

# Spectrum (Devon and Cornwall Autistic Community Trust)

## The Beach

### Inspection report

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection at The Beach on 26 July 2018. The previous inspection took place on 13 June 2017. At that time we found action to make improvements to the environment were not carried out in a timely manner. People sometimes felt unsafe because of last minute changes to staffing arrangements. Staff did not always feel valued or well supported.

At this inspection we found improvements had been made in all the areas identified at the previous inspection. This meant the service had met the outstanding legal requirement from the last inspection and is now rated as Good.

The Beach provides care and accommodation for up to fifteen people who have autistic spectrum disorders. The service is part of the Spectrum group who run several similar services throughout Cornwall, for people living on the autistic spectrum. At the time of the inspection 11 people were living at the service. The Beach is a modern property based on the outskirts of Newquay and overlooks a beach.

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

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Although the service is able to accommodate fifteen people the accommodation is situated in three adjacent properties and is set up as self-contained flats. Two people shared a flat and others had their own accommodation. Everyone had keys to their own front door. This meant people had access to their own private spaces and could choose who they spent their time with or whether they wished to spend time on their own. One of the three buildings had a shared living and dining area where people could spend time socialising together if they wished.

The service is required to have a registered manager and at the time of the inspection there was no registered manager in post. The previous registered manager left in August 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager had applied for registration. Staff, people and relatives were all positive about the management of the service. Comments included; "It's a much happier place all round", "[Manager's name] is a good man he is" and "People are happy, staff are happy and so there are less incidents."

People were comfortable and at ease with staff and within their environment. Staff were supportive and caring in their approach. They spent time chatting to people and checking on their well-being.

Activities provided were varied and met people's individual preferences and interests. People were able to go on spontaneous trips out as well as taking part in planned activities.

There was a stable and experienced staff team in place. Staff told us they were well supported and worked together as a team. Some staff had not had formal supervision for some time. We have made a recommendation about this in the report. Roles and responsibilities were clearly defined and understood by all. Systems for communicating changes in people's needs were effective.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care plans were detailed and informative. Staff recorded information about how people spent their time and their health and emotional well-being on a computerised system. This could be accessed by the senior management team as necessary. Records did not always contain enough information to provide a picture of how people had spent their time and what had worked well. Incident forms were not consistently completed which meant opportunities to learn from events could be lost. The internet connectivity was poor and staff were not always able to reliably access the system.

## 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 had improved to Good.

Staff were deployed effectively and people told us they felt safe and were supported by people who knew them well.

Arrangements for the management of medicines were robust.

Staff were confident about the processes for reporting any safeguarding concerns.

### Is the service effective?

Good ●

The service had improved to Good.

The manager highlighted any concerns about the upkeep of the environment to Spectrum and these were responded to in a timely manner.

People were supported in line with legislation laid out in the Mental Capacity Act.

Staff were supported by a system of induction and training. Supervisions were held although we identified some gaps.

### Is the service caring?

Good ●

The service was Good.

People were able to make individual choices about how and where they spent their time.

The staff team were enthusiastic about their roles and caring in their approach.

People's personal relationships were respected.

### Is the service responsive?

Good ●

The service remains Good.

Care plans gave a comprehensive overview of people's needs.

People were able to pursue their interests and encouraged to try new experiences.

There was a complaints policy in place.

**Is the service well-led?**

The service remains Requires Improvement.

Daily records and incident logs were recorded on hand held computers. Poor connectivity was impacting on staff ability to complete these effectively and in a timely fashion.

Staff, people and relatives were unanimously positive about the management and oversight of the service.

People were asked for their views of how the service was operated.

**Requires Improvement** 

# The Beach

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 26 July 2018 and was unannounced. The inspection was carried out by two adult social care inspectors.

Before the inspection we reviewed previous inspection reports and other information we held about the home including any notifications. A notification is information about important events which the service is required to send us by law. We also reviewed the Provider Information Record (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

We looked around the premises and saw staff supporting people and spending time with them. We spoke with eight people living at the service, an area manager, the manager and acting deputy manager and eleven other members of staff. We looked at detailed care records for four individuals, three staff files and other records relating to the running of the service. Following the inspection visit the manager sent us further information we had requested. This included staff training records and details of an incident. We also spoke with two relatives on the telephone.

