

# Spectrum (Devon and Cornwall Autistic Community Trust)

## Menna House

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection at Menna House on 16 & 24 January 2017 when we identified breaches of the legal requirements. After the comprehensive inspection the provider wrote to us to say what they would do to meet legal requirements in relation to staffing levels, ensuring people were supported to take part in activities which met their individual needs and preferences, the systems for documenting the care and treatment people were receiving and records of people's personal expenditures.

We undertook this unannounced focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Menna House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

The service is required to have a registered manager and at the time of the inspection there was no 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.

Staff recorded how people spent their time and details of their health and emotional well-being in daily logs. There were several gaps in these records which sometimes lacked detail. This meant we were not always able to establish how people were occupied during the day.

Staff told us staffing had improved and there were enough staff to help ensure people's needs were met. Rotas for the previous two weeks showed staffing levels were appropriate at all times. There were sufficient staff to help ensure people's health and social needs were met according to their preferences. People were supported to take part in a range of activities which were in line with their interests. There were vacancies at the service and two members of staff were leaving at the end of the month. We were concerned the improvement in staffing levels might not be sustained and will check this at our next comprehensive inspection.

Records for logging people's personal expenditure were now accurate and provided a clear audit trail of monies received and spent. The records were audited regularly so any errors would be quickly identified.

Systems in place for the management of medicines were robust. There was clear guidance available for staff if they needed to administer any additional medicines not routinely prescribed.

Care plans were informative and regularly reviewed. One page profiles at the front of care plans provided staff with important information quickly and effectively.

Regular audits were carried out to monitor the quality of the service provided. Where these identified areas for improvement action was taken appropriately. These had failed to identify or address the gaps in daily records. The manager was working to improve communication with families and help ensure they were kept up to date with what their family member had been doing throughout the week.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of the main report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

We found that action had been taken to improve safety. There were sufficient staff to make sure people's needs were consistently met.

Staff had access to information to help them protect people from identified risks.

There were effective systems in place to support people with their finances.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

### Is the service responsive?

The service was not entirely responsive. There were gaps in records intended to document how people spent their time.

People had access to a range of activities.

There was a satisfactory complaints procedure in place.

**Requires Improvement** ●

### Is the service well-led?

The service was not entirely well-led. Audits of daily records were ineffective.

Staff were positive about changes to the management of the service.

Staff meetings were held to provide an opportunity to discuss how to improve the service.

**Requires Improvement** ●

# Menna 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.

We undertook an unannounced focused inspection of Menna House on 19 May 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our January 2017 inspection had been made. We inspected the service against three of the five questions we ask about services: is the service safe, responsive and well-led? This is because the service was not meeting some legal requirements in these areas.

The inspection was carried out by one 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.

Due to people's health care needs we were not able to ask people who lived at the service about their experience of the care and support they received. We spoke with the manager and three members of staff.

We looked at detailed care records for two individuals, daily records for three people, staff rotas and other records relating to the running of the service including people's financial records.

# Is the service safe?

## Our findings

At our comprehensive inspection in January 2017 we found there were not always sufficient staff on duty to make sure people's needs could be consistently met. This meant people could have been at risk as they were not receiving support in line with their plan of care. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found staffing levels had improved. Rotas for the two weeks preceding the inspection showed the minimum staffing levels were consistently met. On the day of the inspection there were five members of staff on duty when we arrived at 9:00 am. This increased at 10:00 am to six members of staff. At 3:00 pm a seventh member of staff was on duty. This meant people were supported according to their needs and preferences and everyone was supported to go out at some point during the day. Staff commented; "We're getting there" and; "Things are much better than they were."

We found the service was now meeting the requirements of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of the inspection there was one full time vacancy and a 30 hour per week vacancy. The manager told us any gaps in the rota were usually filled by a member of the staff team. Where this was not possible they used a member of Spectrum's bank staff team. Some bank staff had previously worked at the service and were familiar with people's needs. Two more members of staff were leaving the service at the end of the month. We were concerned the improvements to staffing might not be sustained and will check this at our next comprehensive inspection.

Recruitment processes were robust; all the appropriate pre-employment checks were completed before any new employees began work. For example Disclosure and Barring (DBS) checks were completed and references were followed up. The manager was involved in the recruitment process to help ensure any new staff were suited to the particular needs of the service. The management team were pro-active in their approach to recruitment and used social media to help raise awareness of any vacancies.

At our comprehensive inspection in January 2017 we found records of people's personal monies were inaccurate. At this focused inspection we found action had been taken to address the problems and the records were clear and well organised. We checked the monies held for three people against the records and found these tallied. Regular audits were being carried out to help ensure any errors were quickly identified. People had financial care plans outlining how they should be supported with their finances. One person's care plan had not been updated to reflect a change in staff responsible for supporting them with their personal monies. We discussed this with the manager who assured us they would make the necessary changes.

People's medicines were stored securely in locked cabinets in their bedrooms. Medicines Administration Records (MAR) were completed appropriately. We checked the number of medicines in stock for two people against the number recorded on the MAR and saw these tallied. Creams and liquid medicines had not been

dated on opening. This meant staff might not be aware when these medicines became ineffective or at risk of being contaminated. The manager assured us they would remind staff of the need to date these medicines.

People sometimes required medicines to help them when they were distressed or anxious. There were clear processes for staff to follow in these circumstances. Before administering additional medicines staff were required to obtain authorisation from a manager. If one was not available in the service, Spectrum's on-call system ensured there was always access to a duty manager. If staff were unable to contact the duty manager immediately they were able to administer the medicine and ring the duty manager as soon as possible to inform them. This meant people were able to receive any medicines they needed in a timely manner.

