

Spectrum (Devon and Cornwall Autistic Community Trust)

St Erme Campus

Inspection report

St Erme
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

St Erme provides care and accommodation for up to twenty people who have autistic spectrum disorders. At the time of the inspection 13 people were living at the service. St Erme is part of the Spectrum group who run similar services throughout Cornwall. The service is made up of three separate buildings known as St Erme Lodge, St Erme House and St Michael's.

The service is required to have 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.

There were not sufficient staff on duty at all times to meet people's individual needs. Staffing levels identified as necessary for the service were not consistently met in any of the three houses. Recruitment practices helped ensure staff working in the service were fit and appropriate to work in the care sector.

Staff received training when they first started work at Spectrum in a wide range of areas including supporting people whose behaviour could challenge staff and others. Training in some areas had not been regularly refreshed.

People were protected from the risk of abuse including financial abuse. The service kept people's personal monies for them and records of all expenditures. Staff received training in safeguarding adults and were confident about reporting procedures.

Records of how people spent their days were in place. These often lacked detail and did not consistently correspond with other records such as health monitoring charts and incident records.

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. Records showed applications for DoLS were being made appropriately and some people had DoLS authorisations in place.

One person was under constant supervision in order to keep them safe. The decision for this had been taken appropriately and in consultation with the relevant professionals.

Staff were enthusiastic on the subject of their jobs and spoke positively about people. People were relaxed with staff and approached them for reassurance and support when they needed to. Staff responded quickly

and with humour and empathy. They demonstrated an understanding of people's needs including their preferences, likes and dislikes and communication styles.

There were clear lines of responsibility in place. The three homes were all managed on a day to day basis by a deputy manager with the support of a development support worker (DSW). DSW's served as a link between the service and Spectrum's behavioural team. The registered manager had oversight of the service and staff told us she was approachable and had a good understanding of the service. There was a key worker system in place. Key workers are members of staff with responsibility for the care planning for a named individual.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not entirely safe. There were not sufficient numbers of staff on duty at all times.

There were robust systems in place for the management of people's medicines.

Care plans contained clear guidance for staff on how to minimise any identified risks for people.

Requires Improvement ●

Is the service effective?

The service was not entirely effective. Training was not regularly updated.

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.

Requires Improvement ●

Is the service caring?

The service was caring. Staff were kind and considerate in their interactions with people.

People's privacy and dignity were respected.

Staff knew and understood people's preferred communication styles.

Good ●

Is the service responsive?

The service was not entirely responsive. Daily logs were not consistently completed and lacked detail.

Care plans were informative, and regularly reviewed.

There was a satisfactory complaints policy in place.

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

The service was not entirely well-led. Quality assurance checks had failed to identify gaps in recording systems and staff training needs.

There was a clearly defined management structure in place which was understood by the staff team.

Staff were well supported and enthusiastic about their roles.

St Erme Campus

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 6 February 2017 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection the provider completed a 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 also 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.

Not everyone was able to verbally express their views of living at the service. We observed people as they went about their daily routines and saw them interacting with staff. We spoke with the nominated individual, a member of the HR team, three deputy managers, and four care workers. Following the inspection visit we contacted a further three care workers, two relatives and three external healthcare professionals to hear their views of the service.

We looked at detailed care records for three individuals, staff training records, staff rotas, six staff files and other records relating to the running of the service.

Is the service safe?

Our findings

There was not always sufficient staff on duty to ensure people's needs were met. St Erme Campus was comprised of three buildings and each one was staffed separately and overseen by a deputy manager. We looked at rotas for all three houses for nine days preceding the inspection. We found the staffing levels identified as necessary for the service were not consistently met in any of the three houses. For example, in The Lodge on eight out of 18 shifts over the previous nine days, the service had not been fully staffed. In The House over the same nine days there were three shifts when the target staffing level had been met. In St. Michael's there were four occasions when staffing levels had not been met. Staff and relatives told us staffing was a problem. Comments included; "Since Christmas we have been struggling", "There should be six of us but sometimes it is four or five" and "They're always short of staff." Three of the four people living at The Lodge were commissioned to receive 2:1 support for 14 hours a day. On the day of the inspection only one of these people was being supported by two members of staff when they were in the service.