# Is the service safe?

## Our findings

At our previous inspection we found staffing arrangements were often changed at short notice when staff were required to work at other Spectrum locations. Key workers were in place who had responsibility for overseeing care planning for specific individuals. However, they were regularly scheduled to work with other people and had limited contact with the named individual. This had led to people receiving inconsistent support which had caused them anxiety. We made a recommendation about this and the safe section of the report was rated as requires improvement.

At this inspection we found staff deployment was well planned. Staffing grids were in place which outlined which staff were supporting each person during the day. There was a well-established and stable staff team in place who knew people well. People had key workers, usually one full time and one part-time member of staff. These key workers had oversight of people's care plans, organised any health appointments and served as a point of contact for people if they had any concerns or needed to discuss any aspect of their care. People were able to tell us who their key workers were and said they had regular contact with them. Comments included; "I saw my key worker yesterday."

People told us they were happy living at The Beach and felt safe in their environment and with staff. Comments included; "It is a good place to live" and "I'm happy with the care, staff are nice."

Sometimes people could become anxious or distressed which could lead to them behaving in a way which could put themselves, or others, at risk. Staff had received training on how to support people at these times. They told us they were always confident supporting people and never needed to restrain people. Care plans gave clear guidance on how staff could support people to help them manage their anxieties. For example; "Hold my hand. Limit noise."

Staffing levels were appropriate and people were supported according to their needs and preferences. For example, two people shared a flat and one of them required support from two members of staff when they went on trips out. At the beginning and end of the day two members of staff supported the people in their flat. For the main part of the day a third member of staff was on duty so people were able to go out spontaneously if they wished to. A member of staff told us; "We have a lot of experienced staff."

When new staff were recruited they completed a number of pre-employment checks. This included Disclosure and Barring Service (DBS) checks and supplying suitable references. This meant people were protected from the risk of being supported by staff who were not suitable to work in the care sector. The manager and deputy manager were fully involved in recruitment attending recruitment days at the local job centre. This meant they were able to give potential candidates an accurate picture of the service and assess their suitability for the role.

A safeguarding policy and information on how to report any concerns, was easily available to staff. Safeguarding training was included in the induction process for new staff, and was refreshed regularly. Safeguarding issues were also discussed in staff meetings. Staff told us they would be confident raising any

concerns if they felt that was necessary.

There was an equality and diversity policy in place and staff received training in this area. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

Fire drills were held regularly and Personal Emergency Evacuation Plans had been developed for each person. These documents provided staff and emergency service personnel with detailed guidance on the support each person would require leaving the building in an emergency. All firefighting equipment had been serviced to ensure it was ready for use. Water temperatures were checked regularly to ensure these were within a safe range. Appliances were regularly checked to help ensure they were safe to use. Staff had completed infection control and food hygiene training.

Medicines were stored securely in locked cabinets in people's flats. This meant people were able to take their medicines in private. There were arrangements in place for any medicines which needed to be stored at lower temperatures or more securely. All staff had received training to enable them to administer medicines. Medicine Administration Records (MAR) were well organised and clear. We checked the medicines in stock for three people and the amounts tallied with the records. A recent independent pharmacy inspection had not identified any concerns. One person had been prescribed a short-term course of medicines and this had been handwritten on the MAR. The entry had not been countersigned by a second member of staff. This is important as it minimises the risk of errors being made. We discussed this with the manager who assured us they would remind staff of the need to countersign hand written entries.

People's monies were secured securely and individually. Records of expenditure and accompanying receipts were kept and these were audited regularly. We checked the money held for two people and saw the amounts tallied with the records.

## Is the service effective?

### Our findings

At our previous inspection we found action to ensure the premises were clean and properly maintained had not been taken in a timely manner and the service was in breach of the regulations.

At this inspection we found the premises were mainly clean although some carpets were badly stained. The manager told us new carpeting had been ordered for one person's room and this was due to be fitted the following month. They had put in requests for other carpets to be replaced. The flooring in one person's bathroom had been replaced and this had eliminated a persistent odour which had been present at the time of our previous inspection. Maintenance requests were submitted to Spectrums in-house maintenance team and these were dealt with according to their priority. The property appeared well maintained and people did not have any concerns about their individual flats.

