Spectrum (Devon and Cornwall Autistic Community Trust)

Rosehill House

Inspection report

Ladock
Truro
Cornwall
TR2 4PQ

Tel: 01726883776

Date of inspection visit:
20 February 2018

Date of publication:
07 March 2018

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

Rosehill House provides care and accommodation for up to five people who have autistic spectrum disorders. At the time of the inspection four people were living at the service. The service is part of the Spectrum group who run several similar services throughout Cornwall, for people living on the autistic spectrum.

This unannounced comprehensive inspection took place on 20 February 2018. We last inspected Rosehill House in May 2017, we had no concerns at that time. However, due to concerns identified at a previous inspection in January 2017 the service was rated Requires Improvement. At this inspection we found the service was Good.

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.

The service requires a registered manager and there was one in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The premises had been organised to enable people to have their own private spaces as well as opportunities to spend time together when they wished. The service was split into three separate living spaces; a self-contained annexe, the main house and a separate one bedroom apartment. Each had its own front door, kitchen and living area. Appropriate safety checks were completed to help ensure the building and utilities were safe. The environment was clean and well-decorated.

We spent some time with people and staff. Staff were respectful and caring in their approach. They knew people well and had an understanding of their needs and preferences. When staff spoke with people they spent time to check people were engaged with them. Relatives were positive about the staff team and the management of the service. One commented; "We're very happy and [person's name] is the happiest there she has been."

Care plans identified how people preferred to be supported and how much support they required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Technology was used to help improve the delivery of effective care. Spectrum had introduced an electronic system for the recording of daily notes, appointments and incidents and accidents. This meant information could be more effectively and accurately captured and was accessible to senior management as well as staff at the service.

Staff were supported through a system of induction, training, supervision and staff meetings. This meant they developed the necessary skills to carry out their roles. There were opportunities for staff to raise any concerns or ideas about how the service could be developed. There were enough staff to support people safely and allow them to take part in individual activities. The staff team were willing and able to shift their working hours in order to ensure people could take part in events outside of normal shift hours.

The registered manager had a positive approach to risk management. They worked with the staff team to identify the least restrictive way of supporting people and enabling them to access the community.

The staff team felt valued and morale was good. One commented; "We're a team, we help each other." They told us the registered manager was approachable and available for advice and support. We observed the registered manager thanking staff for their input. They told us; "The team are amazing, really flexible." There were clear lines of accountability and responsibility within the staff team. One member of staff was the lead for Positive Behaviour Support (PBS) and the safeguarding champion.

There were effective quality assurance systems in place to monitor the standards of the care provided. Audits were carried out regularly by both the registered manager and a member of the senior management team.

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. There were systems in place to help ensure staff were aware of how to raise any safeguarding concerns.

Risk assessments were used to help staff support people to try new experiences and develop their independence.

There were sufficient numbers of staff to support people safely.

Is the service effective?

Good

The service was effective. People received support from trained staff.

People had access to a varied diet which met their preferences and health needs.

Everyone had an assessment of their mental capacity and deprivation of liberty safeguards (DoLS) applications had been made to the relevant authority.

Is the service caring?

Good

The service was caring. There were positive comments from relatives about the staff who were caring for their family members.

Staff took pride in people's achievements' and demonstrated a genuine concern for people's well-being.

Care plans reflected people's individuality and focused on people's positive attributes.

Is the service responsive?

Good

The service was responsive. Care plans were well organised, up to date and relevant.

People had access to a variety of pastimes to support them to lead an active and fulfilling life.

People were provided with information in a way which was

accessible to support their understanding.

Is the service well-led?

Good

The service was well-led. Staff morale was good and staff demonstrated a positive approach to their roles.

There were systems in place to assess, monitor and improve the quality of the service provided.

Relatives told us the registered manager and staff communicated well with them.

