

People received care and support that was individual to their needs and wishes. Care plans were regularly reviewed and updated and were an accurate reflection of people's needs and wishes. Staff actively encouraged people to maintain links with the local community, their friends and family.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported/ did not support this practice. Any restrictive practices were regularly reviewed to ensure they remained the least restrictive option and were proportionate and necessary.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately. Staff helped people to plan meals and shop as well as preparing

and cooking meals. Staff encouraged people to eat a well-balanced diet and make healthy eating choices.

Staff were recruited safely and there were sufficient numbers to ensure people's care and social needs were met. Staff received induction, training and supervision to assist them to carry out their work.

There was a clearly defined management structure and regular oversight and input from senior management. Staff were positive about the management of the service and told us the registered manager was supportive and approachable.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (report published 17 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

Chylidn

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We used all of this information to plan our inspection.

During the inspection

We met and spoke with everyone living at the service. We spoke with five care staff and the registered manager.

We reviewed a range of records. This included three people's care records and five people's medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including incident reports were reviewed.

After the inspection

We looked at staff training data and spoke with three relatives to hear their views of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to help ensure people were protected from the risk of harm or abuse. Safeguarding processes and concerns were discussed at regular staff meetings.
- The service supported people to manage some aspects of their finances and there were appropriate procedures and systems in place to protect these individuals from financial abuse.

Assessing risk, safety monitoring and management

- Risks were identified and assessed. These contained guidance for staff on how to protect people from known risks while maintaining their independence.
- When people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans included information for staff about how to identify when a person was becoming upset. There were clear guidelines around the procedures for staff to follow to support people appropriately and descriptions of any interventions which could be used.
- The environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Staffing and recruitment

- There were enough staff to support people's needs. Staff spent time with people helping them with tasks, going out on trips and supporting them to attend health appointments.
- Where people were assessed as needing specific staffing ratios, for example, when going out in the community, this was always provided.
- Bank staff were sometimes used to support the core staff team. These were usually staff who were familiar with the service and people's needs.
- Recruitment processes were followed to check staff were suitable for the role. For example, references were followed up and criminal checks completed.

Using medicines safely

- People received their medicines safely and on time. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.

- Some people were prescribed 'as required' medicines for pain relief or to help them to manage anxiety. Care plans included protocols detailing the circumstances in which these medicines should be used.
- Medicines were audited regularly with action taken to make ongoing improvements.

Preventing and controlling infection

- The premises were clean and free from malodours.
- Staff had access to aprons and gloves to use when supporting people with personal care. This helped prevent the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- The provider used a system that enabled the registered manager to access an overview of events for each individual over a specific period of time.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the service, to help ensure their needs were understood and could be met.
- Information about people's health, social and emotional needs was recorded and available for staff.
- Staff received training in Positive Behavioural Support (PBS) to enable them to deliver care in line with best practice.

Staff support: induction, training, skills and experience

- Relatives told us they found staff were competent and skilled and they had no concerns about the care and support provided.
- Records showed training was regularly updated to ensure staff had the skills necessary to meet people's support needs. Training methods included online, face to face training and competency assessments. Staff told us "Really good training, especially around autism" and "The PBS training is very good."
- Staff new to the care sector were supported to complete induction training in accordance with current good practice. New staff shadowed experienced staff until they felt confident and their competence was assessed before they started to provide support independently.
- Regular supervision sessions were arranged when staff were able to discuss any training needs as well as raising issues around working practices. Staff told us they were well supported by management.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff assisted people to maintain good nutrition and hydration, encouraging people to eat a well-balanced diet and make healthy eating choices.
- Each person was supported to plan their own meals and staff helped them individually to shop and prepare meals. One person liked to plan their meals and write their own shopping list independently. After completing their shopping list they then asked staff to check if the list matched their meal planning.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to see their GP, community nurses, and attend other health appointments regularly.
- A 'hospital passport' provided key information about each person, their communication and health needs, in the event they needed a stay in hospital.

- People had routine and annual health checks and were supported to attend well woman/man checks.

Adapting service, design, decoration to meet people's needs

- The building had been adapted to suit everyone's needs. Two people had their own private and self-contained apartments. Three lived in the main house and shared a kitchen and sitting area.
- The garden was also divided into separate areas to enable people, who wished to spend time outside on their own, to access a garden without other people around.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Capacity assessments were completed to assess if people were able to make specific decisions independently. For example, one person had requested that their food was stored in the main house and not in their apartment. Their care plan stated, "[Person] has been assessed as having capacity to make decisions about their food."
- When people lacked capacity, DoLS applications had been made appropriately. Any restrictive practices were regularly reviewed to ensure they remained the least restrictive option and were proportionate and necessary.
- Best interest meetings were organised when it was necessary for others to make decisions on people's behalf. These involved staff, external healthcare professionals and families.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a relaxed atmosphere in the service and staff provided friendly and compassionate support. People had built caring and trusting relationships with staff. We observed people were confident requesting help from staff who responded promptly to their needs.
- Relatives were complimentary about the care and support the service provided. They told us, "The staff are brilliant; very kind and caring. [Person's] needs are met in every way" and "They are all in control of their lives and have choice."
- Staff took pleasure from supporting people and getting to understand their personalities. Staff said, "We help them to have choice and control over their lives, in whatever way suits them" and "We all do the best we can for the people living here."
- Staff encouraged people to achieve their goals and celebrated people's achievements. For example, staff had supported one person to lose weight. Staff enthused about how the person had grown in confidence since losing weight. Gaining confidence had enabled them to take part in a run for charity, which was something staff told us they would not have done before losing weight.
- Another person had completed a 'record of achievement' to celebrate ten years of living at the service and knowing the registered manager. The record described how the person had learnt to manage their behaviour and how happy they were to live at the service. They said, "I love my staff and they love me, I've matured and everyone has helped me, I see things differently now and I love my life here at Chylidn."

