

Spectrum (Devon and Cornwall Autistic Community Trust)

Trelawney House

Inspection report

Polladras, Breage
Helston, Cornwall, TR13 9NT
Tel: 01326 371099
Website: www.example.com

Date of inspection visit: 12 June 2015
Date of publication: 22/07/2015

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 

Overall summary

We inspected Trelawney House on the 12 June 2015, the inspection was unannounced. The service was last inspected in November 2013 we did not identify any concerns. The home is part of the Spectrum group. Trelawney house provides care and accommodation for up to six people who have autistic spectrum disorders. At the time of the inspection four people were living at the service.

The home has a registered manager in place. 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.

People were happy and relaxed on the day of the inspection. We saw people moving around the home as they wished, interacting with staff and smiling and laughing. Staff were attentive and available and did not restrain people or prevent them from going where they

Summary of findings

wished. Staff encouraged people to engage in meaningful activity and spoke with them in a friendly and respectful manner. Staff were knowledgeable about the people they supported and spoke of them with affection.

Care records were detailed and contained specific information to guide staff who were supporting people. One page profiles about each person were developed in a format which was more meaningful for people. This meant staff were able to use them as communication tools.

Incidents and accidents were recorded. These records were reviewed regularly by all significant parties in order that trends were recognised so that identified risks could be addressed with the aim of minimising them in the future.

Risk assessments were in place for day to day events such as using a vehicle and one off activities. Where activities were done regularly risk assessments were included in people's care documentation. People had access to a range of activities. These were arranged according to people's individual interests and preferences. Staff identified with people future goals and aspirations and worked with the person to achieve them.

The service adhered to the requirements of the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards.

Staff were well supported through a system of induction and training. Staff told us the training was thorough and gave them confidence to carry out their role effectively.

The staff team were supportive of each other and worked together to support people. Staffing levels met the present care needs of the people that lived at the service.

People knew how to raise concerns and make complaints.

There was an open and supportive culture at Trelawney house. Staff and people said the registered manager was approachable and available if they needed to discuss any concerns. Not all staff felt they were fully appreciated by the larger organisation or that the organisation had an understanding of the day to day demands on them.

There was a robust system of quality assurance checks in place. People and their relatives were regularly consulted about how the home was run.

Summary of findings

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 safe. Staff were confident they could keep people safe whilst supporting them to take day to day risks.

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

Staffing levels met the present care needs of the people that lived at the service

Good



Is the service effective?

The service was effective. Staff were well supported through a system of regular supervision and training. This meant people were cared for by staff with up to date information and knowledge.

The service met the requirements of Mental Capacity Act and Deprivation of Liberty Safeguards. This helped to ensure people's rights were respected

People were supported to access a range of health services as necessary which meant their day to day health needs were met.

Good



Is the service caring?

The service was caring. Staff spoke about people fondly and demonstrated a good knowledge of people's needs.

People's privacy and dignity was respected.

Staff worked to help ensure people's preferred method of communication was identified and respected.

Good



Is the service responsive?

The service was responsive. Care plans were detailed and informative and regularly updated

People had access to a range of meaningful activities.

There was a satisfactory complaints procedure in place.

Good



Is the service well-led?

The service was well-led. There was an open and relaxed atmosphere at the service.

The staff team told us they were supported by the registered manager.

There was a robust system of quality assurance checks in place. People and their relatives were regularly consulted about how the home was run.

Good



Trelawney House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 12 June 2015 and was unannounced. The inspection was carried out by one inspector. Before the inspection we reviewed previous

inspection reports and other information we held about the service including notifications. A notification is information about important events which the service is required to send to us by law.

we were able to verbally communicate with two people who lived at the service in order to find out t their experience of the care and support they received. We observed staff interactions with the other people who lived at the service. We spoke with the registered manager, Spectrum's nominated individual and five care staff.

We looked around the premises and observed how staff interacted with people throughout the day. We also looked at two people's care records, staff training records, recruitment records and other records associated with the management of the service including quality audits.