Rosehill 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 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 20 February 2018 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed previous inspection reports and other information we held about the home including any notifications. A notification is information about important events which the service is required to send us by law. We also reviewed the Provider Information Return (PIR). This 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 looked around the premises and observed staff interactions with people. We met with the four people living at the service, the registered manager, the regional manager and four members of staff. We looked at detailed care records for three individuals, staff training records, two staff files and other records relating to the running of the service. Following the inspection we spoke with two relatives.

Good

Is the service safe?

Our findings

Relatives told us they believed their family members were safe at Rosehill House. One commented; "It's a relief for us. I'm glad she's there, she's very well looked after."

We spent most of our time during the inspection in a lounge at Rosehill House with staff and two people. We also met with the other two people who lived in separate accommodation. People were relaxed and at ease with us and staff. One person did not want us to stay long and was confident expressing this. Staff respected their wishes. It was evident people considered Rosehill as their home where they felt safe.

There was a safeguarding policy in place and information on how to report any concerns was easily available to staff. Safeguarding was covered during the induction process for new staff, and was refreshed regularly. The registered manager and provider were aware of their responsibilities and prepared to raise safeguarding concerns if they felt it necessary. A member of staff at Rosehill House had recently been given the role of 'safeguarding champion.' This would involve them talking regularly to staff about their responsibilities and processes for raising concerns. Having an understanding of staff knowledge would enable them to identify if staff had any gaps in their knowledge and required additional training. This was a new role and the member of staff was enthusiastic and keen to develop it further.

There was an Equal Opportunities policy in place. Staff were required to read this as part of the induction process. The registered manager worked 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 and paperwork. Staff told us they had never felt discriminated against at work.

Risk assessments were in place so staff were aware of any identified risk and had clear guidance on how to support people safely. Risk assessments were regularly reviewed and updated as necessary. They reflected people's individual needs. We saw risk assessments covering the use of the kitchen, supporting people when they were distressed or anxious and when they were in situations which they found difficult to understand.

The registered manager told us they took a positive approach to risk. For example, one person had historically always used a safety harness when travelling in a vehicle. Once the registered manager had got to know the person and observed how they acted when travelling they had questioned the need for this practice. They had worked with staff to develop a new risk assessment identifying the likely challenges and guiding staff on the action to take in the event the person became distressed or agitated while travelling. Two members of staff had then taken the person out in a vehicle several times and for varying lengths of time. This had been successful and the person was no longer required to use the harness. The registered manager told us; "It's [the harness] always there if we need it but we never have." A member of staff added; "There have been no problems. [Person's name] will now put on their own seat belt and will undo it when asked. It's not that they don't know how to use it, they just know not to when we're moving."

When any new activities or approaches were tried staff completed learning logs. They recorded what the event had been, what worked well, what didn't work and what could be done differently the next time. This

meant staff were able to learn from each other and information was effectively captured.

Records were stored securely to help ensure confidential information was kept private. The records were up to date, accurate and complete. All care staff had access to care records so they could be aware of people's needs.

The premises were clean and well maintained. Cleaning equipment was available and any potentially hazardous products were securely stored. Staff had completed infection control and food hygiene training. They had access to protective clothing such as gloves and aprons if needed. Fridge and freezer temperatures were monitored and within the accepted range. Food was dated on opening so staff would be aware of when it was no longer safe to eat.

The boiler, gas appliances, portable electrical appliances and water supply had been tested to ensure they were safe to use. There was a system in place to minimise the risk of Legionnaires' bacteria developing. Checks on fire safety equipment were completed and fire drills were held regularly. Personal emergency evacuation plans were in place outlining the support people would need to evacuate the building in an emergency. These were specific to the person.

There were enough staff to support people safely at all times. Rotas showed staffing numbers were consistently met. Staff were flexible in their approach to rotas to enable them to accommodate people's preferences and choices about how they spent their time. For example, staff would adjust their working hours if people wanted to go to the cinema in the evening. During the night there were three members of staff on duty, a sleep-in and a waking night in the main house and a further member of staff based in the annexe.

