Spectrum (Devon and Cornwall Autistic Community Trust)

Heightlea

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected Heightlea on 15 January 201, the inspection was unannounced. The service was last inspected in November 2013, we had no concerns at that time.

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

Heightlea is part of the Spectrum group who provide services to people living with autism in Cornwall. The service is a modern property located on the outskirts of Truro. Three people who had lived in another Spectrum home had recently moved into Heightlea, effectively merging the two services. Staff from both services had worked with people to help ensure a smooth transition

The premises were well maintained, pleasant and roomy. People had large bedrooms which had been decorated and furnished in line with their personal preferences. Everyone had access to their own bathroom. We identified several risks associated with the environment. There were a large number of COSHH (Control of Substances Hazardous to Health), items being kept in an unlocked utility room. Hot water temperatures were not effectively regulated and staff had identified that one person had been running their bath independently but not always at an appropriate temperature. Outdoor decking was slippery underfoot but there were no risk assessments in place to help ensure the area was used safely.

The atmosphere at Heightlea was relaxed and welcoming. Interactions between staff and people were friendly and supportive. One person's accommodation was separated from the main building which gave them a degree of independence and privacy that was important to them. Staff described to us how they worked to support them according to their preferences while protecting them from any risk of becoming socially isolated. They were able to tell us about activities the person enjoyed doing with others and who they liked to spend occasional time with.

People were able to access the local community and amenities easily as the city centre was within walking distance. People took part in a range of activities such as keep fit sessions, attending local social clubs and playing snooker. Relatives told us their family members had full and active lives.

Recruitment practices helped ensure staff working in the home were fit and appropriate to work in the care sector. Staff had received training in how to recognise and report abuse, and all were confident any concerns would be taken seriously by the registered manager.

People were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the

Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals when appropriate.

The registered manager and staff spoke of the importance of providing continuity of care for people. This had been identified as a priority for the service following the recent changes. More frequent staff meetings were being arranged to help ensure consistency. Staff told us they communicated well with each other and observed how people were supported by staff who knew them well.

There were effective quality assurance systems in place to monitor the standards of the care provided. Learning from incidents, feedback and complaints had been used to help drive improvement across the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not entirely safe. We identified some risks associated with the premises.

Staff had received safeguarding training and were confident about reporting any concerns.

There were robust systems in place for the management, storage and administration of medicines.

There were sufficient numbers of suitably qualified staff to keep people safe.People were protected by safe and robust recruitment practices

Is the service effective?

Good

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

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

People had access to other healthcare professionals as necessary

Is the service caring?

Good

The service was caring. Staff treated people with consideration and respect.

There was a relaxed and friendly atmosphere and staff spent time laughing and joking with people.

Staff worked to support people according to their preferences while recognising the need to protect them from becoming socially isolated.

Is the service responsive?

Good

The service was responsive. People had access to a wide range of meaningful activities.

Staff worked to ensure any changes to people's support were well managed and people were helped to understand the changes.

There was a satisfactory complaints procedure in place.

Is the service well-led?

Good

The service was well-led. There was a registered manager and deputy manager in place.

Regular staff meetings were held to help ensure there was a consistent approach to supporting people.

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

Heightlea

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 15 January 2016 and was unannounced. The inspection was carried out by two 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 spoke with the people living at Heightlea and observed staff interactions with people. We spoke with the registered manager, Spectrum's head of operations and three care workers. Following the inspection visit we contacted three relatives to hear their views of the service.

We looked at care records for four individuals, people's Medicine Administration Records (MAR), staff rotas, four staff files and other records relating to the running of the service.

Requires Improvement

Is the service safe?

Our findings

People living at Heightlea had limited verbal communication. We spent time talking with people and observed the support provided to them. The friendly conversations and positive interactions between staff and people indicated they felt safe and at ease in their home and with staff supporting them. Relatives told us they believed their family members to be safe. One commented; "[Person's name] is always happy to go back. That's a good sign." We saw people accessing all the shared areas of the building, using the kitchen and popping in and out of the office to chat with staff.

Care plans contained detailed information to guide staff as to the actions to take to help minimise any identified risks to people. The information was contained within the relevant section of the plan. Some people could become distressed and agitated at times. The care plans identified what was likely to trigger anxiety and how staff would recognise it. For example; "Raising hands and shaking." There was guidance on what staff should do in these circumstances to support the person.