Is the service safe?

Our findings

One person told us; “Staff keep me safe.” The other three people we met did not verbalise a view. During our inspection we spent time in the communal areas with people and staff. Due to people’s complex health needs we were not able to verbally seek some people’s views on the care and support they received. We observed people were relaxed and at ease in each other’s company. When people needed support they turned to staff for assistance without hesitation. During our visit the managers’ office was unlocked with people coming and going to speak with the manager

The service had a safeguarding policy and records showed all staff were up to date with their safeguarding training. Staff were confident they knew how to recognise signs of abuse, they told us they would report any suspected abuse and felt assured these would be taken seriously by the

registered manager. Staff knew who to contact externally if they felt any concerns were not being acted on. The registered manager had previously informed the local authority and The Care Quality Commission of safeguarding concerns as required and taken all appropriate actions to ensure people’s safety.

Staff supported people to take day to day risks whilst keeping them safe. For example people were involved in preparing meals and hot drinks. This was achieved by supporting people hand over hand when necessary. Care plans were well laid out and regularly updated to reflect people’s changing needs. They contained risk assessments which were specific to the needs of the individual. For example we saw assessments had been completed regarding one person’s work placement and associated activities.

People living at Trelawney House had a risk assessment completed about how they would respond to a fire alarm and what support they would need to ensure they left the building safely. Risk assessments were regularly reviewed and offered clear guidance for care staff on how to minimise identified risks. This demonstrated that the service protected people from risk whilst supporting them to lead full lives.

Some people could become anxious or distressed which could lead to them presenting behaviour which could challenge others. Care plans clearly outlined the process

for staff to follow in this situation. For example; ‘If [person’s name] becomes upset or anxious staff need to approach [person’s name] and encourage them to sit down, reduce additional noise around them, encourage [person’s name] to count to 10 and talk about their worries.’ Staff were made aware how to recognise signs that could make a person anxious and take steps to avoid them becoming distressed. Behavioural review sheets were completed following any incident. These were analysed on a monthly basis in order to highlight any trends. All members of the staff team had received training in Positive Behaviour Management (PBM) in order to help ensure they were able to support people effectively when they became distressed.

Staff felt there were sufficient trained staff on duty to meet the needs of people who lived at the service.

Commissioners assessed each person at the home to ensure the correct staffing levels were identified to meet the person’s individual’s needs. Staff told us when minimum staffing levels for the service were on duty they felt there were sufficient staff available to meet the needs of the people living at Trelawney House. They told us they had time to spend with the people living at the service. Staff rotas confirmed the minimum staffing levels were observed at all times. Staff were able to spend time chatting with people about their day as well as attending to people’s personal care needs. The support was unrushed and staff were able to give support as commissioned by the local authority.

The registered manager told us the service had one staff vacancy but this was being actively recruited to. If additional staff cover was needed the staff team would work extra hours, or Spectrum would use their own bank staff. 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.

There were appropriate storage facilities available for all medicines including those that required stricter controls. Medicines Administration Records (MAR) were completed appropriately. We checked the number of medicines in stock for one person against the number recorded on the MAR and saw these tallied. Records showed the manager had liaised with the community nurses and doctor to ensure a review of people’s medicines had occurred. Training records confirmed staff had attended, or were

Is the service safe?

booked to attend medicines training. In discussion with staff we found them to be knowledgeable about the medicine that needed to be administered. There was clear guidance for staff when administering 'as required' medicines (PRN). For example we saw descriptions of the

signs and symptoms the person may display that may require these medicines to be administered. There was guidance on how to administer the medicines, and who to inform. This meant there was clear guidance to help ensure a consistent approach from the staff team.

Is the service effective?

Our findings

People were supported by skilled staff with a good understanding of their needs. The registered manager and staff talked about people knowledgeably and demonstrated a depth of understanding about people's specific support needs and backgrounds. People had allocated key workers who worked closely with them to help ensure they received consistent care and support.