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 did not have the appropriate skills or knowledge to carry out their role.

Medicines were stored securely. We checked a random sample of medicines and accompanying medicine administration records (MAR) and found the amount in stock tallied with the amount recorded. The MARs were legible and there were no gaps. Creams were dated on opening so staff would be aware of when they were no longer safe to use. All staff had received training to enable them to administer medicines and competency assessments were regularly completed. Staff were able to tell us the correct process to follow in the event of any identified medicines error which might impact on people's health and well-being.

Good

Is the service effective?

Our findings

Before anyone started to receive a service at Rosehill House there was a robust pre-admission assessment. There was one vacant room at the service. The registered manager told us it was important that any new people joining the service were able to fit in with other people. They had recently assessed one person but had decided the service was not suitable for them. This showed people's needs were holistically considered when assessing and planning care to help ensure they could be met.

Technology was used to improve the delivery of effective care. Spectrum had introduced an electronic system for the recording of daily notes, appointments and incidents and accidents. This meant information could be more effectively and accurately captured and was accessible to senior management as well as staff at the service. The system was also used by staff to sign in and out of work electronically. Staff told us the system had been difficult to get used to at first but they recognised the benefits and advantages of it and was now; "A lot easier." There were plans to develop the system further.

Staff had the appropriate skills, knowledge and experience to deliver effective care and support. Staff completed 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. The registered manager told us they always tried to arrange the rotas to allow new staff to complete some shadowing before working independently. On the day of the inspection we met a new member of staff. They told us the induction had been thorough and they were looking forward to working at Rosehill. New staff completed a six month probationary period before their permanent employment was confirmed.

Staff told us they were well supported by the registered manager. Supervision meetings were held regularly. These were an opportunity to discuss working practices and raise any concerns or training needs. Training identified as necessary for the service was updated regularly. This included safeguarding, mental capacity and epilepsy awareness. Relatives told us they believed staff were competent. One commented; "They seem to train staff very well."

People were supported to eat a healthy and varied diet choosing their meals at the beginning of the week. Two people each had their own kitchen and the other two shared a kitchen. These two people often chose to eat together but did not necessarily eat the same thing. Everyone had access to fruit and snacks. Staff spoke of the importance of ensuring people had healthy options available to them. Individual dietary needs and preferences were recorded and well known to staff.

People were supported to access external healthcare services as necessary and attend regular check-ups. For example, they attended GP, dentist and optician appointments. The management team were committed to ensuring people had good medical support and were pro-active when seeking this out. Hospital passports had been developed to share with other healthcare professionals if people needed to access services. These included an overview of people's health needs.

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. Capacity assessments had been completed to record when people were not able to give consent to certain decisions.

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). Everyone either had a DoLS application or authorisation in place. Any attached conditions to the DoLS were being met. DoLS applications listed any specific restrictions which were in place for individuals. There was evidence to demonstrate staff thought about how to identify the least restrictive practice possible to keep people safe. Records showed decisions taken on people's behalf had been made in people's best interest.

People were supported to make day to day decisions and choices. We saw people chose where to spend their time. One person liked to spend some time on their own and clearly indicated to staff when they wanted them to leave. We had arranged to meet with one person when they returned from a trip out. However, they were keen to go out again and staff supported them in this choice.

The premises were spacious, suited people's needs and reflected their preferences. Two people lived in self-contained accommodation each with their own entrance. The other two people shared a living/dining area and kitchen. Both had their own bedrooms and bathroom. This meant they were able to access these facilities when it suited them. The property was well maintained and clean. Living areas and bedrooms were personalised and reflected people's personal taste and interests. People had pictures and symbols on bedroom drawers to help them identify what they contained, for example, a picture of t-shirts. This helped them to maintain and develop their independence.

Good

Is the service caring?