This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

The service held money for people to enable them to make purchases for personal items and to pay for appointments such as the hairdresser and chiropodist. We looked at the records and checked the monies held for people. We found the amount of money held tallied with the amount recorded. Receipts for purchases were obtained and stored alongside the records.

Staff had received training to help them identify possible signs of abuse and knew what action they should take. Flyers and posters in offices displayed details of the local authority safeguarding teams and the action to take when abuse was suspected.

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 behave in a way which might result in them hurting themselves or others. Care plans and risk assessments identified what the risks were and the likely triggers. There were clear guidelines around the procedures for staff to follow to support people appropriately and descriptions of any interventions which could be used.

Any incidents were recorded and reported to Spectrum's behavioural team. These reports were then analysed to help identify any possible triggers or trends. Where necessary a representative from the behavioural team visited the service to make changes to people's care plans to help ensure they were supported appropriately when distressed or anxious.

People's medicines were stored securely in locked cabinets, either in their own rooms or in a locked office space. No-one was being prescribed medicines that required stricter controls by law. There were facilities available to store these if necessary. The amount of medicines held in stock tallied with the amount recorded on medicine administration records (MAR). Not all creams had been dated on opening. This meant staff might not be aware when the medicines could become ineffective or at risk of contamination.

Information was available for staff about people who required, as needed (PRN) medicines. The information set out under what circumstances this medicine should be administered and the protocols to be followed including getting approval from an on-call manager. These safeguards helped ensure staff took a consistent approach when deciding whether to administer PRN.

The buildings had been arranged to help meet people's needs. In The Lodge and The House people had self-contained flatlets. Work to improve the environment was being carried out.

Records showed that portable electrical appliances and firefighting equipment were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order.

People had a personal emergency evacuation plan (PEEP) in place. PEEPs are a record of how each person should be supported if the building needs to be evacuated in an emergency.

Is the service effective?

Our findings

A large number of staff had not received refresher training in Positive Behaviour Management (PBM). This is training to help staff learn how to support people when they behave in a way which may challenge them. There were further gaps in training in areas such as the MCA and associated DoLS, fire safety and health and safety. Training in some areas had been booked for March 2017 including fire safety, health and safety, infection control, safeguarding and medicines.

This contributed to the breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Training records showed some staff had not received refresher training in epilepsy awareness. This was significant as some people at St Erme Campus were living with this condition and one person's care plan stated; "2:1 staff ratio at all times with one epilepsy trained staff." The person's daily records showed they had not been supported in line with this guidance. On seven occasions in the previous nine days they had been supported by just one member of staff who had either not received epilepsy training at all, or was overdue to have it refreshed. We discussed this with the nominated individual who told us arrangements for delivering the training were changing. Following the inspection they sent us emails outlining the arrangements for this and dates of when training sessions would take place. They assured us all staff had undertaken basic epilepsy awareness training and were able to support the person safely in the event of a seizure.

New staff completed a full induction programme which included training identified as necessary for the service as well as familiarisation with organisational policies and procedures. The induction training also included Positive Behaviour Management (PBM) and Values and Behaviours. This meant staff had access to information and training to give them the confidence to carry out their roles effectively and meet people's specific needs. The induction was in line with the Care Certificate which replaced the Common Induction Standards in April 2015. It is designed to help ensure care staff that are new to working in care have initial training that gives them an understanding of good working practice within the care sector. Staff told us the induction was informative and helped prepare them for the role.

New staff were not required to shadow more experienced staff before they started working alone and were included on the rota. The deputy managers told us new staff did not work alone at first but alongside more experienced staff as the second support worker. One explained; "People need to be comfortable with them [new staff] in order to feel safe."

Deputy managers did not have any protected administration time and some staff had not received formal supervision for some time. Staff told us this could be difficult to organise, especially if the service was short staffed. Staff told us they were well supported and they were able to discuss any concerns they had informally with a member of the management team. Deputy managers told us they had timetabled supervision sessions for those staff who were due to have them.

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.

Everyone living at St Erme was either subject to a DoLS authorisation or an application had been made to have an authorisation put in place. Where DoLS authorisations were in place any attached conditions were being adhered to. Mental capacity assessments had been carried out appropriately and the best interest process followed when considering people's ability to consent to their care plan and invasive dental treatment.

