

Spectrum (Devon and Cornwall Autistic Community Trust)

Chylidn

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out the unannounced comprehensive inspection of Chylidn on 30 November 2016. A previous comprehensive inspection of the service was completed on 2 December 2015 found breaches of the regulations in relation to staff support, record keeping and risk management. The provider subsequently produced an action plan setting out how they intended to ensure the service became compliant with the regulations. This inspection was completed to check the planned action had been successful. In addition, in June 2016 a focused inspection of the service was completed to investigate concerns we had received in relation staffing levels, training and the management of the service. The findings of both these previous inspection can be viewed by selecting the 'all reports' link for Chylidn on our website at www.cqc.org.uk.

Chylidn provides care and accommodation for up to five people who have autistic spectrum disorders. At the time of the inspection four people were living at the service.

During our previous inspection we found that people's needs were not being met and some people's autonomy was restricted due to adverse interactions between people living in the service. At this inspection we found the provider had taken significant action to address and resolve this issue. A new self-contained flat had been created for one person who particularly valued personal space. During this inspection we found that people were now more comfortable and relaxed. Staff told us, "I do think the changes mean it works a lot better for [everyone]. [People] don't have to be worried about anything now."

People relative's told us, "I think [My relative] is safe and well looked after" while staff said, "People are safe and seem to be happy." Staff understood their role in protecting people from abuse and avoidable harm and records showed all necessary pre-employment checks had been completed to ensure people's safety.

Risks were managed appropriately to ensure people's safety while enabling each person to live full and active lives. Where accidents or incidents occurred these were fully investigated. Where necessary people's care plans were updated with additional guidance on how to protect the person for any additional risks identified during the incident investigation process.

On the day of our inspection the service was short staffed because a member of staff had become unwell. Staff rotas and daily care records showed this was unusual and that the service was normally fully staffed. Staff confirmed the service was normally staffed at safe levels and told us, "Staffing levels have got a lot better" and "Staffing levels have been great, there is the odd bit of sickness but it is not a problem here."

All new staff received two weeks of formal training before they began working in the service and records showed established staff received regular training updates. Staff said, "The training was very useful, I think it was pretty good" and "All my training, except food hygiene and infection control, is up to date and those two are booked in."

In December 2015 we found that staff had not received regular supervision. At this inspection staff told us

they were well supported by the registered manager. Staff had received regular formal supervision and annual performance appraisals were due to be reintroduced.

Managers and staff understood the requirements of the Mental Capacity Act 2005, and appropriate applications had been made to the local authority for the authorisation of potentially restrictive care plans.

Relatives told us, "The food is absolutely the tops" and we saw people were supported by staff to plan, shop for and prepare meals within the service.

Staff knew people well and understood how to communicate effectively with the people they supported.

People's care plans were detailed and informative. They provided staff with clear instructions on how to meet each person's individual care and support needs. Staff told us, "All of the information is accessible and easy to use" and "The care plans definitely have enough information."

The quality of daily care records had improved since our previous inspection and these documents now accurately reflected the care and support people had received.

People were supported to live active and varied lives and their relative told us: "[My relative] has been doing lots of activities. He gets to do what he wants." On the day of our inspection people were supported to engage with a wide variety of activities both within the service and the local community.

The service was well led by the registered manager. Staff told us the registered manager was; "really easy to talk to" and "brilliant to work for." Staff felt confident that any issues they reported to the registered manager would be addressed and resolved. People's relative commented, "[The manager] is on the ball and has really pulled all the stops out for [My relative]."

There were systems in place to ensure any complaints received were fully investigated and relatives told us, "If you report things they do get addressed by [The registered manager]." In addition, the service valued people's feedback and the registered manager actively supported people to comment on the its performance.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Recruitment procedures were safe and staff understood local procedures for the reporting of suspected abuse.

There were normally sufficient staff available to meet people assessed care needs.

The risks management procedures were robust and designed to protect people from harm while enabling them to engage in a wide variety of activities in the local community.

