

Spectrum (Devon and Cornwall Autistic Community Trust)

Pendarves

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Pendarves on the 7 and 12 June 2017, the inspection was unannounced. The service was last inspected in February 2016. At that time the service was found to be good over all but required improvement in relation to our question in the service safe. A breach of the regulation was identified as the services recruitment processes were not sufficiently robust to ensure people safety.

Pendarves provides care and accommodation for up to four people who have autistic spectrum disorders. The service is part of the Spectrum group who run several similar services throughout Cornwall, for people living on the autistic spectrum. At the time of the inspection four people were living at the service. The service was based in a large semi-detached house set within its own gardens. The building was subdivided into three flats. Two people lived in self-contained flats on the ground floor and two people had en-suite bedrooms and shared kitchen and lounge on the first floor of the building.

The service is required to have a registered manager. At the time of the inspection there was no registered manager in post. The previous registered manager had recently left the service and a new manager had been appointed two weeks prior to 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. We were informed by the provider's operations director that the new manager would be applying to be registered with the commission.

Recruitment practices had significantly improved since our previous inspection. All staff were now interviewed face to face and all necessary checks, including disclosure and barring service check and reference checks had been completed.

Prior to this inspection we received information of concern about the cleanliness of the service and the support people received to maintain their environment. The service did not have effective infection control procedures in place and there was a lack of formalised cleaning schedules. During our inspection we visited each person in the own rooms / flats and found the reported concerns were justified. Some rooms were cluttered but tidy while others had obviously not been recently cleaned. One person refused to let us see their en-suite bathroom which staff reported was a particular area of concern. Staff said "I would say, without a doubt, I think people are safe. Hygiene is a question mark but safe, definitely." This was a breach of the regulations. You can see what action we told the provided to take at the back of the full version of the report.

The providers routine quality assurance processes had failed to identify the issues in relation to the support people received to maintain the quality of their environment. Once staff and relatives reported these concerns, the provider had acted promptly and appropriately to address the issues. As a result a number of

significant changes were being made at the service. New carpets had been installed in communal areas, the gardens had been tidied up and on the first day of our inspection a commercial cleaning service visited to quote for the completion of a deep clean of the service.

People's care plans were generally detailed and informative. However, they did not provide staff with sufficient guidance on how meet people's needs in the event that they repeatedly declined support with personal care or to manage the cleanliness of their environment.

People told us they felt safe and happy at Pendarves and one person commented, "I am safe, if I felt threatened or anything like that I will let Spectrum know." Staff understood their role in protecting people from avoidable harm and when asked, were able to explain how they responded if they became concerned about people's safety.

The new manager and staff had a good understanding of the requirements of The Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. Where restrictive practices were in place, these had been regularly reviewed and were appropriately reduced where possible.

Staff knew people well and cared for the people they supported. One staff member told us, "Fundamentally we are here for these gentlemen. Everything has to be done to the best for their care. I sound like a manual but I really believe it" while another commented, "I feel I have made a positive impact on people lives. I really enjoy that."

Staff respected people's privacy and choices. People were involved in decision making and the planning of activities. Records showed people were regularly supported to engage in a variety of activities in the local community and one person was supported to maintain paid employment. People told us, "I get to choose what to do. You can go where you want because you have individual staff" and "I can go out in the evening if I want. I was out last night and the night before."

Following the registered manager's resignation the provider had taken prompt action and a new manager for the service had been appointed. Staff told us they felt well supported and records showed they had received regular supervision. The new manager was having a positive impact and staff told us, "[The new manager] is excellent. New ethos and new vision. It has moved forward in a lot of areas and pretty quickly" and "It is well led. [The new manager] is a great manager who is good at supporting staff and very big on dignity and duty of care." The new manager told us they had been well supported by the provider's senior manager and commented, "I am being supported very, very well. I am being offered support from everywhere. All my emails were responded to yesterday (Sunday)."

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. People had not been supported to effectively manage infection control risks.

There were sufficient staff available to meet people's needs.

Recruitment procedures were safe and staff understood procedures for the reporting of suspected abuse.

Requires Improvement ●

Is the service effective?