We identified some risks associated with the environment and premises. It was recorded in one person's communication book on the 21 December 2015; "[Person's name] is running his own bath which is OK but he is having it either too cold or too hot." We ran the hot tap and found it reached a temperature which made it uncomfortable to keep your hand under it. We discussed this with the registered manager and head of operations who told us the taps were fitted with thermostatic mixing valves, (TMV's) to limit the temperature of the hot water. The registered manager checked the temperature recordings and found the hot water had been recorded as being at 47 degrees on the last check and 45 degrees previously. If hot water used for showering or bathing is above 43 °C, there is increased risk of serious injury. This indicated the TMV's were not working effectively and the person could be at risk from scalding. Apart from the note in the communication book there was no written guidance for staff on how they should support the person to run their bath independently while still ensuring their safety.

There were a large amount of COSSH items stored in a utility room. Due to the recent merging of two services there were more of these items than normal and there was not sufficient space to store them securely. Some items were on an open shelf and could easily be accessed. We saw in one person's care plan they sometimes exhibited "impulsive behaviour" such as putting syrup in their hair. This meant there could be a risk the person might use these products inappropriately. We discussed this with the registered manager and head of operations who said arrangements would be made to find alternative storage arrangements.

Glass doors led out onto a decking area. We saw documentation that this had recently been treated to try and alleviate any slipperiness. The notes stated that a further treatment would be beneficial. A 'wet floor' sign was in situ. However the doors were unlocked and there was no risk assessment in place to guide staff as to how to support people when using this area and when it would be unsafe to use. Following the inspection the provider contacted us with evidence to show the decking had been covered with astro turf to minimise the risk of slipping.

A sharps box containing used razor blades was on open shelving in the unlocked office. People were able to enter this room at any time. This meant there was a risk people might have opened the box and suffered an injury.

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

There were sufficient numbers of staff to meet people's assessed needs and help ensure their safety. On the day of the inspection visit people were supported to go out on planned activities and take part in daily chores and routines. Rotas for December showed the minimum staffing levels were consistently met apart from one occasion. Relatives told us there were enough staff to support their family member. One commented; "There have been very few occasions when an activity has been cancelled."

Recruitment processes were robust; all appropriate pre-employment checks were completed before new employees began work. For example Disclosure and Barring checks were completed and references were followed up. This meant people were protected from the risk of being supported by staff who did not have the appropriate skills or knowledge.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff told us if they had any concerns they would report them to the registered manager and were confident they would be followed up appropriately. They were aware of the management structure and how they would escalate concerns if necessary, both within and outside of the organisation. Flyers and posters in the office and the kitchen/dining area displayed details of the procedures to follow and if they suspected abuse.

People's medicines were managed safely. Medicines were stored securely in a locked cabinet in the office. The amount of medicines held in stock tallied with the amount recorded on medicine administration records (MAR). MARs were completed consistently and in line with current guidance. Creams had not been dated on opening; this meant staff would not be aware when the medicines were at risk of becoming ineffective or contaminated. At the time of the inspection there were no medicines being used which required refrigeration. However, a dedicated fridge was available if needed. One person was preparing to visit their family. Staff printed off a copy of the MAR to enable the person's family to keep a record of when medicines had been administered. This meant they were able to monitor the persons medicines at all times.

People's monies were stored securely. No-one had a bank card with an associated PIN. People were supported to use the local bank weekly to withdraw money. Records of expenditure were kept and audited daily. In addition an external audit was completed monthly by Spectrum's finance team.

Good

Is the service effective?

Our findings

People received care and support from staff who knew them well and had the knowledge and skills to meet their needs. Three people had recently moved to Heightlea from another Spectrum service and staff who were familiar with their needs had moved to work at Heightlea in order to provide continuity of support. One relative told us; "Staff have a clear understanding of autism and a clear view of what [person's name] can and can't do."

New staff were required to undertake an induction process consisting of a mix of training and shadowing and observing more experienced staff. The induction process had recently been updated to include the new Care Certificate. This is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. Due to the merging of the two services staff were not familiar with everybody's needs. Staff told us they were working alongside each other in order to help them gain an understanding of people and come together as one team.

Training identified as necessary for the service was updated regularly. Staff told us they were happy with the amount of training they received and believed it equipped them to do their jobs effectively. One described it as; "thorough." Relatives said they found staff to be competent, comments included; "They do a great job," and "there's good training in place."

Records showed staff had not had formal supervision for some time and the registered manager confirmed it had "slipped." However staff told us they felt well supported and were able to seek help and advice from the registered manager or deputy manager whenever necessary. One commented; "You can always knock on the manager's door." The head of operations told us Spectrum were developing a system to record informal supervisions more effectively.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS authorisations were in place for two people and applications made for others. The service were waiting to hear the outcomes of the applications. The applications and other related records showed the correct procedures had been followed. Mental capacity assessments and best interest meetings had taken place and were recorded as required.