Medicines were managed safely and there were systems in place to support people with their finances.

Is the service effective?

Good ●

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 the registered manager understood the requirements of the Mental Capacity Act.

Is the service caring?

Good ●

The service was caring. Staff knew people and could communicate effectively together.

People were supported to maintain relationships that were important to them.

People's privacy and dignity was protected and their choices respected.

Is the service responsive?

Good ●

The service was responsive. People's care plans were detailed and personalised. These documents provided sufficient guidance to enable staff to meet people's identified care needs.

People were supported and encouraged to engage with a wide variety of activities both within the service and in the local community.

There were systems in place to ensure all complaints were fully investigated.

Is the service well-led?

The service was well led. Staff were well motivated and had been provided with appropriate leadership and support by the registered manager.

Quality assurance systems were appropriate and records within the service were well organised.

Good ●

Chylidn

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 30 November 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

The service was previously inspected on 2 November 2015 when it was found to require improvement in four key areas, and to be in breach of the regulation in relation to staff support, record keeping and risk management. A focused inspection was also completed on 2 June 2016 to investigate specific concerns. The focused inspection found these concerns were not substantiated.

Prior to the inspection we reviewed the Provider Information Record (PIR), previous inspection reports and the provider's action plan developed following the previous comprehensive inspection. The PIR 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 the information we held about the service and notifications 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 all of the people who used the service, two relatives by telephone, four members of care staff, the registered manager and the provider's area manager. In addition, we observed staff supporting people throughout the service. We also inspected a range of records. These included two care plans, three staff files, training records, staff duty rotas, meeting minutes and the service's policies and procedures.

Is the service safe?

Our findings

During our December 2015 inspection we found that people's needs were not being met. One person valued personal space and could become agitated when other people were present. Care records showed this had happened frequently and we observed other people actively avoiding this person. The service had attempted to introduce strategies designed to protect people within the service from these negative experiences but these strategies had not been entirely successful. During our inspection we noted that people's autonomy was restricted as they did not feel comfortable or safe in all areas of their home. This was a breach of the regulations.

At this inspection we found the provider had taken significant action to address and resolve this situation. The service had been redesigned and a second self-contained flat created to enable people to continue living at the service without adversely impacting on others. On the day of our inspection there were four people living in the service. Two people lived in separate self-contained flats and two people lived in the main house. We visited all areas of the service and saw that people were happy, relaxed and comfortable in their homes. People living in the main house now moved freely around the service without restriction and their privacy was respected by people living in the flats. We observed one person ringing the doorbell to request support from staff from the main house when required. Staff told us the changes to the layout of the service had positively impacted on people's wellbeing. One staff member told us, "I do think the changes mean it works a lot better for [everyone]. [People] don't have to be worried about anything now." The alterations made to the service since and obvious improvements to people's well-being meant our previous concerns had been addressed and resolved. The service is no longer in breach of the regulations.

During this inspection we saw no evidence of people being afraid and relatives told us, "I think [My relative] is safe and well looked after" and "I am quite happy that [my relative] is safe and they do everything they can to look after him." Staff told us everyone was safe at Chylidn. Their comments included, "People are safe", "In my mind it is safe, we may have to move staff around a bit but it is not a problem" and "People are safe and seem to be happy."

All staff had received safeguarding training and had a detailed understanding their role in protecting people from abuse and avoidable harm. The service's safeguarding policies reflected local arrangements and the contact details of the local authorities safeguarding team were available to staff.

People's care plans included detailed and appropriate risk assessments. The service supported people to live active lives and to engage in a wide variety of activities. All staff received regular training in assessing and managing risks. Risk assessments were regularly reviewed and updated to ensure their accuracy. On the day of our inspection the registered manager briefed staff on significant changes to one person's care plan as a result of a recent incident. The manager briefed the staff team on the changes and ensured they fully understood the updated plan before staff supported the person to again be engaged in a similar activity. This demonstrated the service commitment to enabling people to take the risks necessary to live full and varied lives.