The service was effective. Staff were well trained and there were appropriate procedures in place for the induction of new members of staff.

Staff and managers understood the requirements of the Mental Capacity Act and restrictive practices had been reviewed and reduced where possible.

People were supported and encouraged to maintain a healthy diet.

Good ●

Is the service caring?

The service was caring. Staff knew people well and provided companionate and respectful support.

People and their care staff were able to communicate effectively together and staff respected people's decision and choices.

Staff ensured people's privacy and dignity was protected.

Good ●

Is the service responsive?

The service was not entirely responsive. People's care plans did not provide staff with sufficient guidance on how to respond when aspects of care were repeatedly declined.

Daily care records were accurate and reflected the support people they had received and how they had chosen to spend their time.

Requires Improvement ●

There were appropriate complaint procedures available and concerns had been investigated and resolved.

Is the service well-led?

The service was not entirely well led. The provider's quality assurance systems had not identified the issues described in the Effective section of this report.

A new manager had been recently appointed following the registered managers resignation.

The new manager was well supported by the providers senior leadership team. Staff reported that the new manager was providing them with appropriate leadership and support.

Requires Improvement 

Pendarves

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 checked 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 7 and 12 June 2017 and was unannounced. The inspection team consisted of one inspector and one expert by experience.

The service was previously inspected on 11 February 2016 when it was found to be good over all but required improvement in relation to our question, 'Is the service safe?' Prior to the inspection we received information of concern in relation to the cleanliness of the environment in which people lived and this inspection was completed in part to investigate these concerns. Before the inspection we reviewed all the information we held about the service including notification we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with the four people who used the service, four members of care staff, the acting manager and the provider's nominated individual. In addition we observed staff supporting people throughout the service and its gardens. We also inspected a range of records. These included three care plans, three staff files, training records, staff duty rotas, meeting minutes and the services policies and procedures.

Is the service safe?

Our findings

During our previous inspection in February 2016 we found the service was not operating safe recruitment practices. Prospective staff members had been interviewed via video conferencing technology, references had not been requested and employment histories had not been reviewed.

At this inspection, we found the provider was no longer conducting remote video conferencing interviews. All staff were now interviewed face to face and necessary disclosure and barring service checks had been completed to ensure staff were suitable for employment in the care sector. Staff recruitment records showed that references had been requested from previous employers in the care sector and staff employment histories had been investigated as part of the recruitment process. This meant the service was now operating safe recruitment processes in accordance with the requirements of the regulations.

The service did not have effective infection control policies and procedures in place. There were no formal cleaning schedules and people had not been adequately supported and encouraged to maintain a hygienic environment. Staff told us they were often unable to gain access to people's rooms to complete cleaning tasks and that a culture where people failed to maintain the cleanliness of their rooms had developed. One staff member told us, "It has been an ongoing issue, it is difficult to deal with."

We visited each person in their own room and found significant differences in the standards of cleaning that had been completed. Some rooms were cluttered but tidy where staff had worked with the person to complete cleaning tasks. Other rooms were untidy, highly cluttered with debris scattered throughout and had obviously not been recently cleaned. One person refused to let us see their en-suite bathroom which staff reported was a particular area of concern. We also noted that some of the people living in the service appeared unkempt and staff raised concerns this may have affected their ability to interact with the local community. The provider had recently become aware of these issues and was in the process of developing action plans to address the situation. On the first day of our inspection a commercial cleaning service visited to quote for the completion of a deep clean of the service.

People were put at risk by these failures and the service was thus in breach of the requirements of regulation 12(2)h of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe at Pendarves and one person said, "I am safe, if I felt threatened or anything like that I will let Spectrum know." Staff said "I would say, without a doubt, I think people are safe. Hygiene is a question mark but safe, definitely." Information about local safeguarding procedures was displayed within the service's office and staff had a good understanding of their role in protecting people from abuse and avoidable harm. Staff were able to describe how they would report any safeguarding issues and said they believed the new manager would act on any concerns they raised. One staff member said, "I will raise concerns with the manager and would sing up if things were not addressed."

Risks other than those in relation to infection control had been assessed and adequately managed. Each person's care plan included guidance for staff on how to protect both the person and themselves from

known risks. This included detailed guidance how to respond and support each person if they became upset and anxious.