People were supported to be involved in planning menus, shopping for food and preparing meals. Staff

were aware of people's individual likes and dislikes and took these into account. Most people chose to eat their main meal together and viewed it as a social occasion. One person told us they particularly enjoyed a Sunday roast. A relative said their family member's health condition meant they had a predisposition to put on weight. They told us staff had worked with the person to help them understand how to eat healthily and how their diet had improved and their ability to choose to eat more sensibly.

People were supported to access other health care professionals as necessary, for example GP's, opticians and dentists. Health files contained information about past appointments and any action taken as a result. We saw evidence that people's medicines were reviewed regularly and people had access to 'Well man' checks.

The interior of the building was well maintained and decorated. Bedrooms were decorated to suit people's personal taste and were spacious, light and airy. There was a shared living room and a conservatory which was used as a quiet area. There was also another shared room which people used to do any craft work or access the shared computer. One person preferred to spend time alone and did not enjoy a busy environment. This had been identified by staff when plans were being made to merge the two services. In order to help ensure they did not find the increased numbers of people unsettling a garage had been converted into a self-contained flatlet for them. We visited the person and they took pride in showing us their living space which was pleasant and suited the person's needs. Staff told us; "[Person's name] was our biggest worry. [When planning the merge]. But it's all worked really well." Another said; "He likes his own company and we respect that."

Good

Is the service caring?

Our findings

We observed staff interacting with people and noted the care and support they provided. People were treated kindly and respectfully by the staff team. Relatives told us they were happy with the service provided. Comments included; "He seems to get on with the staff and they seem to like him," and "He regards it as home now." A member of staff told us; "It's important the guys are happy, that's the main thing."

The atmosphere at Heightlea was relaxed and friendly. Staff told us one person who had recently moved into the service referred to it as; "The chill-out house." People came into the office to spend time sitting and chatting with staff. At other times of the day we saw people choosing to spend time with staff watching TV or listening to music on their own in their room. We heard staff laughing and joking with people and encouraging them to talk with us.

One person's care plan referred to the value of using pictures and symbols to support meaningful communication with them. However we did not see much use of pictures within the service. For example menus were written out. The person's care plan referred to an activity board and the use of Picture Exchange Communication Systems (PECS) when communicating with the person but these were not evident in their room. PECS is a system whereby the person uses pictures to initiate communication. We discussed this with the registered manager and head of operations. They told us the person had access to these communication tools at the previous service which they had just moved from, but they possibly had not yet been put on the person's wall and that this would be addressed.

One person preferred to spend time alone in their own flatlet. However staff told us they recognised the risk of the person becoming isolated and encouraged them to join the main house for meals and activities from time to time. The registered manager told us staff would support the person when preparing meals and ask if they wanted company when eating. We saw staff popped in to see the person throughout the day.

Care plans contained positive information about people and recognised their individual positive characteristics. For example we saw one person was described as; "Fun loving, with an infectious laugh and cheeky grin." There was also important information about people's past, interests and relationships. This meant staff were able to learn about the person and gain an understanding of who they were.

Staff recognised the importance of family relationships and supported people to maintain them arranging regular visits. The manager or deputy manager spoke with families regularly to help ensure they were kept up to date with any developments or changes in routines. Relatives told us they had regular phone contact with their family members.

People's privacy and dignity was respected. One person did not like staff to enter their bedroom and this was accepted as their right. When we were talking with people staff left the room so we could talk with them in private and in confidence.

Good

Is the service responsive?

Our findings

People were supported by staff who knew them well and understood how they wished to be supported. For example, staff spoke to us about how people liked to spend their time and the activities they particularly enjoyed. One person liked to visit the local snooker hall where they were a member. This person had been identified as being at risk of becoming isolated so staff had arranged for them to visit the hall with another person with similar interests. People who had only recently moved into Heightlea were encouraged to try new activities that were available locally and this had been successful.

As well as leisure activities people were being supported to access the local community on shopping trips and to use local services such as the bank. The town was within walking distance and so people were able to access it easily and were not dependent on having staff support from qualified drivers. One person had a voluntary work placement at a local day centre working in the kitchen. They told us this was something they enjoyed and they received a free meal after their shift. The registered manager told us they wanted to encourage other people to look into finding work placements.