Where accidents or incidents occurred these were documented, reviewed by the registered manager, and shared with the provider for further analysis and investigation where necessary. All significant events had been fully investigated. Where changes to people's care needs had been identified their care plans had been updated to ensure staff understood how to safely meet people's changed needs.

In June 2016 we completed a focused inspection of this service in response to concerns we had received about staffing levels. That inspection found that the service was consistently staffed at safe levels.

During this inspection concerns about staffing levels during the summer period were again reported by people's relatives. On our arrival the service was short staffed as one staff member had been sent home when they began to feel unwell. Of the remaining five staff on duty two were bank staff who were covering for staff vacancies. Records showed these bank staff regularly worked at the service and we noted they knew people well. One member of bank staff commented, "Because the house is well managed they can call on bank staff easily."

Staff told us the service was normally fully staffed but stated that in the last two weeks there had been occasions when they had asked night staff to stay on for a short period to support people during the busy early morning period. Staff comments included, "When somebody calls in sick we can be short staffed but it does not happen all the time", "Staffing levels have got a lot better" and "Staffing levels have been great, there is the odd bit of sickness but it is not a problem here."

We reviewed the staff rotas, time sheets and people's daily care records. We found the service was routinely staffed at a safe level and that staffing issues had not adversely impacted on people's ability to engage with activities. These records demonstrated sufficient numbers of staff were routinely available to enable people to leave the service and engage with activities in the local community when they wished. One staff member told us, "People are not missing activities because of staffing issues." However, we did find that the limited availability of staff qualified to drive the service's vehicles did sometimes restrict people's choices in relation to activities.

The registered manager was in the process of making significant changes to staff working practices in accordance with the provider's new policy of limiting staff shifts to 10 hours. This meant additional staff were required and the manager had identified the need for an additional two full time and three part time staff. All these vacancies had been filled by the time of our inspection and the additional staff were due to begin training in the week following our inspection. This meant that although the service was understaffed at the time of our inspection appropriate and timely action had been taken to address and resolve the situation.

The service's recruitment practices were safe and robust. Necessary pre-employment checks including Disclosure and Barring Service (DBS) checks and reference reviews had been completed to ensure staff were suitable for their new role. Staff records showed disciplinary procedures had been used appropriately to address any areas of management concern and ensure people's individual care needs were met.

All fire-fighting equipment had been regularly serviced and other necessary safety checks completed by appropriately skilled contractors. Fire drills were completed regularly and staff understood how to support people in case on an emergency.

Medicine administration records (MAR) had been accurately completed and demonstrated people had received their medicine when required. The use of medicines that required stricter controls had also been accurately documented and quantities of these medicines available on the day of inspection matched the

service's records. At the time of our inspection people's medicines were stored in a lockable cupboard within the managers locked office. Although this cupboard was designed to be wall mounted on the day of our inspection it was located on the floor as it had not been permanently reinstalled following it's relocation. The low level of the cupboard meant it was difficult for staff to access people's medicines and during our inspection one staff member was injured with accessing the medicines cupboard. We discussed this issue with the registered manager who agreed to address and resolve this issue promptly.

All areas of Chylidn were clean and tidy and relatives told us this was always the case when they visited. Staff supported people where possible to maintain their own environments and on our arrival at the service one person was cleaning their flat. The service's cleaning materials were stored appropriately when not in use and personal protective equipment was available when required. The registered manager had provided staff with clear guidance on how to respond if they felt unwell in order to limit the risk of infection within the home. We noted that one staff member had left the service on the day of our inspection as they had begun to feel unwell in accordance with the manager's instructions.

The service had procedures in place to support people to manage their finances. Each person's money was stored in an individual lockable box when not required. Receipts and accurate financial records were available for all cash purchases.

Is the service effective?

Our findings

All new staff received two weeks of formal training before they began providing support. During this period staff received training about topics including; safeguarding adults, food hygiene, fire safety, positive behavioural support and began the care certificate. The care certificate is a nationally recognised training programme designed to help ensure all staff new to the care sector have a wide theoretical knowledge of good working practices.