People's liberty to move around independently and without being monitored was restricted in order to keep them safe. For example, one person was continually monitored throughout the day and also at night with the use of a non-recording monitor. The monitor had been in place for several years. This had been arranged in discussion with health professionals and following the best interest process. An application for a DoLS authorisation had been made regarding this restrictive practice. During the inspection visit we did not see any documentation to show this practice was regularly reviewed to check it was still necessary and remained the least restrictive option. Following the inspection the registered manager sent us a copy of a best interest report to evidence the decision had been discussed and reviewed with relevant parties.

Care plans recorded individual preferences and dislikes in respect of food and drink. People ate varied and healthy diets. People were supported to be involved in menu planning for the week and photographs and pictures of meals were available to support people to make choices about what they ate.

People had access to external health professionals as the need arose. The staff we spoke with were aware of the signs and symptoms of people's specific medical conditions and the action to take to help ensure their well-being. Staff told us systems were in place to make sure people's healthcare needs were met and we saw from people's care records that a range of health professionals were involved. This had included GP's, psychiatrists, community nurses, chiropodists and dentists, consultants and psychologists. This showed people who used the service received additional support when required for meeting their care and treatment needs.

Is the service caring?

Our findings

People were treated kindly and respectfully by the staff team. We observed people smiling and engaging with staff. Staff told us they enjoyed working at St Erme and supporting people who used the service. One staff member said, "You get to do all these fun things with them." A report from the National Autistic Society (NAS) referred to the; "unconditional positive regard shown by staff to service users."

We found staff had a good knowledge of people's individual needs, their preferences and their personalities and they used this knowledge to engage people in meaningful ways, for example chatting to them about activities or their plans for the day. Information in care plans was positive. For example, one person was described as; "A friendly character with a sense of humour." Care plans contained detailed information about the tastes and preferences of people who used the service and staff told us they had opportunity to read these records before starting work with the person. This gave staff a rounded picture of the person, their life and personal history. One member of staff commented; "I've been there a while now and they're familiar with me. It seems to reassure and help them if they're anxious, me turning up."

Care plans also included details of people's personal histories and backgrounds. This meant staff were able to gain an understanding of past events which may have contributed to who people were today.

Staff were respectful of people's privacy; they knocked on people's doors and asked permission to enter. Staff told us they ensured doors were closed whilst supporting people with personal care and enabled them to complete their own support where possible to maintain dignity. A social story had been developed for one person to help them protect their own dignity and understand personal boundaries. This demonstrated staff worked to help enable people to have private time in a safe and dignified way.

Staff had access to information about people's preferred communication styles. For example, "Use short concise sentences." Some people had easy access to symbols, pictures and photographs in their rooms to help them make day to day choices. Everyone had access to a tablet to use to support their communication. A member of staff told us; "We always ask "Would you like to do this?" and offer a choice and follow it up."

Objects of reference were used to help people to make day to day choices; for example offering people boxes of cereal to choose from. A member of staff explained to us how the way in which objects were presented to one person could influence the decisions they made. They explained that, not only was it important to offer the person a physical choice but also to ensure the objects were put on a table rather than held out to them. This demonstrated a depth of understanding of the person's ability to make decisions.

One person enjoyed regular cups of tea but could find it difficult to regulate their intake. They also sometimes became fixated on the tea making process. Staff used a system of 'now and next' clocks to support the person and indicate when their next tea break was due. This was reassuring for them and had helped them become less anxious.

Staff recognised the importance of family relationships and supported people to maintain these. Families were kept up to date with any developments either by telephone or through regular email contact. One person liked to Skype their relative; as internet access at St Erme was unreliable staff took the person out to locations where there was free internet access to help ensure the regular contact was maintained. An external healthcare professional told us staff were; "flexible in supporting family contact."

Is the service responsive?

Our findings

Daily logs were in place to record what activities people had taken part in, what they had eaten, as well as their mood and any incidents. There were several gaps in the records and some of the information was very vague and task based with little reference to people's enjoyment of activities. For example, one person's daily logs for January 1st stated; "Lunch at Lanhydrock. Walk, walk, walk." This meant staff were not able to learn what had worked well for people when accessing the community.

