Spectrum (Devon and Cornwall Autistic Community Trust)

Pendarves

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?	Requires Improvement

Summary of findings

Overall summary

About the service
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. At the time of the inspection three people were living at the service. The service was based in a large semi-detached house in a residential area of Camborne.

People's experience of using this service and what we found
Pendarves had been through a period of unsettled management. The new manager had been promoted into their position two months before our visit. Whilst staff had felt the impact of these changes and did not feel supported by the provider organisation, they told us they continued to be part of a strong team.

People were supported by a manager and stable staff team who knew them well and were committed to ensuring high quality, person centred care. There were usually sufficient staff to achieve this and staffing had not fallen below levels deemed safe by the provider.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.
Right support:
• Two people shared communal space and another person lived in their own flat. Their support was designed to enable them to live the lives they chose. People were supported to develop and maintain their independence
Right care:
• The support people received was person centred. Staff promoted people's dignity and treated them respectfully. They understood people's needs and provided security and encouragement.
Right culture:
• The staff at Pendarves were committed to ensuring people were leading the lives they wanted. The staff team were open with each other and willing to challenge and be challenged to achieve this goal. People were treated with dignity, respect and care.

Staff described their responsibilities in relation to safeguarding with confidence. People told us they felt safe.

Medicines were managed safely. People received their medicines when needed and appropriate records

had been completed. People had access to healthcare professionals.

Risks to individuals and the environment were managed effectively and people's views informed their risk management plans. There were systems in place to record, monitor and review accidents and incidents to reduce future risks.

Staff development was supported through induction, support and guidance from colleagues and the manager, and training relevant to the needs of the people they cared for was provided.

Infection control procedures and measures were in place to protect people from infection control risks associated with COVID-19.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did support this practice.

People's care and support needs were assessed and reviewed. People worked with their keyworkers, and the staff communicated effectively with each other, to ensure care plans remained relevant and ensured consistency.

There were systems in place to monitor and improve the quality and safety of the service provided to people. People and staff contributed to these systems within the home. People told us they knew how to raise concerns and complaints, and staff explained they encouraged this. No complaints had been made in the year before our visit.

The manager and staff team were open and transparent and acted on feedback given, and queries raised, throughout the inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The rating at the last inspection was Good. (Published August 2018)

Why we inspected
The inspection was prompted in part due to concerns in relation to staffing levels across the organisation. A decision was made for us to inspect and examine those risks.
We found no evidence during this inspection that people were at risk of harm from these concerns.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Pendarves

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by two inspectors.

Service and service type
Pendarves is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The last registered manager of this service left in August 2021. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
Before the inspection we reviewed previous inspection reports and other information we held about the home including any notifications. A notification is information about important events which the service is required to send us by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do

well, and improvements they plan to make. This information helps support our inspections.

During the inspection
Two inspectors visited Pendarves on 16 November 2021. We looked around the home and observed staff supporting people. We spoke with the three people living in the home, the manager and three other members of staff. We looked at detailed care records for two people, and other records relating to the running of the service such as rotas, audits and staff training records.

After the inspection
We asked the provider to send a poster to relatives and friends of people living in the home and to staff who were not present on the day. The poster asked for feedback and we requested this be provided by 23 November 2021. We received feedback from one further member of staff.

We contacted three healthcare professionals and two social care professionals to seek their feedback. We received feedback from a social care professional and a healthcare professional.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

● There were enough staff deployed to be able to provide people with the support they had been assessed as needing. There were usually three staff on each shift. Regular bank staff were employed to cover the majority of vacant post hours and this meant people were usually supported by staff who knew them well. The manager explained that even with less hours covered, "It doesn't impact that much because (people) are still all getting delivered what they should have."

● One person commented to us about how important continuity of staffing was to them and how much they valued the stability of the staff team. They told us "We have had the continuity of staffing - and that is what works well."

● Staff explained they had been required, by the provider, to support other Spectrum services at short notice. This had been infrequent and the staffing at Pendarves had not fallen below contingency levels. This level is the minimum number of staff, as defined by the provider, required to support people safely. At Pendarves this level was set at two staff being the minimum.

● Staff told us that they were not always confident with the contingency staffing level and described one situation where they felt the skills mix of the two staff working had not been given due consideration. Whilst there had not been an impact on the safety of people or staff on this occasion, staff did not understand how the contingency level had been determined. The manager told us they would seek to clarify this and provide us with this information. We did not receive this information. The manager told us the skills mix of staff would be risk assessed as part of any decision to reduce staffing to contingency levels. We were reassured that staff would be deployed to ensure people's safety.

