

# Spectrum (Devon and Cornwall Autistic Community Trust)

## Pentire

### Inspection report

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### Ratings

Overall rating for this service	Good ●
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Is the service safe?	Requires Improvement ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We carried out an announced comprehensive inspection of this service on 18 May 2016. At that time we found breaches of the regulations in relation to safeguarding and risk management. The provider subsequently sent us an action plan setting out what they intended to do to ensure they complied with the regulations.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (location's name) on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

The service is required to have a registered manager and at the time of the inspection there was no registered manager in post. 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. The manager told us they were in the process of applying to CQC to become the registered manager.

People were protected from the risk of abuse because staff had received training in this area and were knowledgeable about the potential signs of abuse. Staff and people told us they would not hesitate to report any concerns and were confident these would be acted on by senior management. Staff knew where to report concerns outside of the organisation. People told us they trusted staff and felt safe at Pentire.

Incidents were recorded in a timely manner and there were systems in place to help ensure they were seen by members of Spectrum's behavioural team. This meant any trends or patterns could be identified and action taken quickly to address any issues.

There were a range of risk assessments in place to protect people from identified risk. Guidance for staff was clear and detailed. Staff demonstrated an understanding of how to support people in order to help them

avoid becoming anxious or distressed. There were enough staff available to meet people's individual needs.

Care plans were up to date and were regularly reviewed. Key workers had responsibility for overseeing individuals care plans. People took part in meaningful activities which met their individual needs and preferences.

Staff described the service as "happy" and people told us they were well supported. Staff morale was positive and there was a shared approach to care and support which focused on people's individual needs. There were systems in place to ensure staff communicated together to share relevant information about people's changing needs. Staff, people and a relative told us they considered the service to be well organised.

At this focused inspection we found the registered provider was now meeting the requirements of the regulations.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

We found that action had been taken to improve safety. Staff were confident about safeguarding processes and had received training in this area.

Incidents were reported in a timely manner and all relevant parties were made aware of them appropriately.

Risk assessments were in place and there was clear guidance for staff on how to minimise any identified risk.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive. Care plans were up to date.

People were supported to take part in activities which reflected their interests.

People knew how to raise complaints.

**Good** ●

### Is the service well-led?

The service was well-led. Staff morale was good and staff told us they communicated well.

The manager was applying to the Care Quality Commission to become registered manager.

Team meetings and supervisions were held regularly.

**Good** ●

# Pentire

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We carried out an unannounced focused inspection of Pentire on 8 November 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 18 May 2016 inspection had been made. The service was inspected against three of the five questions we ask about services: is the service safe, responsive, and well-led?

The inspection was carried out by one inspector. During our inspection we spoke with two members of staff and the three people who lived at Pentire. Following the inspection we spoke with the manager, another member of staff and a relative.

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

We looked at detailed care records for two individuals, medicines records for one person and other records relating to the running of the service including staff rotas and daily logs.



## Our findings

At our inspection in May 2016 we found there had been a delay informing the relevant authorities of a safeguarding concern which had been raised by a person living at the service. Action to protect people from the risk of abuse had not been taken in a timely manner.

At this inspection on 8 November 2016, we found people were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Shortly after the previous inspection the staff team had met to discuss safeguarding processes and all had signed to indicate they understood the system. Meeting minutes showed staff had been reminded of the need to report any concerns immediately, and to avoid making judgements themselves as to what should and shouldn't be reported.

Training in safeguarding was up to date for all staff. The manager had completed additional training on their role in the safeguarding process shortly after the last inspection. Flyers and posters in the office displayed details of Spectrum's safeguarding leads, the local authority safeguarding teams and details of the action to take when abuse was suspected. There was also information available for people on a notice board in a main corridor. Staff told us they knew how to report any concerns, both internally and externally, and would be confident to do so.

People told us they felt safe at Pentire and trusted staff. They were able to tell us who they would go to, either within the immediate staff team or at Spectrum's head office, with any concerns they might have. One person told us they knew how to find the relevant contact numbers and all were able to name individual staff members they would trust to ask for support. Comments included; "Staff make me feel safe."

Any incidents were immediately recorded and reported to the manager and Spectrum's on-call senior manager. All incident reports were seen by members of Spectrum's behavioural team so they were able to identify any trends and take action to try and minimise further occurrences. They were also forwarded to the head of operations. This demonstrated there were processes in place to help ensure any untoward events were seen by senior management and action taken accordingly. Where appropriate, incidents were also reported to the local authorities safeguarding team.

At our inspection in May 2016 we found there were no risk assessments in place to guide staff on how to minimise the risk of potentially difficult situations escalating. Information on how to avoid these situations arising, or diffuse situations if they occurred, was not readily available to staff.

At this inspection on 8 November 2016 we found there was a range of risk assessments in place covering various aspects of people's care and support. These were developed to protect people and staff from identified risk. In the past people living at Pentire had not always got on well together and this had been risk assessed to help ensure staff were able to support them well and in a way which met their individual needs.