One person had regular seizures and there was a monitoring chart in place so their health could be continually reviewed. We looked at these records alongside the daily logs and found the information was not always consistent across the two recording systems. For example, on the 5th and 6th of January the monitoring chart showed the person had suffered seizures on both days but there was no reference to this in the daily logs. On 1st January the daily logs stated; "Appeared very tired following a few seizures he had whilst out during the day." There was no mention of these earlier in the records and they had not been logged in the monitoring charts although two had been recorded in the morning. This meant staff and healthcare professionals might not have had an accurate picture of the person's health and would not have the information necessary to make any changes to their care plan.

Incident records showed one person had behaved in a way which might have resulted in them hurting themselves on the 10th, 17th and 21 January 2017. None of these incidents were recorded in the daily logs. Although untoward events were being recorded, information in the daily logs lacked detail or was missing which could have resulted in staff gaining a false impression of people's moods and health.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they communicated well as a team and were always aware of any changes in people's needs. Although no formal handovers took place staff said they always had a quick chat together when taking over a shift to share any information regarding people's health and general mood.

Care plans identified how people liked to spend their time. For example, in one person's plan we saw; "[Person's name] is an active man and likes to engage in activities that best suit his sensory requirements such as swimming and horse riding." One relative expressed concerns that activities were limited and often consisted of; "Just driving around." On the day of the inspection people were supported to go out at various times on walks or shopping trips. A deputy manager told us; "Staff are very good at activities and getting out and doing!" One staff member told us; "Even when we don't have the staff for 2:1 [support] we try to work with the other houses so people can get out."

People's care plans were detailed and informative, outlining their background, preferences, communication and support needs. There were sections including various aspects of people's care including behavioural needs, beliefs and values and daily living and finances. The care plans were regularly reviewed and information was reliable and up to date. One page profiles used photographs and limited text to outline

what was important to and for people. Where certain routines were important to people these were broken down and clearly described, so staff were able to support people to complete the routine in the way they wanted. The descriptions included information about what people were able to do for themselves and how much support they needed. An external healthcare professional described the care plans as; "Very thorough."

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 were on-going at the time of the inspection.

One person had recently moved into St Erme from another Spectrum service. Staff told us this had been a positive experience transition which had been well managed to help ensure a successful move. A member of staff commented; "He is doing absolutely amazingly"

Is the service well-led?

Our findings

Staff were positive about the registered manager and deputy managers. They told us they were well supported and able to talk to a member of the management team if they needed advice or had any concerns. One member of staff told us the registered manager had; "A really good understanding of what is going on."

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. However, the audits had failed to identify and address the issues raised in this report.

This contributed to the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the nominated individual contacted us to inform us they had introduced improvements to their internal auditing system. This would enable them to identify any issues quickly and take action to address them in order to maintain and improve the quality of the service delivered.

There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed. There was a positive and open culture between people, staff and management. Staff and people communicated freely with the deputy managers throughout the inspection. Regular staff meetings were held and these gave staff an opportunity to put forward any ideas or suggestions about how the service was organised.

Roles and responsibilities were well-defined and understood by the staff team. The registered manager was supported by three deputy managers who each had a clear set of responsibilities. There was a key worker system in place. Key workers are members of staff with responsibility for the care planning for a named individual. There was also a Developmental Support Worker (DSW) based at each of the three houses. DSW's work closely with Spectrum's behavioural support team. This means they are able to implement any changes to people's care plans identified as necessary by the behavioural support team and communicate the changes to the staff team. Each house had its own staff team which meant people were supported by staff who knew them well and had a good understanding of their needs. There was a separate night staff team who worked across all three houses. Staff told us this was a stable and consistent team with a good knowledge of people's needs.

Staff told us they enjoyed their work and liked supporting people to have good lives. Comments included; "I am as happy as Larry, it is the best job!" and "I love my job, I've been here a while now and have developed a good rapport with the service users."

People were asked about the service they received using pictorial surveys and simple questions. These were

usually carried out by staff who knew the person well. We saw the results of surveys done in October and December 2016 and saw the results were positive with people indicating they were happy with the service.

The service had recently been accredited by the NAS Autism Accreditation Award Panel. The report referred to the range of processes in place to allow staff to improve their knowledge of autism.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes were not established or operated effectively to enable the registered person to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. Regulation 18 (1)(2)(c)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed.</p> <p>Persons employed by the service provider in the provision of a regulated activity did not receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18 (1)(2)(a)</p>