New staff were required to undertake an induction process consisting of a mix of training and shadowing and observing more experienced staff. The induction process had recently been updated to include the new Care Certificate. Two members of staff had transferred to Trelawney house within the last year from another Spectrum service. Although they were not required to complete the general induction process they had undertaken a house induction and medicines competency assessments to help ensure they were confident and able to meet individuals needs.

Staff had the knowledge and skills necessary to carry out their roles and responsibilities effectively. The training records for the home showed staff received regular training in areas essential to the service such as fire safety, infection control and food hygiene. Further training in areas specific to the needs of the people using the service was provided. For example training in autism awareness and communication techniques.

Staff attended regular meetings every six to eight weeks (called supervision) with their manager where they discussed how they provided support to help ensure they met people's needs. It also provided an opportunity to review their aims, objectives and any professional development plans. The manager also held an annual appraisal to review their work performance over the year. Supervisions covered training needs, individual professional targets for the staff member, any concerns regarding working practices or individuals using the service and ideas for progressing the individual development of people using the service. Staff told us supervisions were useful for their personal development as well as helping ensure they were up to date with current working practices. This showed staff had the training and support they required to help ensure they were able to meet people's needs.

The manager and staff had an understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. Staff had an understanding of the deprivation of Liberties Safeguards (DoLS), which provides a process by which a provider must seek authorisation to restrict a person for the purposes of care and treatment. Mental capacity assessments and best interest meetings had taken place and were recorded as required. These had included external healthcare representatives and family members to help ensure the person's views were represented. DoLS authorisations were in place for two people and the conditions were being adhered to. Appropriate applications to the local authority for further authorisations had been made and were in the process of being formally reviewed.

We spoke with one person about how they were involved in choosing their food. They told us they met with staff and made a two week menu plan and went shopping with staff to buy food. There were pictorial prompts to aid people to pick meals. Each person living at the service also had a cupboard where they kept their individual snacks and this was for their consumption only. The person told us they were happy with this arrangement and the food was "nice". They told us staff cooked the main meals but they were able to prepare their own snacks and drinks, with support as necessary. Staff said people had access to good quality food and there was plenty of choice. We saw the fridge was well stocked with a range of fresh food. Staff told us people's preferences in respect of food were recorded in care plans and staff knew these well. Staff also knew how people liked their food presented. For example, one person did not like the different elements of the food on the plate touching each other, or being presented with a large meal. We spent time with staff and people and saw staff prepared a packed lunch, and asked the person what filling they would like in their sandwiches. Fresh fruit was readily available and that people could make snacks or drinks at any time, with staff support as needed. This meant that people were supported to maintain a healthy diet.

The registered manager had attended a health action plan course. Following this she had reviewed people's health plans so that they covered the person's physical health and mental welfare. The health plans were detailed and

Is the service effective?

identified if a person needed support in a particular area, who was to support the person and how this was to be undertaken. People's care records contained details regarding other health professionals and their contact details as well as easy read, health action plans which outlined what support people needed in an accessible format. Records showed people were supported to see

their GP and dentist regularly. The registered manager and staff told us how the service dealt with people's changing health needs by consulting with other professionals where necessary. This meant that the person received consistent care from all the health and social care professionals involved in their care.

Is the service caring?

Our findings

One person told us: “Staff are nice, I can talk to them.” Staff spoke with people kindly and made sure people were comfortable and occupied. We spent some time in communal areas observing interactions between staff and people who lived at the service. Staff were respectful and spoke to people with consideration. They were unrushed and caring in their attitude towards people. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter.

Quality assurance feedback from relatives was complimentary about how caring staff were. Comments included; “They treat my daughter as an individual who has her own thoughts, ideas, likes and dislikes and her wishes are considered,” and “The caring and genuine concern of staff for [person’s name] welfare, the willingness of staff to put themselves out for [person’s name] to support him to be happy and achieve his goals.”