We concluded the service was no longer in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The premises were arranged to meet people's needs. Most people had their own flat with a living area, kitchen and bedroom. Two people shared a flat and each had their own bedroom. People had balcony areas outside their living accommodation which overlooked the beach. There was a shared lounge and kitchen where people sometimes chose to spend time together watching TV or playing games. This meant people were able to spend time alone or socializing according to their preferences.

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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments were completed before any DoLS applications were submitted to help ensure the applications were appropriate. One person had a DoLS authorisation in place and another had an application in which was awaiting review by local assessors.

People's needs were assessed holistically to help ensure their physical, mental health and social needs were known and recorded in a range of care plans. Health files contained details of the support people needed to maintain good health. People were supported to access external healthcare services for regular check-ups. For example, they attended GP, dentist and optician appointments. Hospital passports had been developed to share with other healthcare professionals if people needed to access external services.

Technology was used to help keep people safe while allowing them privacy and independence. Waking

night staff had internal telephones to enable them to call for assistance if necessary.

Staff had the appropriate skills, knowledge and experience to deliver effective care and support. Staff had an induction when they started employment with the organisation which involved them completing the Care Certificate. The Care Certificate is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. One member of staff described the induction as; "Brilliant."

Training identified as necessary for the service was provided. Some staff had not had recent updates in some areas including safeguarding, positive behaviour management and food hygiene. The manager told us they were beginning to arrange for training sessions to be held at the service rather than Spectrum's head office. This would make it easier for staff to attend. Following the inspection, we were informed refresher training sessions were being arranged to ensure staff were up to date in all areas. One member of staff told us; "You can ask [for more training] if you're not confident about anything. I've worked in other places where that's not true."

Supervision meetings were held which gave staff an opportunity to discuss working practices and raise any concerns or training needs. There was also a system of annual appraisals in place for all staff. Supervision records showed fourteen out of the thirty-three staff had received supervisions in April and May. There was no record of supervision for the remaining staff team. We discussed this with the manager who told us; "We are getting it done, it's a busy unit." It is important staff are given the opportunity to have regular face to face formal supervisions to enable them to raise any concerns or suggestions or identify training needs.

We recommend that the service consider current best practice guidance on providing regular formal supervision and take action to update their practice accordingly.

Staff told us they were well supported and the manager, deputy and acting deputy were all approachable if they needed guidance or additional support. Comments included; "We have someone who understands when you speak to them. Any issues I can go into the office and my issues will be heard."

People were able to make decisions about what they ate and drank. They were encouraged to be involved in meal preparation and planning and were supported to have varied and healthy diets.

## Is the service caring?

### Our findings

People appeared comfortable in their environment. Most people were out for part of the day and staff chatted to them about what they had been doing and what their plans were. During the day people accessed the office to chat with staff and were clearly used to doing this. One person told us; "They [staff] look after me very well."

Staff told us they enjoyed their work and were positive and enthusiastic when talking with us. Comments included; "I love it, I can't imagine working anywhere else", "The relationship between staff and people is really good" and "Your heart's in your job." A relative commented; "If there's something worrying [Person's name] he can talk to staff. It's a really happy place. He used to bottle things up but now he can go and speak to people."

The atmosphere at The Beach was busy with people coming and going throughout the day. People told us they could make individual choices about how they spent their time. During the inspection visit people went out to take part in individual pastimes which suited their preferences. This included a voluntary work placement, swimming, shopping and on local walks. People were used to accessing the community and told us they knew the local area well. This demonstrated people were supported in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

People were valued. Information in care plans was positive with sections on people's strengths and abilities. Accomplishments were celebrated and staff demonstrated a pride in people's achievements. Comments included; "[Person's name] used to be supported three to one and now they're down to one to one and regularly accessing the community. That's a great achievement." One person had just won an award for overcoming barriers and the manager and staff were keen to tell us about this. The manager described it as; "A massive achievement."

Staff knew people well and understood what would make them anxious and distressed. They used this knowledge to de-escalate any potentially difficult situations. For example, one person could become agitated if a planned trip out was delayed. Staff introduced us to them while reassuring the person they were ready to go out and would be leaving soon.