In addition new staff were provided with an induction to Chylidn on their first day of work at the service. During their first week's at the service staff were given time to read each person's care plan. The registered manager had developed questionnaires which were used to assess new staff member's understanding of each person's individual care needs. One recently appointed staff member told us, "I had time to study the care plans when I first started working here."

There were systems in place to manage the training needs of the staff team. These records showed established staff had regularly received training updates. One person's relative told us, "As far as I know they do get quite a lot of training." Staff also told us: "The training was very useful, I think it was pretty good" and "All my training except food hygiene and infection control is up to date and those two are booked in."

During our December 2015 inspection we found that staff had not received regular supervision and support. This was a breach of the regulations.

At this inspection staff told us they were well supported by the registered manager and there were systems in place to ensure staff received regular formal supervision. Staff said, "I do, big time, feel supported" and "I have had plenty of supervision." Care staff had not received annual performance appraisals. We discussed this with the registered manager and provider's area manager who told us the system of care staff appraisals was currently under review and being updated to increase it's the focus on supporting staff to achieve personalised development objectives. As staff now regularly received supervision and were well supported by the registered manager the service is no longer in breach of this regulation.

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 registered manager clearly understood the requirements of the MCA. People's care plans included guidance for staff on how to support people to make decisions and choices. This included guidance on how to present information and the best time of day to support people to make decisions. Where people were unable to make significant decision staff had worked with the person, their family and professionals to ensure the decision was made in the person 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). The registered manager had recognised that some people's care plans were potentially restrictive and had made had made applications to the local authority for these arrangements to be authorised.

Staff were provided with detailed guidance on how to support people if they became anxious or upset. This included information on how to use appropriate distraction techniques and clearly defined stepped approaches involving a variety of strategies designed to ensure people's safety. Where it was necessary for staff to use restraint techniques to ensure people's safety these incidents had been fully documented and reviewed by the registered manager. Each incident was carefully investigated to identify any likely causes so staff could in future vary their responses with the aim of avoiding similar incidents.

Relative's told us care staff respected people's decisions and choices in relation to planned activities. In addition, we saw that where people had capacity they had been involved in the care plan review process and asked to sign these documents to record their agreement with and consent to the planned care.

Records demonstrated that the service worked effectively with other health professionals including GP's, dentists and opticians to ensure people's care needs were met. People's care plans included guidance for staff on how to support people while accessing health services.

Relatives told us, "The food is absolutely the tops" and we saw people were supported by staff to plan, shop for and prepare meals within the service. People were encouraged to eat healthily but other choices were supported. Staff told us, "Everyone has own food and their own menu." We overheard the registered manager praising one person for including healthy selections in their menu for the week of our inspection.

One person choose to show use around their flat and we saw that all areas of the service were well maintained and decorated in accordance with people's individual preferences. Since our previous inspection significant changes had been made to the lay out of the service. The manager's office had been relocated and an additional flat created to enable a second person to live more independently within the service. The registered manager told us, "The maintenance team are very efficient" and we noted that maintenance staff visited the service during the afternoon of our inspection to address and resolve a number recently reported of minor issues.

Is the service caring?

Our findings

During this inspection we spent time in the service's communal areas observing how people spent their day and the care and support they received. Some people were able to tell us about the quality of care they received but most people had limited verbal communication.

Some people told us they were happy while others gestured positively in response to questions about the quality of care they received. We saw people and staff enjoying each other's company and staff took pleasure in describing people's achievements and recent successes. Relatives told us, "I can't fault the care. [The staff] all do their best", "It's a lovely service and [My relative] is happy there" and "[My relative] seems quite happy and is well looked after." Throughout the inspection people approached staff for support without hesitation and appeared relaxed and comfortable.