The registered manager and staff were aware that a person did not wish to celebrate any traditional events throughout the year, for example Christmas. Therefore staff considered how to reduce the amount of Christmas activities and traditions to respect their wishes. For example no Christmas decorations / cards were displayed in their area of the service. This showed that staff respected this person’s views but also considered how they could celebrate Christmas with the other people living in the service.

Staff told us how they maintained people’s privacy and dignity generally and when assisting people with personal care. For example, by knocking on bedroom doors before entering and gaining consent before providing care. They told us they felt it was important people were supported to retain their dignity and independence. As we were shown around the home we observed staff knocked on people’s doors and asked if they would like to speak with us.

People’s care plans showed that people’s preferred communication skills were identified and respected. For example some people responded verbally and others also used picture symbols as a visual tool to assist them in

understanding what activity they would undertake next. We saw pictures and photographs were used to help people make choices and supplement information, for example within care documentation. Staff also used Key Signing to communicate with one person and used a similar technique to communicate with another person. Staff were aware that each person had their own way of expressing their views and were able to communicate with them in their preferred manner. Staff told us that as the signs were so personal to the individual, the person taught them some signs so their communication broadened. The organisation provided Key Signing training; some staff said they would like further training in this area. The staff used these techniques competently with people living in the service. This showed that the service shared information with people in a meaningful way.

Care plans contained further detailed information in relation to people’s communication. There was information regarding what might indicate when someone was distressed and how to support them and recognise any triggers. For example a person had a comfort aid which was to be provided to reduce the person’s anxiety.

Staff knew the people they supported well. Care records contained information about people’s personal histories and detailed background information. This enabled staff to gain an understanding of what had made people who they were today and the events in their past that had impacted on them. In addition, along with the person, staff had summarised what was important to them by compiling a one page profile which outlined their likes and dislikes, preferences, what others liked about them and what was important to and for them. People had dedicated key workers who were responsible for updating care plans and leading on supporting people. These were chosen according to their experience and relationship with the person concerned.

People were smartly dressed and looked physically well cared for. People had specified in their care plan they wished to be involved in choosing their clothes. This showed staff took time to assist people with personal care and respected people’s individual preferences.

Is the service responsive?

Our findings

People told us they met with staff to talk about the care they received. They also talked about what they had done well and what future goals they would like to achieve. For example a person told us they wanted to gain more independence in preparing drinks and this had been achieved.

People were consulted about the support they received. We heard staff ask people what they wanted to do and how they wished to spend their day. In discussion with staff and the registered manager we heard how the service endeavoured to help people maintain relationships with family and friends. Staff arranged for people to see their families and supported them to meet up if necessary. One relative had commented, “Staff visiting our house are really good, open and shown concern, interest and knowledge of [person’s name].”

Care records contained detailed information about people’s health and social care needs. These were individualised and relevant to the person. Records gave clear guidance to staff on how best to support people, for example a person’s daily routine was broken down and clearly described so staff were able to support people to complete their routine in the way that they wanted. Staff felt the care plans were informative and provided clear guidance in how to support people.

Care plans were up dated and reviewed on regular basis to ensure they reflected people’s changing needs. People were involved in reviewing their care along with other interested parties. The person’s ideas as to how they would like to progress their living skills were discussed in these reviews and agreement made as to how this would be achieved. For example one person had completed a ‘what I want to achieve’ document as part of their care plan review. The person wanted to sit in the front seat of the car, and a plan as to how this would be achieved was put in place. The person told us they now sat in front of the car. This showed that staff listened to the persons wishes and worked with the person to achieve this.

In addition to care plans each person living at the service had daily records which were used to record what they had been doing and any observations regarding their physical

or emotional wellbeing. These were completed regularly and staff told us they were a good tool for quickly recording information which gave an overview of the day’s events for staff coming on duty.

Care files also identified people’s likes/dislikes and interests which the home then attempted to accommodate. We saw that people were able to take part in a range of activities which suited their individual needs. On the day of the inspection all of the people who lived at the service were taking part in various individual activities.