During the inspection people frequently came into the office where we were based. They were relaxed and confident in the environment. Staff supported people with kindness and demonstrated an understanding of people's needs and behaviours. They told us how people might approach us and how we should respond to avoid causing any anxiety.

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. Notice boards in the office displayed details of the local authority safeguarding teams and the action to take when abuse was suspected. The management team had received additional safeguarding training to help ensure they were aware of their responsibilities. The agenda for a scheduled staff meeting showed safeguarding was due to be discussed.

Care plans contained detailed information to guide staff as to the actions to take to help minimise any identified risks to people. For example, how people should be supported when travelling in a vehicle. The information was contained within the relevant section of the plan and was detailed describing how to support the person in various scenarios.

The environment was clean and well maintained. The lounge, kitchen and sensory room on the ground floor had recently been redecorated to create a more homely atmosphere. There were certificates in place to evidence appliances such as the boiler and portable electrical equipment had been checked to ensure they were safe to use. Regular fire checks were carried out and Personal Emergency Evacuation Plans (PEEPS) were in place for each person. These reflected people's individual needs in the event of an emergency.

## Is the service responsive?

### Our findings

At our comprehensive inspection in January 2017 we found people had limited access to activities. Although people's interests and preferences had been identified, low staffing levels had resulted in a lack of meaningful activities designed to meet individual needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this focused inspection we found people were taking part in a wider range of activities. One person had recently been supported to visit a local riding school to find out if they would be interested in taking up horse riding. This had not been successful and the staff team were considering other options. Another person had not been able to take part in their normal pastimes recently due to a health condition. The manager told us how they had encouraged the person to be more involved in activities within the service. This demonstrated a willingness to support people to try new experiences. Some people had passes to local tourist attractions. One person particularly enjoyed a specific therapy and arrangements had been made for them to have sessions in this more frequently. It had been identified as important that one person was supported to take regular walks as they were particularly energetic. The daily logs and staff communication book showed this was happening at least four times a week.

We found the service was now meeting the requirements of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our comprehensive inspection in January 2017 we found there were several gaps in the daily records making it difficult to establish how people were spending their time. This contributed to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw daily logs were still inconsistently completed. We looked at the logs for three people for the period between May 2nd and the day of the inspection, a period of 17 days. Two people's records had a (different) day where no records had been kept. One person had a total of eight gaps in the logs where the record had only partially been completed. The other two people had four or five gaps each. The records sometimes lacked detail. For example, on one day it had been recorded; "Trip out." There was no further information about where the person had gone, who with, for how long and whether they had enjoyed the experience. The gaps in the logs and lack of detail meant the records lacked information and did not allow us to get an overview of people's experience of the service.

We found the service remained in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care plans were detailed and informative, outlining their background, preferences, communication and support needs. A front page outlined basic, but important, details about the person's needs. For example, we read one person disliked being asked to do something they did not want to do. The one page profile then stated; "Use an upbeat tone and visual aids when asking her to do something." This meant staff had quick access to important and relevant information. Further sections contained more detailed



information to help staff gain an in-depth knowledge of all aspects of people's needs. One person's care plan was in the process of being updated to help ensure all the information remained accurate and relevant following a recent change in their needs. This was being done with the support of Spectrum's behavioural team. Relatives were invited to attend care plan reviews where appropriate.

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. The relatives of two people had recently contacted the service to thank them for the support provided to their family member.

## Is the service well-led?

### Our findings

At our comprehensive inspection in January 2017 we found audits designed to ensure the quality of the service provided were not effective and had not identified the discrepancies in people's financial records. This contributed to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found audits in some areas, for example, medicine records, care plans, people's personal monies and the environment were being carried out and were effective. We were told key workers audited the daily logs on a weekly basis. Where they identified any gaps this was recorded in the staff communication book. We were unable to find any notes in the communication book regarding the many gaps in daily records. There was no evidence any action had been taken to address the problems with the recording system. We concluded the audits in place were ineffective and found the service remained in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service is required to have a registered manager and at the time of the inspection there was no 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. The manager had been in post since October 2016. At our inspection in January 2017 they had assured us they were applying to be registered. We discussed this delay with them and they told us they needed to update their identification documents as the address on them was incorrect. However, this delay meant no manager had been registered for a period of seven months. We concluded the provider was failing to comply with the conditions of their registration.

The manager was supported by two deputy managers, one of whom was new to the service. The other deputy manager and manager told us this had been a positive impact on the service. A member of staff described the management team as; "Confident leaders." Rotas were organised to make sure one of the management team was on duty most days. The manager told us that, from July, they would be allocated five hours a week protected time to carry out managerial duties. There was a key worker system in place. Key workers have oversight of the delivery of care to named individuals. This includes helping to ensure care plans are up to date and organising any medical appointments.

Staff meetings were taking place and these were an opportunity for staff to raise any concerns or discuss how the service provided could be improved. The manager and deputy managers attended regular manager meetings organised by Spectrum. Staff told us morale was good, one commented; "Things are definitely on the up."

The manager was working creatively to improve the quality of information sent to relatives to keep them informed of how their family member was spending their time. They were developing short newsletters specific to each individual. These used photographs to show what activities people had taken part in. The documents could also be used to promote communication and engagement with people.

Spectrum had recently restructured the organisations on-call system. A duty manager was available between 8:00 am and 10:00 pm for staff to contact for guidance or to report any unexpected staff absences. Outside these hours an on-call manager was available. The manager told us the system worked well.

Organisational policies and procedures were available on line to enable staff to have easy access to information. Spectrum kept staff informed of any developments in the care sector via emails and a newsletter. A member of staff told us the communication from head office had improved; "100%."

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes were not established or operated effectively to ensure that accurate, complete and contemporaneous records of the care and treatment provided to each service user were maintained. 17(1)(2)(c)