Staff knew people well and demonstrated during this inspection a detailed understanding of both people's preferred methods of communication, and their individual likes and dislikes. People's care plans and communication guides included detailed information on how to use of speech, specific gestures and communication aids to support effective communication. These techniques were used successfully by staff, including bank staff throughout our inspection.

People's care plans included guidance for staff on how to support people to make decisions. This included guidance on how and when to present choices to give people the best possible chance of making a specific decision. Staff were also provided with information on how to present information and details of how the person's mood could impact on their ability to make specific types of decision.

People were involved in all aspects of planning within the service including menu development and activity scheduling. We saw that people's preferences and choices were consistently respected by the manager and staff team. For example, one person did not like to be supported by new members of staff. We spoke with a new member of staff who was working with this person for the first time on the day of our inspection. The staff member explained that they had met and spoken with the person each day. Once they had got to know each other the registered manager had asked if the new staff member could provide support and the person had agreed to this on a trial basis.

People were supported and encouraged to maintain relationships that were important to them and one staff member told us, "[Persons name] uses the phone whenever he wants, he just drops the phone back to us when he is done." In addition, staff regularly supported people to visit relatives who lived locally and relatives told us the service kept them well informed of any changes to people's care needs.

Staff respected people's privacy and acted to ensure that people's choices did not adversely impact on others. For example, staff had recognised that differences in people's preferences in relation to Christmas decorations could become a source of conflict. In response staff had acted to support people to celebrate the festive season in their own ways without impacting on others. This had been successful and one person had chosen to decorate their room and adjacent personal spaces with a variety of festive items.

Is the service responsive?

Our findings

Before people moved into the service the registered manager completed detailed assessments of the person's needs to ensure the service was able to meet those needs. There was one vacant room at the time of our inspection. The registered manager told us she intended as part of any future assessments process to consider the possible impact of new residents on people currently living in the service.

People's care plans were informative and highly detailed. These documents provided clear instructions for staff on techniques that were required to meet people individual needs. During our inspection we saw staff successfully using these methods to meet people individual needs. For example, one person sometimes needs a physical prompt to help them to transition between activities and we noted staff using these methods to support the person during their lunchtime meal. Staff told us, "All of the information is accessible and easy to use", "I have read them and they are good", "I am happy with the care plans they are all up to date" and "The care plans definitely have enough information."

In addition, information was available on each person's life history and current likes and interests. These details were regularly updated to help new staff understand and get to know each person. One person's relative told us they had been recently contacted by the registered manager for additional background information. Staff had identified their relative had started using an unusual phrase and had contacted them to try to identify it's meaning. This demonstrated the service's commitment to using all available information to help understand people individual needs.

With the provider's support, in early 2016, staff had developed brief but informative communications guides for each person. These documents provided a readily accessible summary of the more detailed information available within each person's full care plan. These documents included information about people's preferred methods of communication, details of known preferences and information on how to support people to make decisions and choices. Staff told us, "The mini communication books are really useful. They are a lot easier for staff to read and understand."

Staff completed accurate record of the care and support they had provided each day. This included; details of the activities each person had engaged with, staff observation and information about any new or unusual events that had occurred. In addition, in response to relative feedback, the service now maintained a communication and handover record to enable staff to provide relatives with accurate and detailed information when requested.

Staff supported people to live active and varied lives. Each person was supported to develop an individualised activity schedule and daily care records showed planned activities had routinely been provided. Staff told us, "It is unusual for people to miss activities", "[People] actually do what is on the activities rota" and "Staff will come in on their days off so people can do their activities."

On the day of our inspection people were engaged with a wide variety of activities. These included; enjoying the service's gardens, walking to the local pub, attending college, recreational activities in the local

community and relaxing both in their own rooms and the service's communal areas. People's relative's told us, "[My relative] goes to the pub and for walks. There are lots of trips out and stuff like that for [my relative] to do" and "[My relative] has been doing lots of activities. He gets to do what he wants." A poster in the service dining room showed pictures of one person being supported to go on holiday by staff. We asked staff about this and they told us, "He loved it so much he went again."