Our findings

People were relaxed and at ease with staff. Staff spoke of people with affection and respect and a concern for their well-being. The registered manager told us; "I know, when I go home, that everyone will be alright. It's a good staff team and they care about people." One member of staff told us; "I know everyone really well." A relative told us; They [staff] are very kind."

Staff knew people well and had an understanding of their communication needs and styles. There was information in care plans which was detailed and informative about how people used words, simple signs and body language to express themselves. During the inspection we heard staff discuss the words one person used and what they meant. They demonstrated a depth of knowledge and understanding of the person's vocabulary.

Staff were creative and innovative in identifying ways of making information about people accessible and available to them. General information about communication and people's likes and dislikes was displayed on walls using colours, various materials and pictures and photographs. The displays reflected people's interests and portrayed something about their character. A new member of staff told us it was also helpful to them to be able to refer to this quickly and immediately have guidance for how best to support people. None of the information displayed was of a confidential nature and people's privacy and dignity was protected.

On the day of the inspection one person was unwell. Staff showed a genuine concern for the person's well-being throughout the day. They encouraged them gently to drink and eat and spoke to them kindly and with compassion. Arrangements were made for the person to see the GP and staff followed this up to ensure the person saw the GP in a timely manner. A member of night staff stayed on until they were satisfied there were enough staff to monitor the person. A member of staff who had been on duty when the person became ill, phoned in during the day to check how they were. It was clear the person was cared for and mattered to staff.

In our conversations with staff they demonstrated a person centred approach to support. They spoke with pride of people's accomplishments and had high aspirations for them. Staff were keen to share stories and photographs of people taking part in activities that were new to them. We met with everyone living at the service. Apart from the person who was ill on the day of the inspection, all appeared animated and content. One person was in their self-contained flat for most of the day with staff. They were listening to music and staff told us they had been dancing together. Another person spent time between the lounge and their own room apart from a walk out in the afternoon. They approached staff for assistance when they needed it.

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. Staff also made sure they kept photographs and reports of new experiences people had tried.This meant documents recording people's personal stories were continually evolving.

Care plans reflected people's individuality and focused on people's positive attributes. They described what people were able to do and the amount of support or encouragement they might need to complete tasks. People's health needs meant they sometimes required monitoring while bathing. Care plans detailed how staff were to achieve this while maintaining people's privacy and dignity. Staff descriptions of how they supported people were in line with the care plans.

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. One person frequently received post cards from a relative. Staff had created an album to keep the postcards in so the person was able to look through them whenever they wanted. Staff had set up Skype for another person to improve the quality of contact they had with their family and make it more meaningful for them.

Good

Is the service responsive?

Our findings

Care plans outlined people's needs over a range of areas including their health and emotional well-being. There was information about what was important to and for people and their likes and dislikes. Staff had clear guidance on how they could support people with their emotional well-being as well as their health needs. There were detailed descriptions of people's routines and how they liked to be supported. These included information about what people could do for themselves and what they needed support with. The plans were relevant and up to date.

Any changes in needs or how care and support was delivered were recorded and care plans updated accordingly. Daily logs were completed to document what the person had done during the day and included information about their mood and emotional well-being. The daily logs were kept on hand held electronic tablets. They were detailed, informative and gave a comprehensive overview of the day. Each person's daily log had been developed to ensure it reflected their needs. For example, some people had specific dietary needs and so it was necessary to record in detail what they had consumed throughout the day. Other people did not need to have this information recorded and the daily log simply required staff to record if the person had eaten a meal.

Handovers took place between shifts to ensure staff were made aware of any changes in people's needs. There was a general communication book for staff to use and individual communication books where confidential information could be shared between staff as appropriate and necessary.

