# Spectrum (Devon and Cornwall Autistic Community Trust)

# East Wheal Rose

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Requires Improvement |
| 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 inspected East Wheal Rose on 11 October 2016, the inspection was unannounced. The service was last inspected in April 2016, when we carried out a focused inspection to check improvements had been made to the service following an inspection in September 2015. At our inspection in April we identified a breach of the legal requirements.

East Wheal Rose provides care and accommodation for up to three people who have autistic spectrum disorders. It is part of the Spectrum group who have several similar services in Cornwall. They are providers of specialist care for people with autistic spectrum disorders and learning disabilities. At the time of the inspection two people were living at the service.

The service is required to have a registered manager. 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. Since our last inspection the registered manager had left and there was no registered manager in post at the time of the inspection. The acting manager had been in post since August 2016 and was in the process of making an application for the position.

Staff told us staffing levels had improved since the last inspection. They worked to cover any gaps in the rotas which arose because of sickness or planned leave. The manager told us the staff team were flexible in their approach and committed to helping ensure people were able to take part in activities.

Records showed there were several occasions in the three weeks preceding the inspection when staffing levels that had been commissioned had not been met. Staff told us this had not impacted on people's opportunities to take part in activities. Daily records confirmed people were going out regularly. We were satisfied that, although commissioned hours were not always met, people were supported by sufficient staff to enable them to take part in meaningful activities. Although the service was now compliant with the requirements of this regulation we have recommended that the provider takes action to ensure people consistently receive the levels of staff support they require and in line with the hours commissioned by Local Authorities.

Staff were not receiving regular face to face supervisions or appraisals to help them think about their professional development or identify training needs. We have made a recommendation about this in the report.

Recruitment practices helped ensure staff working in the home were fit and appropriate to work in the care sector. Staff had received training in how to recognise and report abuse. Risks were clearly identified and appropriate action taken to minimise risks and protect people from avoidable harm. People sometimes became anxious and distressed and this could lead them to behave in a way which put themselves and

others at risk. In these circumstances there were clear guidelines for staff to follow which protected people. Staff told us they were confident supporting people at all times.

People were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). Where people were deprived of their liberty in order to keep them safe the correct processes had been followed. Staff demonstrated a good understanding of the underlying principles of the Mental Capacity Act (MCA).

Staff used a range of techniques and tools to communicate effectively with people. They were skilled and knowledgeable in this aspect of care and were able to describe to us when it would be appropriate to use certain approaches. Information was available for people in pictorial formats to aid understanding. The acting manager had plans to develop this further.

Care plans were well organised and up to date. They had been developed with the support of relatives who told us they were kept informed of any changes. The plans contained information about what was important to people as well as information regarding their health needs. Personal histories were recorded to help staff get a picture of the events and circumstances which may have impacted on who people are today. Family relationships were valued by staff and they supported people to maintain these either in person or using the telephone and/or video conferencing technology.

Roles and responsibilities were well-defined and understood by the staff team. The acting manager was supported by an acting deputy manager and development support worker. There was a key worker system in place. Key workers are members of staff with responsibility for the care planning for a named individual.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not entirely safe. People were not always receiving their support at the levels commissioned. However, the staff team worked to help ensure people were supported to take part in activities.

Care plans contained clear guidance for staff on how to minimise any identified risks for people.

There were robust systems in place for the management and administration of medicines.

### Is the service effective?

**Good**

The service was effective. There was a comprehensive induction process in place and staff received regular training.

The service acted in accordance with the legal requirements of the Mental Capacity Act and associated Deprivation of Liberty Safeguards.

People had access to other healthcare professionals as necessary.

### Is the service caring?

**Good**

The service was caring. Staff had access to a range of communication tools and techniques to help them engage with people in a meaningful way.

The importance of family relationships was recognised and respected.

Care plans contained information which helped staff understand the person and what mattered to them.

### Is the service responsive?

**Good**

The service was responsive. Care plans were detailed and descriptive.

People took part in regular activities outside of the service.

There was a satisfactory complaints procedure in place.

## Is the service well-led?

Good

The service was well-led. There was a clearly defined management structure in place which was understood by the staff team.

There was a robust system of quality assurance checks to help ensure the service was safe.