The service had appropriate procedures in place to ensure all complaints were fully investigated and resolved. People's relative told us, "If you report things they do get addressed by [The registered manager]" and "Complaints have been addressed and investigated." In addition, records showed one person's relative had recently complimented the service.

The registered manager ensured that the service worked effectively with other organisations involved in people's care. For example, staff were actively encouraged to share information with staff from the college on person attended and staff from other services were encouraged where appropriate to participate in care plan review meetings.

Is the service well-led?

Our findings

Staff were well motivated and clearly focused on supporting people to live full and active lives. Staff told us they felt well supported by the registered manager. Their comments included, "The manager has a very open door policy so everything works smoothly", "I love it here, I love how it is run" and "This is the best unit everything is really well organised." The registered manager respected the staff team's commitment to the people the service supported and described how staff regularly altered their own plans to support people to engage with their chosen activities.

Staff consistently told us they had confidence in the registered manager's ability to address and resolve any issues they reported. Staff said, "The [registered manager] is really easy to talk to so you can bring things up and she sorts them out", "[The registered manager] is brilliant to work for she will go out of her way for her service users and staff" and "I think the [registered manager] does a good job, I can talk to her and she does sort things out." Relatives were also complimentary of the registered manager's leadership. They told us, "We have a great relationship with the manager" and "[The manager] is on the ball and has really pulled all the stops out for [My relative]."

There were systems in place to manage staff training needs and ensure all staff received regular formal supervision from managers. Records showed staff meetings had been held regularly and provided an opportunity for staff to share information about any observed changes to people care and support needs. In addition, the manager had arranged smaller specific meeting of people's support staff where significant changes to the persons care needs were discussed. Records showed that information shared by staff during these meetings had been included in subsequent care plans reviews.

At the time of our inspection there was a vacancy for a deputy manager at Chylidn and the staff rota showed the registered manager was routinely rostered on shift to provide people's care and support. Staff told us, "Admin shifts don't happen" and we over heard the registered manager making arrangements to visits the provider's head office to complete a number of significant administrative tasks on a scheduled day off.

We discussed these issues with the registered manager and the provider's area manager. They explained that as part of the changes to staff working practices it had been decided to over staff Chylidn by 20%. This was intended to ensure sufficient staff, with knowledge of people's individual needs, who were always available to cover staff leave and other absences. Once achieved this increase in staffing levels may enable the registered manager to have some dedicated administrative time each week.

Staff raised concerns about a perceived disconnect between the service and the provider's head office team. They recognised some measures had been taken to address these issues but remained concerned by the high rate of staff turnover at Chylidn. Relatives also raised concerns about high staff turnover at Chylidn and one commented, "There are so many staff coming and going all the time." Staff and relatives reported that the current staff turnover rates caused unnecessary disturbance to the people the service supported.

The commission recommends that the provider reviews it's staff retention policies and takes action where

possible to reduce staff turnover.

There were appropriate systems in place to gather feedback on the service's performance. This was done on an individual basis and techniques were varied in order to enable people to express their views. For example, on the day before this inspection records showed the registered manager had met with one person to discuss their views of recent changes made within the service. The manager had spent time with the person and used a variety of appropriate communication aids to help the person to report their experience. The person had reported that they were happy with the changes and were enjoying living at Chylidn.

During our December 2015 inspection we found that service record keeping systems were not effective as accurate, complete and contemporaneous records had not been consistently completed. This was a breach of the regulations.

At this inspection we found the services care records were well organised, detailed and informative. Staff and the registered manager were able to quickly locate requested information and daily care records were sufficiently detailed and accurate. This meant the service was no longer in breach of this regulation. However, some staff recruitment information was held centrally by the provider. This information should have been accessible from the service via a secure website but this system was not operational on the day of inspection. The provider was aware of this issue for some time but had not taken action to resolve or develop alternate systems to ensure necessary information was available within the service when required.

We recommend that the provider reviews current IT systems to ensure managers can consistently access information when required.