People were supported to take part in hobbies and pastimes which reflected their interests and allowed them to try new experiences. The registered manager told us people's opportunities to take part in meaningful activities had developed considerably. Apart from day to day pastimes such as local walks, shopping trips, swimming and bowling, people were supported to go on holidays and try new activities. For example, one person had visited a residential holiday centre for people with disabilities. This had given them the opportunity to try out zip wires, canoeing and rock climbing. Staff told us this had been a great success and something that had not been previously considered as appropriate for this individual. The registered manager told us; "[Person's name] has done stuff people never thought she'd do." Another person had been on a more relaxing holiday. Staff told us the person was; "So chilled it was unreal." Relatives told us their family members were getting out much more frequently than they had done in the past.

People were given information in a way which was accessible to support their understanding. For example, the complaints procedure and service user guides were available in easy read format. Easy read information uses symbols and limited text and can be a starting point for staff to support people to access information. Care plans contained detailed information about people's communication styles and how they could be supported to understand information.

There were systems in place to manage and investigate any complaints. A complaints policy outlined the time periods within which complaints would be addressed and responded to. There were no on-going

complaints at the time of the inspection. A compliments book was in place for visitors to use. This contained positive comments about how the service was managed. For example, a relative had written; "We've spent a lovely time at Rosehill with [person's name] and his staff."

Good

Is the service well-led?

Our findings

The service requires a registered manager and there was one 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.

Roles and responsibilities were clearly laid down within the service. The registered manager was supported by a member of staff who was the named Positive Behaviour Support (PBS) lead for the service and the safeguarding champion. The PBS lead role involved them acting as a link between the service and Spectrum's internal behavioural team. They were able to raise any concerns about individual's behaviours and actions to the team and share any advice and learning to the rest of the staff team. They were also responsible for overseeing care plans and ensuring they were kept up to date.

Staff told us the registered manager was available and approachable. They told us they were well supported and were able to raise any queries at any time. One commented; "[Registered manager] is brilliant, she's turned this place around." Team meetings were held regularly. These were used as an opportunity to formally discuss individual's care planning arrangements. Staff were able to raise any issues or make suggestions about how the service could be improved.

The registered manager received support and supervision from the regional manager. They told us they were able to ask for additional support and advice at any time.

There were positive links with the local community. Staff made sure people were visible and a part of the local area, supporting them to use neighbourhood facilities and go on nearby walks. People took part in shopping for food and household products. Staff at the supermarket knew people by name and supported them to get through the till system quickly if they were becoming anxious. The registered manager told us the house shopping had previously been completed on-line but they considered it important that people were actively involved in this.

The senior management team at Spectrum communicated with staff regularly via email. Staff told us they had access to information about organisational developments and any changes affecting the care sector. The registered manager submitted monthly manager reports to senior management. These served to highlight any gaps in the delivery of service, both to head office and themselves. Manager meetings were held approximately every eight weeks. These were an opportunity for managers to update each other on any developments and share learning.

Relatives were positive about the registered manager and staff team. They told us they were kept well-informed. One relative, who lived some distance away, said they regularly received photographs and reports to keep them up to date which they valued. They told us; [Registered manager] has a good approach. I genuinely feel there's a good team there."

Any incidents and accidents were recorded and subsequently analysed to identify any patterns or trends. The records were shared with the senior management team and members of the behaviour team. This meant any incidents which required a change to people's care plans could be identified and the necessary changes be introduced.

Staff completed values and equality and diversity training as part of the induction. This meant they were aware of Spectrum's visions and values. Spectrum had signed up to the NHS England STOMP campaign. The STOMP-LD project was launched by NHS England in 2016 to improve the quality of life of people with a learning disability by campaigning to stop the overmedication of people with a learning disability, autism or both.

Regular audits and checks were carried out both within the service and by the provider. For example, staff completed daily counts of medicines held so any errors would be quickly identified. This was backed up by a weekly audit of medicines and MARs. The regional manager carried out full audits of the service every six months. CQC ratings from the last inspection report were displayed at the service and on Spectrum's website.