People who had lived in another Spectrum home had recently moved into Heightlea, effectively merging the two services. Staff from both services had worked with people to help ensure a smooth transition. Communication tools such as talking mats and social stories had been used to support people to understand what was happening and the possible impact on their lives. Prior to the move people had visited Heightlea in order to see the premises and meet other people using the service. The registered manager and staff told us the move had been very successful, one commented, "The guys have coped brilliantly. It couldn't have gone better." Staff from the other service were now working at Heightlea which meant people had continuity of support. The two staff teams were working together to help each other understand people's support needs. The registered manager told us they were confident the two teams would soon become a cohesive unit. A member of staff told us; "It's important we're doing things the same way and are consistent." A relative told us there was; "minimum disruption."

Care plans contained information about people's background, preferences, and support needs. We found there was some information which was out of date. Although the most recent information was available it was sometimes difficult to locate due to the amount of material available. A member of staff commented; "We could do with some more micro plans [detailed descriptions in relation to specific routines or events], because of the amount of information. It would be useful for bank staff."

People and their families were involved in the development of care plans. Review meetings were held regularly as well as six monthly person centred planning, (PCP) meetings. Person-centred planning is a way of discovering what people want, the support they need and how they can get it.

Daily logs were completed throughout the day for each individual. These recorded any changes in people's needs as well as information regarding appointments, activities and people's emotional well-being. We noted some gaps in the daily notes which meant we were not always able to evidence how people had spent their time. For example in one person's notes the first recording for the 1 and 14 January was 5:00pm

and the last on 6 January 4:00pm and for 11 January 3:00pm. In addition to the daily logs there was a communication book to record more general information which needed to be shared amongst the team. There were also communication books in place for each individual. This meant confidential information was protected. Staff told us they felt the systems in place ensured they were up to date with any changes in people's needs.

There was a satisfactory complaints procedure in place which gave the details of relevant contacts and outlined the time scale within which people should have their complaint responded to. No complaints had been received. Relatives told us they would be confident to raise any concerns they had with the registered manager but had not had need to. One commented; "I would have no compunctions raising any concerns."

Good

Is the service well-led?

Our findings

The registered manager was also registered manager for Spectrum domiciliary care agency and shared their time between the two. They facilitated and attended staff meetings and ensured they spent time at the service at least twice a week. They were supported by a deputy manager.

The registered manager received regular supervision and attended monthly managers meetings. They told us they felt well supported and were kept up to date with any changes through a system of emails and regular meetings. In addition they subscribed to various relevant publications and attended conferences in order to keep abreast of any changes in legislation or current thinking around working practices.

Information was used to aid learning and drive improvement across the service. Learning logs and incident sheets were consistently completed. Incident sheets were analysed on a monthly basis in order to highlight any trends or patterns.

Regular staff meetings were held to provide an opportunity for open discussion and; "make sure everybody is singing from the same hymn sheet." The registered manager was intending to hold more frequent staff meetings while the staff team were getting to know people's needs. They told us they wanted to help ensure there was consistency of care and support across the team.

Staff felt well supported and considered the service to be; "quite well run." They told us they communicated well as a team and frequently discussed amongst themselves how best to support people. One commented; "We are always questioning why we do things the way we do. And we try new things." This demonstrated staff were open to developing and moving the service forward.

Service reviews for everyone living at Heightlea were planned for March and April. This would enable staff to look at what was working well for people in the new arrangements and what could be better. The reviews would involve staff, families and external professionals as well as people themselves.

Any organisational changes were communicated via newsletters and internal emails. In order to try and improve links between care staff and the higher organisation Spectrum had recently re launched a Works Council to allow representatives from all levels to have a voice within the organisation.

A questionnaire had been developed for all stakeholders including staff. This was being trialled in two services. An open day was planned for February 2016 to allow staff an opportunity to discuss any concerns or ideas they had for individual services and organisational practices.

Quarterly audits based on the Care Quality Commissions Key Lines of Enquiry (KLOE) were carried out by the provider. Any highlighted issues or areas requiring improvement would result in an action plan with a clearly defined time frame. The registered manager had responsibility for producing a monthly report. Environmental safety checks were up to date, for example electrical and fire checks.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way for service users. The registered person had not: -assessed the risks to the health and safety of service users -done all that was reasonably practicable to mitigate any assessed risk -ensured that the premises were safe to use for their intended purpose -ensured that the equipment used by the service provider for providing care or treatment to a service user is safe for such a use and is used in a safe way. Reg 12(1)(2)(a)(b)(d)(e)