The service's fire safety equipment had been regularly serviced and tested to ensure it was effective. There was an evacuation plan in place for each person, which detailed the level of support they would require in the event of a fire or other emergency.

When accidents or incidents occurred these were documented by staff and reported to the service's manager for further investigation. All incidents had been fully investigated and where appropriate additional guidance on how to ensure people safety, had been sought from the provider's behavioural management team and other health professionals. Where additional areas of risk were identified, staff were provided with guidance on how to ensure people's safety. Staff told us these procedures worked well and commented that incidents involving one person had recently significantly reduced.

The service was fully staffed on the day of our inspection and our review of staff rotas for the two weeks prior to the inspection showed that the service was normally staffed at a safe level. Staff told us, "I don't think there is an issue with staffing here" and "I have not been here when it has been short staffed." The provider had effective staff disciplinary procedures in place and these systems were used appropriately where necessary to ensure people's safety.

Medicines were managed safely. Storage facilities for medicines that required stricter controls were available and Medicine administration records had been appropriately completed. Policies in relation to 'as require' medications had been followed and the records showed that management approval had been sought prior to their use. One staff member was responsible for the management of medicines during each care shift and regular stock checks and audits had been completed.

Is the service effective?

Our findings

All new staff received formal induction training before they provided care and support to people living in the service. This training was completed over two weeks at the provider's head office and included Care Certificate training. The Care certificate is a national recognised training package designed to provide staff new to the care sector with a good understanding of current best practice in care. Staff who had recently completed the induction training told us, "[The induction] was very intense but it all made sense when I started working" and "I had two weeks of induction training. It was pretty intense and then a bit of shadowing until I felt confident to support on my own." Once new staff began working at Pendarves there were given time to read and review each person's care plan. Knowledge check questionnaires were used to test that new staff had a good understanding of each person's individual needs.

Staff told us they felt confident they had the skills necessary to support the people living at the service. Established staff received regular training updates in topics identified as necessary for the service by the provider. Records showed staff had received training updates in, health and safety, food hygiene, infection control and autism awareness. There were systems in place to inform staff when their training was due to be refreshed and staff said, "I've got training coming up, They contact you and tell you when it is due to be redone." Some staff however, reported that these updates were "dated" and commented that some of the training provided was like, "death by power point."

Records showed that staff had received supervision and staff told us they felt well supported. Their comments included, "I had a supervision in March I think" and "If I want something I will talk to them (managers) and they will sort it out." The new manager told us that she intended to hold supervision meetings with all staff in the weeks following our inspection discuss changes planned within the service.

People had been supported to access a variety of health and social care professionals including GP's, dentists and opticians. Staff described the variety of techniques they used to support and encourage people to attend health appointment when necessary and care records demonstrated necessary reviews by health professionals had been completed.

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. Staff and the manager had a good understanding of this legislation. People's decisions and choices were respected while staff understood that it may be necessary for them to make decisions in a person's best interest.

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). Although doors were not locked the service had correctly identified that one person's care plan was restrictive and an appropriate application for it's authorisation had been made to the local authority. Following this application the service had reviewed the

restrictions in place and staff described how they were now able use less restrictive practices that those originally included in the application.

There were systems in place to support and encourage people to eat varied and healthy diets. Each person had their own fridge and we saw fresh fruit and vegetables were available. People were supported to prepare their own meals. One person told us "I cook most meals during the week" and explained that they regularly cooked for another person living in the service. People were involved in menu development, shopping and meal preparation and we observed staff encouraging one person to make healthy choices. During the inspection one person asked for an unusual cake to enjoy while watching a televised tennis match. Staff were able to prepare the requested cake which the person enjoyed. People's care plans included guidance on the support required with food preparation and details of their individual preferences. Staff used agreed systems effectively to help people to manage their fluid intake.

The provider was in the process of making significant improvements to the environment of the service. Communal areas had been re-decorated and carpets in hall ways had been replaced while additional carpets had been delivered for fitting in the lounge and bed rooms. Staff told us, "New carpets have been fitted but there is more to be done." Staff also reported that significant improvements had been made in the service's gardens and these appeared well kept on the day of our inspection.