● Staff recruitment was safe. The manager explained the process of recruitment and checks were undertaken by the provider organisation. The newest member of the team had been in post for 12 months. They described a robust recruitment process designed to reduce the risk of people being supported by staff who were not suitable to work in the care sector.

Systems and processes to safeguard people from the risk of abuse

● Staff had received safeguarding training and were aware of different types of abuse. They knew what to do if they suspected or saw any signs of abuse or neglect. Staff knew which statutory agencies they should raise concerns with if internal systems were not effective.

● People told us they felt safe. One person described the role of the staff in making them feel safe. They told us, "I feel safe and secure." They went on to explain how staff support them with any worries. We saw a report of a concern they had raised and how it had been responded to safely.

● A safeguarding referral had been made to the local authority in Cornwall by the local authority funding one of the people living at Pendarves just before we visited the service. This related to a provider process related to finaces and was not having an immediate impact on anyone living at Pendarves.

Assessing risk, safety monitoring and management

● People had detailed and up-to-date risk assessments and associated support plans. These included information about risks associated with people managing their emotions and behaviour, self and personal care, skin care, medicines and being out and about in their community. These were reviewed and updated in response to any changes.

● Staff provided appropriate information in a way that suited each person to enable them to contribute to decisions about risk management.

● Risk assessments relating to the environment were in place and systems were followed to ensure a safe environment was maintained.

Using medicines safely

● Medicines were managed safely. A temporary system had been implemented following a change in pharmacy practice that needed to be made more robust to ensure medicines were signed in and transcribed onto records safely. This was addressed during our inspection.

● Staff responsible for administering medicines were appropriately trained. Staff had access to information and guidance about how to safely administer people's prescribed medicines.

● People took their medicines in a way that suited them. This had led to a reduction in people refusing to take medicines, however there were clear plans in place should this occur.

● People were involved in the administration of their medicines. This included collecting their medicines from a local chemist. One person signed for their medicines alongside staff. They told us they did not want to self-administer at this time.

● Medicines audits were completed on a regular basis. Where there were medicine errors, these were investigated to minimise risk of reoccurrence.

● The manager referred to their commitment to the STOMP pledge. (STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines). People were supported in ways that reduced their need for psychotropic medicines.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

● Safeguarding, accidents and incidents were recorded and investigated. Where appropriate, measures were put in place to reduce the chance of reoccurrence. Incidents were recorded on an electronic care recording system. Staff told us they discussed any incidents to support each other and improve the support they provided.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There had not been anyone admitted to the service recently. People living at Pendarves had their needs reviewed regularly. This included working with other health and social care professionals. A social care professional told us they received appropriate information from staff and managers to contribute to their assessments. People's views were reflected in the assessment process. This meant people's individual needs could be fully assessed and met.
- The manager described the importance of compatibility when discussing how the needs of any person would be assessed prior to a move into the vacant flat.

Staff support: induction, training, skills and experience

- People were supported by staff who were confident they had the skills and knowledge to perform their job. They told us they were able to embed training because they discussed how any learning could be used to support the people living at Pendarves. For example, they discussed how people were impacted by their autism and how they could provide support around specific issues based on this knowledge.
- Training provided staff with the skills and knowledge they needed to meet people's needs. One person said, "Staff have skills - they do - and you can tell them if you don't like the way they did it."
- The most recent staff member to be employed described their induction. This had included training and learning from experienced staff. They told us, "It was odd as it was done through Covid…. but it covered all bases. The team were very welcoming and helpful."
- Staff told us they felt well supported by each other and the manager, they told us they had regular supervisions, team meetings and supported each other informally. One staff member reflected on this, saying, "We are a team that talks."