Staff told us people usually got on well together now and there was rarely a need to diffuse situations. When this was necessary staff were able to explain what actions they would take and how people could be supported to become calmer and less anxious. This corresponded to information and guidance in care plans and associated risk assessments. For example, in one person's care plan we saw written under a section entitled: When I become anxious; "[Person's name] calms if they go to their room." A staff member told us; "They [disagreements] are quite rare, I would support one person to their room."

On the day of the inspection there were sufficient numbers of staff on duty to support people to go out on individual activities, attend appointments and engage in daily chores and routines. We looked at rotas for the previous two weeks and saw the minimum staffing levels were consistently met. The manager was booked to attend rota management training to enable them to arrange rotas as effectively as possible.

Staff and people told us there were enough staff to meet people's needs. We also looked at people's individual daily logs. These showed people regularly attended activities in the community. This demonstrated there were enough staff to make sure people were supported to take part in activities outside of the service. One person lived in separate, but adjoining accommodation to the main property. When they required staff support they used an intercom system to call for staff. We saw this was responded to quickly and the person told us they rarely had to wait long for staff support.

Recruitment processes were robust; all appropriate pre-employment checks were completed before new employees began work. For example Disclosure and Barring Service checks were completed and references were followed up.

People's medicines were stored securely in locked cabinets. 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. All staff were trained to administer medicines. A handwritten alteration to the MAR had not been signed by two members of staff to confirm it was an accurate alteration. It is important MARs are verified in this way to protect people from the risks associated with incorrect recordings of medicines. Weekly medicine audits were carried out by the manager or a senior support worker.



## Our findings

At our inspection in May 2016 we found some information in care plans had not been updated and therefore did not accurately reflect people's care needs. Other information related to events which had taken place some time ago and there was no evidence to suggest this was still relevant.

At the November 2016 inspection we saw the care plans had been updated and were being regularly reviewed by the manager and keyworkers. Any alterations required were recorded on a sheet at the back of the documentation so it could be included in the next update. We saw one outdated piece of information had not been changed but this had been noticed by the keyworker. They had indicated on the care plan where the change needed to take place. This meant staff had easy access to up to date information and their attention was brought to any incorrect information. One member of staff said; "They [the care plans] are very person centred and up to date." A relative told us they found the information to be accurate and were given the opportunity to contribute to the care planning process if they wanted to. One of the care plans we saw had been signed by the person to indicate they had agreed with it. A member of staff told us the other was still unsigned as capacity assessments were taking place to establish whether the person was able to understand and agree to the care planning process. This demonstrated staff worked to help ensure consent to care planning was meaningful.

Some historical information was still included in the care plan which may not have been significant to the person's current needs. This meant staff might develop a negative view of the person based on outdated information. We discussed this with the manager who agreed the information was not relevant and said they would take it out.

Staff told us there were effective systems in place to keep them up to date with any changes in people's needs. Daily logs were completed each day which included information about any activities people had taken part in as well as their emotional well-being. A sign in the office reminded staff coming on shift to check the communication book, diary and 'to do' check lists. One staff member commented; "We all communicate really well."

People had access to a wide range of activities which fitted in with their interests and hobbies. For example, one person regularly attended church and prayer meetings, another had joined a local sewing club and another volunteered at a local bus company helping to clean vehicles. This demonstrated staff were able to identify pursuits which were meaningful to people.



There was a satisfactory complaints procedure in place. People told us they were confident to raise any complaints if necessary and believed these would be addressed. One said; "I would go to [managers name]." A relative said they had not had to complain but would not hesitate to if they needed to. They commented; "We would soon tell them!"



## Our findings

At our inspection in May 2016 we found there was no information regarding inspection reports on the provider's website. We made Spectrum's senior management team aware of this and it was addressed immediately. Inspection reports for all Spectrum services are now easily accessible via their website.

The service requires a registered manager and there was no registered manager in post. The last registered manager left the organisation in August 2016. We discussed this with the manager who told us they were in the process of applying for the position.

The manager was supported by a developmental support worker, (DSW). DSW's are used in several of Spectrum's services to act as a link between the service, Spectrum's behavioural team and Spectrum's senior leadership team. They told us they were well supported by the senior management team and communication from the organisation was good. There was a key worker system in place. Key workers take on responsibility for overseeing individuals care planning and organising any appointments. This demonstrated staff responsibilities were well-defined.

Staff and people told us they felt the service was well managed and the manager was approachable. One person described the manager as; "lovely." Staff told us morale was good and the service was; "much happier." All staff received regular supervision and communicated effectively with each other. The DSW received their supervision from a member of the behavioural team.

Staff team meetings could be difficult to arrange due to the small size of the staff team and the need to provide people with consistent support. In addition, the manager told us Pentire was not a suitable venue for the meetings due to confidentiality issues. If the manager was unable to organise a team meeting they held additional supervisions with staff to make sure they were aware of any planned changes. This had happened when the last team meeting was not able to take place as arranged. The manager had used the agenda for the team meeting as the basis for each member of staff's supervision session. Staff told us they saw each other regularly on handovers and felt they had a shared approach to care and support. A relative told us; "They don't do a bad job."