Staff were aware of people's communication needs and styles. Information was provided in easy read formats. Some people used pictures and photographs to help them make meaningful choices. One person had easy read information to help them understand how they should act when they were in social situations and what other people's expectations were. This supported them to access the community without putting themselves at risk.

Care plans contained information about people's histories and backgrounds. This information is important as it can help staff gain an understanding of the events which have made people who they are.

People were involved in the running of the service and staff had an inclusive approach to supporting people. For example, one person had shown an interest in first aid training. The manager had arranged for them to take part in the staff training session which they had successfully completed. They were also planning to take part in the Autism Awareness training to enable them to gain a better understanding of their condition.

Staff recognised the importance of family relationships and worked to support them. The registered manager told us they had regular phone and email contact with families according to their preferences. This meant they were able to keep them up to date with any changes in people's health or social needs. People were also supported to maintain personal relationships. We spoke with one person about their relationship and they described to us how staff supported them to continue with this. They told us their partner's mood was sometimes low and they had found this difficult to understand. Spectrum's in-house psychologist had created a pictorial representation to remind them of why this happened and what would help. They showed us this and said they found it helpful. A member of staff supported the person during this conversation and were respectful and encouraging.

People's privacy was respected. Flats were personalised and reflected people's tastes and interests. Staff always knocked on people's doors and waited for a response before entering. People had keys to their own front doors and demonstrated a sense of ownership about their flats. A relative told us their family member had developed independent skills with the support of staff. They commented; "They have come on loads with personal things. They are now willing to do household chores, doing the cooking and shopping lists. It's a huge step for [Person's name]."

People and staff's confidential information was protected. Records were stored securely in the office and on password protected computers. They were up to date, accurate and complete. Staff respected people's confidentiality. One care plan reminded staff of the need to support the person not to share inappropriate information with strangers.

## Is the service responsive?

### Our findings

Care plans outlined people's needs across a range of areas including their health and emotional well-being as well as their medical needs. There was information about what was important to and for people and their likes and dislikes. For example, one person's care plan stated they liked; "Walks with flat surfaces" and disliked; "Mirrors." There were detailed descriptions of people's routines and how they liked to be supported. The descriptions included information about what people could do for themselves and what they needed support with. One person's care plan referred to the importance of using 'stock phrases' when reassuring them about specific anxieties. There was no detail as to what these phrases were. A separate folder in the person's flat contained a list of stock phrases and staff were able to tell us what they would say to the person to offer reassurance. The manager told us they would update the care plan so the information was included. A relative told us they had had very little involvement in the care planning process and would like to be included in reviews.

Staff recorded daily notes on hand held electronic tablets. The daily notes were entered at key points throughout the day. Any significant incidents were also recorded on the tablets. These required staff to describe the circumstances leading up to an event and any possible triggers. This meant any patterns or trends could be recognised and strategies put in place to minimise the risk of the situation reoccurring. We saw one entry which stated staff had needed to support a person to leave a supermarket following an 'issue.' There was no further detail about this event and no corresponding incident sheet had been completed. Following the inspection, the deputy manager forwarded us information about the event that they had subsequently requested from the member of staff involved. This described how staff had supported and reassured the person when they became distressed. It is important information such as this is documented as it enables staff to learn from experiences and develop effective ways of supporting people at difficult times.

Care plans contained information on how people communicated and how they could be supported to understand any information provided. For example, one person's care plan stated that; "The use of drawings can help [Person's name] digest information better." This meant the service was identifying and recording people's needs when accessing information in line with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Staff had handovers between shifts to help ensure they were up to date with people's needs. Communication books were also used to record information. Staff told us they were kept well informed of any change in people's needs. One commented; "The daily handover is an opportunity for us to brainstorm."

Staff worked to try and identify new activities for people as well as help them to keep up with established pastimes. One member of staff commented; "You can make suggestions because people change, you don't want them getting stuck in a rut." People took part in individual activities which were meaningful to them and reflected their interests. One person had recently started attending educational classes at a local college although these had recently stopped for the summer holidays. The manager told us the person had

particularly enjoyed the classes and they would be taking them up again in the Autumn term. Another person had their own weekly radio show. Although this had initially been scripted by a family member their confidence had grown and they now presented the show without a script. A member of staff told us; "It's an active staff team and we like to be out. It can sometimes be difficult to motivate people but we keep trying." The manager commented; "We are about getting the guys out."