Supporting people to eat and drink enough to maintain a balanced diet

- Support plans detailed how people were supported to plan their own meals, shop for food and prepare food in line with their assessed need.
- People chose their meals with appropriate support and information. One person had a system in place to help them monitor their caffeine intake. They had discussed the system and agreed it with staff. They told us about how they kept their caffeine intake down for their health.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records relating to health were maintained and regularly updated.
- People saw health professionals when needed and were referred to specialists when required. One person

told us they were supported to access their GP when they needed this and for regular health check-ups.
● We received positive feedback from a social care professional. One professional told us that managers at Pendarves engaged with social services transparently.
● People were supported to be proactive about their own health. They were encouraged and supported to attend screening appointments as appropriate. Health information was made available for people in ways that suited them. For example, one person had regular reminders about healthy eating decisions. Staff recorded what they were doing to ensure they could share what worked best for the person. Easy read information was available to help people understand and act on self-examination techniques encouraged by health professionals such as testicular checks.
● A health care professional told us that people were well supported to access health services.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

● Nobody living in the home had a DoLS in place. The manager said an application had been made for one person but this had not been authorised. This person was settled in their home.
●The service was working within the principles of the MCA. Staff had received MCA training and ensured people made decisions about their lives.
● Where there was a question about people's capacity to make specific decisions, an assessment was made and, if necessary, a best interests decision made involving people's views, appropriate professionals and people who knew the person well.

Adapting service, design, decoration to meet people's needs
● The building was adapted to allow people independence and privacy in line with the principles underpinning the Registering the Right Support policy.
● The house was divided into distinct areas that were personalised by the people living in them. Everyone had their own bedroom and bathroom. Two people shared a kitchen and lounge in the main part of the home and the other person had their own flat accessed by a separate entrance. The manager reflected on how important living in the flat was to the person's well-being.
● There was one vacant flat. This had been used by a member of agency staff working elsewhere in the provider organisation. Whilst the agency member of staff had been living there, they had remained separate from the staff team and people living in Pendarves and used a separate entrance. They vacated the flat during our inspection.
● Staff supported people to maintain their environment. This included a cleaning schedule that people were involved with. Maintenance issues were reported to the provider and staff told us issues they raised were addressed.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff spoke about the people they supported with respect and obvious care. People's preferences as to how they wished to be supported were captured in their care records.
- People told us, and we saw, staff were kind and caring. People smiled and chatted with staff. One person told us about their relationships with the staff and how they could raise any concerns they had comfortably with their keyworker.

Respecting and promoting people's privacy, dignity and independence

- All of the interactions we observed, during our visit, between people and staff were dignified and respectful.
- People were encouraged to maintain their independence. Staff knew the barriers people faced, how much each person was able to do for themselves and the best way to help them. People were supported with the practical aspects of tasks when needed. They also received the emotional support to manage any anxiety or thought processes that impacted on their confidence to take on additional tasks or responsibilities. One person explained they got the 'help with cooking and the talking and emotional support' they needed.
- People's right to confidentiality was protected. Records were kept securely in the office and electronic records were protected.

Supporting people to express their views and be involved in making decisions about their care

- People's views and preferences were evident in their care plans and support was provided in a way that afforded people choice. For example, one person was given the choice of which staff would provide specific aspects of support.
- People told us staff listened to them. One person described the way they planned their support, "Person centred goals and activities, you go through it… goals you can say what you want - it is working well."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People received care and support in a way that was flexible and responsive to their needs. The way the service was funded meant that people had allocated staff support time that they used for support within their home and their community. This included support such as: support with personal care; support for emotional wellbeing and to go places they specifically wished to go to with staff rather than by themselves. Recent staff shortages in the organisation had meant that sometimes the times that people went out with staff had to be rearranged. A person reflected on this saying "Sometimes we have to compromise. We meet in the middle." Staff understood that this was difficult for people and tried to ensure people didn't make firm plans that could be impacted if staffing had to alter.

● The care plans provided staff with detailed information about people's abilities, the risks they faced and how they should support them in line with their preferences. Care plans at the service were regularly reviewed to ensure they were current. This review included people in ways that suited them. One person told us they discussed their plan at a regular meeting with their keyworker. Another person updated their care plan themselves in discussion with staff.

● Staff were clear that the care plans were up to date and that they reflected the care and support people received. A staff member told us, "We review care plans monthly and we then share it with the rest of the team to make sure its correct. We achieve consistency through the care plans…in how staff follow them."

● Changes to people's needs were communicated to staff via messages, a communication book and at supervision and team meetings.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs were identified, and care and support plans contained information on how people communicated. This included reference to the type of communication people may find difficult and how to support them. We saw that staff understood what people needed from communication and how they communicated best. For example, one person had information to support them when they travelled that was succinct and factual. Another person had similar detailed factual information, but it concluded with an addendum reminding them to relax and enjoy themselves.