Is the service caring?

Our findings

People told us they were happy living at Pendarves. Their comments included, "I am reasonably happy here. I would let you know if they were not looking after me" and "I am happy with the care and get on well with the staff." One person's relative said, "I think they (the staff) are excellent."

During our inspection we observed staff supporting people within the service, the gardens and in the local community. Staff consistently provided support, praise and encouragement in a relaxed, informal and reassuring style. People approached their support staff without hesitation and staff spoke warmly of the people they cared for. Staff comments included, "Fundamentally we are here for these gentlemen. Everything has to be done to the best for their care. I sound like a manual but I really believe it", "I Love looking after the guys, I love the work" and "I feel I have made as positive impact on people lives. I really enjoy that."

Established staff knew people well and had developed caring and collaborative relationships with people living at the service. New staff recognised the importance of developing relationships and earning people's trust. We noted that staff were careful to respect people's choices and boundaries. All staff were able to communicate effectively with people. When one person became upset during the inspection process, staff helped the person to manage their anxiety. They provided effective reassurance and spend time quietly supporting the person to work through their emotions.

The importance of people's family relationships was recognised and people were supported to maintain them. People were regularly supported to visit their family homes, maintain contact via telephone and staff helped people to select cards and gifts to mark celebrations.

People were involved in planning activities and making decision about how the service was run. Each person was supported by an individual member of staff and people's choices were respected. For example when we arrive at 10:00 on the morning of the first day of our inspection one person had chosen to get up, two people were in the process of getting dressed and one person had decided to have a lie in.

Staff had identified that people's choices and decision in relation to the timing of their individual activities could have an adverse impact on others. As a result new systems for activity planning designed to effectively manage these issues were being gradually introduced. Staff told us, "I feel we are providing a good level of support. We have people with various needs and all are individuals who are treated with respect."

Staff respected people's privacy. They consistently knocked on people's door and waited for a response before entering rooms. When people chose to spend time alone in their rooms during our inspection their decision were respected by staff. Some people had keys for their rooms / flats and were encouraged and supported to manage their security. Staff were aware of the importance of maintaining the confidentiality of people's care records and these documents were securely stored in the service's office.

Is the service responsive?

Our findings

Staff told us, "It is the hygiene issue that is the big issue here." Yet we found that people's care plans did not provide staff with clear guidance on how to respond if people declined support to maintain either their personal hygiene and /or the cleanliness of their environments. This meant individual staff members were trying a variety of different approaches to achieve the desired goals but there was a lack of oversight to identify which methods had been successful. The new manager had begun to address this issue and told us, "They are a fabulous team who all want the best for the guy's. I think they were frustrated because they could not deal with it [nor had] a structured plan in place."

The new manager recognised that people's care plans did not provide staff with clear guidance on how to respond if and when specific aspects of support were declined. Prior to our inspection, meetings had been held between the new manager and the provider's behavioural support team to identify how best to address and resolve these issues. The new manager told us their intention was to develop and agree with people some, "House standards" in relation to cleaning tasks that would be done by people and staff. The intention was to develop some pictorial guides to help people to understand the issues and the service's new approach in relation to the maintenance of the environment. In addition, the new manager intended to review and update each person's care plan to ensure staff were provided with detailed guidance on how to respond when support with personal care was repeatedly declined. Both the new manager and staff recognised that these changes were significant and recognised that it was important that they be introduced gradually to avoid causing people unnecessary upset. One staff member commented, "It is a big change for [people] and a whole new ball game. Change is not good so it is slowly, slowly." The provider's operation director told us, "They were using a supported living model, it isn't, it is a Spectrum care home" and "I think we can get the environment stuff done quickly and make changes to the staff culture but the [people's] culture will take longer to address." The commission will return to the service in future to check these new systems have been successfully introduced and maintained.

In relation to other issues we found people's care plans were detailed and informative. Assessment of people's individual needs had been completed before they moved into the service and the information gathered during this process had formed the basis of each person individual care plan.