Supporting people to express their views and be involved in making decisions about their care

- People were in control of their daily routines and able to make decisions about how their care was delivered. For example, one person compiled a rota each week of the staff booked to support them. We observed them checking their rota during our visit and it was clear this was important to them to know and understand which staff were going to support them.
- Where people had expressed preferences in relation to the gender of their support staff, these preferences had been recorded and respected. For example, one person had requested that when they were supported to go out with two staff one of those staff should be a male.
- Relatives confirmed staff involved them if people needed help and support with decision making. Where needed, staff sought external professional help to support decision making for people such as advocacy.
- Some people living at the service had limited verbal communication. Care plans contained information about people's specific communication methods. Staff understood each person's communication needs and knew how to recognise what specific signs and gestures meant.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. The premises had been arranged so people could either live separately or have the opportunity to spend time with others should they choose to. Confidential information was kept securely.
- People were encouraged to do as much for themselves as possible. They contributed to household tasks, such as food preparation and doing their own laundry. People's care plans showed what aspects of their care and support people could manage independently and when they needed staff support.
- People were supported to maintain and develop relationships with those close to them. Relatives were regularly updated about people's wellbeing and progress. One relative told us, "We have a great relationship with the staff team and keep in close contact with them. Staff meet us every weekend so we can have a long family walk with [person]."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff had a good understanding of people's individual needs and provided personalised care.
- Care plans were personalised to the individual and recorded details about each person's specific needs and wishes. These were reviewed monthly or as people's needs changed.
- People and their relatives were involved in the development and reviewing of their care plans.
- Daily notes were kept and these detailed what people had done during the day and information about their physical and emotional well-being. There was good communication within the staff team and staff shared information appropriately, about people's needs, at shift handovers.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified during their initial assessment before moving into the service.
- Care plans detailed what support people might need to access and understand information, such as how to phrase sentences or what manner staff should use to ensure people understood. Hospital passports had been developed for each person, to share with hospital staff, to help ensure their communication needs would be known if they needed to go to hospital.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to pursue their interests and hobbies. Each person had their own personalised activity plan and records showed planned activities had routinely been provided.
- On the day of the inspection each person was supported to go out individually in the morning to complete their food shopping and on an activity of their choice in the afternoon.
- People had access to the community with staff support. They attended local clubs and venues based on their preferences as well as attending college. Three people living at the service, together with some staff, had recently taken part in a charity fun run.
- Relatives told us they were happy with how staff supported people to live as fulfilling life as possible. Commenting, "The key workers go out of their way to ensure [person] has the best opportunities and experiences possible. Staff take [person] cycling, swimming, kayaking, body boarding and to concerts" and "Staff help [person] to do the things he enjoys."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale.
- People and their families knew how to make complaints and felt confident that these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service.

End of life care and support

- The service was not providing end of life care to anyone at the time of our inspection.
- Staff encouraged people to think about and discuss what they would like to happen at this stage of their lives. Not everyone was ready or willing to take part in these conversations. This was respected and periodically re-visited with people in a sensitive manner.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had comprehensive oversight of the service and understood the needs of people they supported. There was a strong emphasis on meeting people's individual needs and all staff demonstrated a thorough understanding of people's differences and individual preferences.
- Relatives expressed confidence in the way the service was run and said communication was good. Comments included, "The manager is very helpful and approachable and if there are ever any issues which we wish to discuss then this is never a problem" and "Chylidn have a very good team, run very well by [registered manager] who keeps us up to date on everything that's going on."
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through the organisation's whistleblowing policy.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Roles and responsibilities were clearly defined and understood. The registered manager was supported by senior support workers and key workers had oversight of named individual's care planning.
- The provider had a defined organisational management structure and there was regular oversight and input from senior management. A regional manager supported the registered manager.
- Staff were positive about the management of the service. They told us they felt valued and were well supported. Comments from staff included, "[Registered manager] is fantastic. I have never had such good interaction with a manager before" and "Really good home, good team and good manager."
- There was a good communication between the management and support staff. Important information about changes in people's care needs was communicated through effective daily notes and handovers.
- Regular audits took place and these were supported and overseen by senior managers. The regional manager visited regularly to carry out an audit of the service, which included speaking with staff and people living at the service.

- The provider had notified CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed in the service and on the provider's website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular staff meetings took place to give staff an opportunity to discuss any changes to the organisation, working practices and raise any suggestions. Staff said they felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly.
- People and their relatives were asked for their views of the service through questionnaires and informal conversations with management. An analysis of the results was carried out and an action plan developed to respond to any suggestions made.
- A newsletter had started in May 2019 and this provided people and their families with updates of any new developments in the service as well as details of planned events.

Continuous learning and improving care

- The registered manager had worked with the provider's IT department to add additional descriptions to the drop-down box in the electronic behaviour recording system. These descriptions were individual to each person and had enabled the service to have a better analysis of individual people's behaviour and anxiety levels. This information was used to update people's care plans and risk assessments to further improve the personalisation of the care provided.
- Regular management meetings were held to support shared learning and share information about the organisation.

Working in partnership with others

- The registered manager had worked closely with a local branch of a national supermarket to help raise awareness of Autism. The supermarket had also been supportive in helping the service to raise money for the fun run staff and people took part in.
- The service communicated with commissioners and DoLS teams appropriately about people's care packages.