People were supported to take part in a wide range of meaningful activities both in and out of the home. Within the home people could socialise in the communal areas, in the garden or their room. Activities such as preparing foods and snacks and domestic tasks with staff support, or going out for walks occurred during this inspection.

People were protected from the risk of social isolation because the service supported them to have a presence in the local community and access local amenities. For example people regularly walked to the local shop, visited the garden centre or attended a work placement. One person told us they were collecting egg boxes so that they could plant their own seeds and when grown sell them to raise funds towards the purchase a summer house. The person was being supported by the staff in this activity.

The organisation had a complaints procedure which provided information on how to make a complaint. An easy read version was also available for people which used written and pictorial symbols so that it was presented in a more meaningful way. The policy outlined the timescales within which complaints would be acknowledged, investigated and responded to. It also included contact details for the Care Quality Commission, the local social services department, the police and the ombudsman so people were able to take their grievance further if they wished. One person told us: “I’d talk to [registered managers name] and she would sort it out and staff would too.” The registered manager had a complaints record which showed they had not received any formal complaints.

Staff told us how two of the people living at Trelawney House would be unlikely to complain or speak up if they were unhappy or worried about anything. They described to us how they would know, by observing their behaviour

Is the service responsive?

whether there was something wrong and how they would support the person to share their worries. People completed monthly satisfaction surveys which was an opportunity to ask if they were happy with the service.

Is the service well-led?

Our findings

Staff described to us an open and supportive culture at Trelawney House. All referred to the closeness and supportive nature of the staff team. They said the registered manager was; “Available and accessible.” Staff described the team as; “Very close.” and commented “We all want to give good care for the guys here.”

There was a clear ethos at the home which emphasised the importance of supporting people to develop and maintain their independence. It was important to all the staff and management at the home that people who lived there were supported to be as independent as possible and live their life as they chose. This was reflected in the care documentation.

Staff said they believed the registered manager was aware of what went on at the service on a day to day basis. Staff meetings were held regularly and staff told us these were an opportunity for them to raise any concerns or ideas they had. They felt their ideas were listened to and acted upon.

Comments from staff regarding higher management were varied. Two staff said they did not think the management team at Spectrum headquarters had an understanding of what it was like working at the service and felt a presence would be appreciated by them and would make them feel valued. Another commented that at times there was a lack of information being passed to the service to prepare them for possible queries from the public, for example media reports. We discussed this with the registered manager and nominated individual who were addressing this issue.

The registered manger did not have allocated administration time to undertake her management responsibilities. They said although it was possible to catch up on management tasks during a quieter shift, supervisions were problematic to arrange. The nominated individual stated the registered manager could request some administration hours and these would be provided.

During induction new employees were required to undertake ‘Values training’. This introduced staff to organisational values contained in their policy which included giving people ‘the same opportunities for community living and development as anyone else in society.’ The registered manager told us staff who had been with the organisation for some time also received this training as it had not always been part of the induction programme.

The manager told us they had regular supervision and attended monthly operational managers meetings. These meetings looked at staffing issues, updates on people using the service and overall day to day management of the services. They also had access to on-going support from the operational manager as they needed it. They told us they felt supported in their role.

The registered manger confirmed that the annual quality assurance process was due. People, relatives and other interested parties would be consulted to gain their views on the service. There was an annual satisfaction survey and we saw the results from the previous year which was very positive.

The registered manager and staff told us they were continually gathering the views of people who used the service. They did this formally using pictures and symbols to attempt to make the process meaningful for people. Staff said the most reliable way of ascertaining people’s satisfaction was by observing and monitoring behaviour. This was recorded in a variety of ways including daily logs, incident sheets, and learning logs.

There was an effective quality assurance system in place to drive continuous improvement within the service. Some of the audits included medicines, accidents and incidents, refrigeration temperatures for both food and medicines fridges, and maintenance of the home. Further audits were carried out in line with policies and procedures. For example we saw fire tests were carried out weekly and emergency lighting was tested monthly.