Care plan's provided staff will guidance on how each person preferred to be supported. These documents included detailed information about the person's likes and preferences as well as details of their life history and family background. This information helped new staff to get to know each person and to understand how their background could impact on their current care needs. Staff told us, "[The care plans] are pretty instructive and good to look at. It gives you a rounded view of how to care for [Person's name]" Each person had a designated key worker who knew the person well. They worked with the person to identify learning or development goals and to develop plans to support the person to gain any skills necessary to achieve their desired objectives.

People's care plan had been regularly reviewed and updated to ensure they accurately reflected current care needs.

Staff completed detailed records of the care and support they provided each day. The new manager had recently changed the format of these records and they now included details of the activities people had engaged with, the care provided, observations on the person's mood and any observed changes in care needs. These records were informative and provided the reader with a good understanding of the support each person had received and how they had chosen to spend their time.

Daily care records included details of activities people had engaged with and these records showed that people were supported and encouraged to live varied lives. People chose each day what they would like to do and one person told us, "I get to choose what to do. You can go where you want because you have individual staff." People told us their staff could support them on trips in the local area with minimal notice but were aware that if they wished to travel out of Cornwall this would need more organisation. During the afternoon of our inspection staff provided individual support for people to engage with activities both within the service and in the local community. Staff said, "We are on the rota to support an individual and they can decide what to do", "People do go out most days" and "[Persons name] is going to Hayle today, they all choose what they want to do." One person had paid employment and staff supported this person to ensure their work load was completed.

There was a vehicle available to transport people to activities but not all staff were able to drive and sometimes the availability of drivers limited people's choices. On both days of our inspection people were supported to engage in activities in the local community. People told us they were happy with the level of activities currently available and one person commented, "I can go out in the evening if I want. I was out last night and the night before."

There were systems in place to ensure any formal complaints received were documented and investigated. The new manager had failed to formally document a concern raised by one person's relative but this issue had been investigated and action was underway to address and resolve the issue. Relatives told us they felt confident any issues they raised would be addressed and commented, "I feel I can just phone and talk with them".

Is the service well-led?

Our findings

The provider had a variety of quality assurance and audit processes in place designed to monitor and drive improvements in performance. This included assessments by external managers and reviews by the provider's by senior leadership team. These processes had failed to identify the issues raised in the Effective section of this report.

Once staff and relatives raised concerns with the provider's behavioural support team prompt and appropriate action had been taken in relation to the cleanliness and infection control issues. Through investigations had been completed and an urgent meeting of the provider's senior leadership team held to identify how to address and resolve these issues. Following this meeting a number of significant changes were being introduced at the service. This included; the installation of new carpets throughout the service, a planned deep clean of bedrooms and bathrooms and the development of a number of action plans.

The service's registered manager resigned shortly before this inspection. In response, the provider had acted promptly and a new manager for Pendarves had been appointed two weeks prior to the inspection.

Staff told us the new manager had made a number of positive changes within the service and that they felt well supported. Their comments included, "[The new manager] has a new set of eyes and is addressing issues as they come up", "[The new manager] is excellent. New ethos and new vision. It has moved forward in a lot of areas and pretty quickly", "The new manager is very hands on. [They] want to get things done and are getting on with it" and "It is well led. [The new manager] is a great manager who is good at supporting staff and very big on dignity and duty of care." Senior managers recognised that significant improvements were required at Pendarves and commented, "It will be fantastic with [the new manager], I have every confidence in [them]." We were advised that the new manager would be applying to be registered with the commission.

The new manager was being well supported. On the first day of the inspection the provider's operational director visited the service to provide assistance. On the second day of the inspection a member of the provider's behavioural support team was providing guidance and support with the development and review of care planning documentation. The new manager told us, "I am being supported very very well. I am being offered support from everywhere. All my emails were responded to yesterday (Sunday)." and "The team here have been fabulous."

Staff were well supported and there were system in place to ensure their training was regularly reviewed and updated. Staff meetings were held regularly to provide opportunities for staff to share information and reflect on their practices. Both the provider's chief executive and operations director had attended a recent team meeting to update staff on the concerns identified and explain how they intended to address these issues.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The service failed to ensure people were protected from risks associated with failures to complete cleaning tasks and a lack of robust infection control procedures.</p>