The service had a policy and procedure in place for dealing with any concerns or complaints. There were no on-going complaints at the time of the inspection. A comments book was kept for visitors to record their impressions of the service. A recent entry stated; "A very warm welcome received from all staff and [Person's name]. Evidence of a happy, caring and supportive environment where staff clearly enjoy their roles and value their clients."

The manager had recently developed end of life care plans. They told us they were going to start talking with people about their wishes including any preferences around funeral arrangements.

## Is the service well-led?

### Our findings

A computerised 'Easy Log' system had been introduced to the service in the two weeks preceding the inspection visit. The system was used to record daily descriptions of how people had spent their time, their health and emotional well-being. Information was often sparse with little detail. During the inspection we saw staff frequently struggled to access the system due to poor connectivity. Staff commented; "It keeps crashing, today it hasn't crashed on me but it has crashed on [Staff members name]" and "We're only one week in so it's very new and a bit clunky at the moment." The manager speculated that difficulties with the system was possibly why the incident referred to in the responsive section of this report had not been completed on an incident form. The details of the incident had not been recorded elsewhere. We were concerned information and opportunities to learn from events could be lost. We discussed this with the manager and area manager who said they would remind staff to make paper records in future if they were unable to record events electronically. They told us it was early days and were confident these were teething problems only.

Systems to monitor and check the quality of the service and to identify areas for improvement were in place. For example, there were weekly audits of timesheets, fire logs, vehicle checks and incident sheets. Medicine records and financial audits were completed monthly. The manager was also required to complete a monthly manager report for the senior management team. The audits had identified supervisions were not up to date and the manager had started to address this. However, we noted some staff had received a supervision in April or May and had been scheduled a second supervision for July which was already overdue. As not all staff had received a first supervision we were concerned a backlog would build up over time unless action to address this was taken quickly.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. We identified that we had not been notified of two events, one recent and one which took place before the manager took on the management role. We discussed this with them and they told us they had been unclear of their responsibilities in this respect. They had raised the recent event with the local authority. They reassured us they would ensure that notifications of such events would be submitted to CQC appropriately in the future.

There was no registered manager in post at the time of the 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 manager had worked at the service for several years as a support worker and deputy manager and had applied for registration.

At our previous inspection some staff told us they felt undervalued and unable to raise concerns. At this inspection we found staff morale was much improved. Staff were unanimous in their views on this. Comments included; "We feel more valued, and if staff feel valued they do a better job" and "I've had some personal problems and [Managers name] has been very supportive. I get on well with the deputies as well" and "[Manager's name] reflects on the service users. It's the best it's been for a very long time." People were

also positive about the management of the service. One told us; "There are three managers, they are all very fair." A relative commented; "[Manager's name and Deputy manager's name] are absolutely fantastic, they've turned it right around. It's completely different, we are very, very happy with everything."

There were clear lines of responsibility and accountability within the service. The registered manager oversaw the day to day management of the service and was visible to staff and people on a daily basis. They were supported by a deputy manager and acting deputy manager. This meant a member of the management team was usually available for advice. There was also a Positive Behaviour Support lead worker in post. They acted as a link between the service and Spectrum's behavioural team.

The manager told us they were well supported by the organisation. They said; "Anything I need, I just pick the phone up. They [senior management] will advise me at any time." They had regular supervisions with the area manager.

Staff meetings were held regularly and these were an opportunity for staff to raise any concerns or suggestions. A member of staff commented; "The staff team communicate very well." People's views on the service were sought out. The manager told us house meetings had not been successful or popular. Meetings could be organised to discuss specific issues but generally people were asked individually for their views. This was done on a monthly basis using simple questionnaires.

The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any discrimination. There was an Equality and Diversity policy in place in relation to staff. Staff were required to read this as part of the induction process. Systems were in place to ensure staff were protected from discrimination at work as set out in the Equality Act. For example, making reasonable adjustments to enable staff to complete training. One member of staff told us they found reading and writing difficult and were given time and support to complete records.

People's care records were kept securely and confidentially, in line with the legal requirements. CQC ratings from the last inspection report were displayed at the service and on Spectrum's website.