● The service was able to provide information in different formats, such as easy read and social stories. Social Stories are a tool that support the sharing of information with autistic people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People were encouraged to be involved in activities which they had chosen. Staff described the impact of the Covid-19 pandemic on people's presence and participation in their communities. People were still struggling to get back into their previous activities, but their confidence was growing and they were starting to get out and about again.

● People were supported to maintain meaningful relationships with family and friends. This support was provided with respect and recognition of both the importance and, in some instances the complexity of the relationship for the person. People had been supported to find alternative ways to keep in touch when Covid-19 restrictions had impacted on their relationships.

Improving care quality in response to complaints or concerns

● The provider had a complaints policy in place which provided a clear process to record and investigate any complaints received. There had not been any formal complaints made in the year prior to our visit.

● People knew how to raise concerns and told us they could do this and it was acted on. The manager told us they offered people the chance to use the formal complaints process when they raised any issues they wanted addressed.

● Compliments were not always recorded but the manager and staff spoke about how they shared positive feedback with each other.

End of life care and support

● The service was not supporting anyone at the end of their life at the time of the inspection but the people living in the home and staff team had been through a bereavement when a person living in one of the flats had died in hospital with staff present. Staff enabled an environment where this person, who had been a big part of everyone's lives, was spoken about and remembered in stories regularly.

● End of life care plans had been worked on with people and these were individual and reflected personal wishes about what they wished to happen and where they would like to be at the end of their lives.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The home had experienced a continued period of unsettled leadership with three managers in a year. Staff explained the previous manager who was registered with CQC had moved to manage another service within the provider organisation. No application had been received by CQC to register the current manager at the time of our inspection.
- Staff explained that management change had an impact on the staff team and people as managers always had a 'different way'. One staff member gave an example about how management interpretation of staff hours and allocation had an impact on a person they supported. They told us they coped with the changes as a team, making comments such as, 'We are a strong team', 'We have a core team who have been here for a long time' and "It makes all the difference being in a good team".
- The present manager had been promoted to their new post two months before we visited. They told us their line manager had changed six weeks before the inspection and the new line manager had not visited the service in this time. Their previous line manager had visited once when they took on the role and talked them through processes they needed to complete as the manager. Whilst the manager told us they had worked for the provider for a long time and knew who they could contact with queries, there were risks associated with this lack of provider oversight of, and support for, a new manager.
- The new manager was well liked and respected. Staff commented on the improvements people had experienced due to his creativity in finding solutions.

- The staff and manager were open and transparent throughout our inspection demonstrating a commitment to provide person-centred and high-quality care. The manager acted on feedback given throughout the inspection.
- There were governance systems in place. These included regular audits to ensure ongoing improvement. For example, the medicines audit was done weekly and this meant any errors and developing issues were picked up quickly and addressed. The manager highlighted how an audit on finances in the home had led to a change in how they managed this to improve safety.
- The provider completed a Quality Assurance toolkit. This had been completed in November 2020 and last reviewed in March 2021. We saw that actions had been recorded up to this review date. The manager told us they were due a visit from their line manager to update the document.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics
● People contributed to the internal quality assurance systems through regular meetings and discussions with staff who knew them well and supported them to communicate effectively. One person told us they contributed to this saying, "We have QA… like are you happy with your lounge." They told us staff listened to them.
● Staff all commented on a sense of disconnect with the provider. They did not know that their area manager had changed. They were aware of the high demand on the provider's time due to current staffing challenges within the whole organisation, however they told us this was not a new issue. They had constructive views on why these issues had arisen but had not been able to feed this back.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The team within Pendarves had created an open culture and demonstrated a commitment to providing person centred, high-quality care. Staff told us they were a team that talked to each other and were willing to challenge and be challenged to ensure the best for the people they supported.
● Staff were passionate about people receiving personalised care. All staff gave examples of how this was delivered for the three people they supported.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The manager understood the requirements of the duty of candour, that is, their duty to be honest and open about any incident or accident that had caused or placed a person at risk of harm.
● The provider and registered manager fulfilled their responsibilities to notify CQC of certain events such as serious incidents and allegations of abuse.

Working in partnership with others
● Staff told us they worked closely with other health and social care professionals to ensure people received consistent and timely care. People's care records detailed the involvement of appropriate professionals.
● A social care professional commented on the transparency and positive engagement from both the current and previous manager.
● The team understood the importance and benefits of working alongside other professionals. They were committed to people receiving support within their community. One team member reflected on the positive impact that being open to support had for the people living at Pendarves.