The organisation was developing systems to gather the views of all stakeholders.

# East Wheal Rose

**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.

This inspection took place on 11 October 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This 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 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.

Due to people's health care needs we were not able to verbally communicate with people who lived at the service to find out their experience of the care and support they received. We spoke with the acting manager and five care workers. Following the inspection visit we spoke with Spectrum's head of operations and two relatives to hear their views of the service.

We looked at people's detailed care records, staff training records, staff rotas, three staff files and other records relating to the running of the service.

Requires Improvement

# Is the service safe?

## Our findings

At our inspection in April 2016 we found there had been several occasions in the weeks preceding the inspection when the numbers of suitably qualified staff on duty had fallen below the number of staff on duty which had been commissioned by Local Authorities. Following the inspection the provider sent us an action plan outlining the actions they would take to ensure appropriate staffing levels were sustained.

Staff told us things had improved since our last inspection and staffing levels were usually met. There was only one vacancy on the staff team and this had occurred only recently. Any gaps on the rota because of staff sickness or planned leave were covered either by staff working extra hours or using bank staff who were familiar with the service. The acting manager and staff told us the staff team were committed to providing quality care for people and ensuring they were able to take part in their planned activities. Staff were willing to work additional hours in order to achieve this if necessary. On the day of the inspection the number of staff on duty was in line with the hours commissioned. Both people were supported to go through their routines at a pace set by them and then go out on separate activities.

Records showed there were several occasions in the three weeks preceding the inspection when staffing levels that had been commissioned had not been met. For example, on the week commencing 18 September there had been five out of ten shifts when there had been four members of staff on duty rather than five. Most of these occasions had been in the afternoon and staff told us this was not as significant because people usually went out at mid-morning to take part in activities. It was during these times when activities were taking place, that it was particularly important there were enough staff on duty so that people could get out and have the appropriate support to access the community safely. Daily records showed people were supported to go out regularly. Staff were confident people were safe at all times and that people could be supported effectively by four members of staff when they were both at home. The acting manager told us contingency levels for staffing had been identified as four and records confirmed this. Contingency levels were explained as; "The lowest staffing number that staff could function on and still be able to carry out some activities."

We were satisfied that, although commissioned hours were not always met, people were supported by sufficient staff to enable them to take part in meaningful activities. Staff were effectively deployed in order to meet people's needs and the service was now meeting the requirements of the regulations. However, it is important that further improvements are made to ensure staffing levels are consistently met in line with commissioned hours and we will check on this at our next inspection.

We recommend that the service works to manage the availability of staff at the service in order to consistently achieve the staffing level commissioned by Local Authorities.

Staff were not receiving regular face to face formal supervision sessions. No appraisals were taking place to help staff think about their personal development or training needs. However, staff told us they felt well supported and were able to talk with the acting manager or deputy at any time if they needed advice or guidance. One commented; "I work with [acting manager] quite a lot so we talk a lot."

We recommend that the service considers current guidance on supporting staff appropriately to enable them to carry out their duties and update their practice accordingly.

Staff and relatives told us they considered people were safe at East Wheal Rose. Comments included; "I have no concerns about people's safety" and "You've got to know what you're doing working with [person's name]. I'm quite happy he is supported safely."

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. This meant people were protected from the risk of being supported by staff who did not have the appropriate skills or knowledge.

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. Flyers and posters in the office displayed details of the local authority safeguarding teams and the action to take when abuse was suspected. The name of Spectrum's safeguarding lead was also available.

Care plans contained detailed information to guide staff as to the actions to take to help minimise any identified risks to people. The information described what the risk was, the circumstances when the risk was likely to be present and strategies staff should take to avoid this or alleviate any distress or anxiety for people.

At times people found it difficult to manage their emotions which could result in them acting in a way which might result in harm for staff or themselves. Staff told us the number of times these kind of incidents occurred had decreased. One commented; "Things seem to be calm at the moment." Staff told us they were confident supporting people at these times. One told us; "It doesn't faze me and new staff wouldn't work on their own." There were clear guidelines in place for staff to follow to help minimise the risk of harm.

Risks associated with the premises had been identified and action taken to minimise them. For example, one person liked to run their bath independently. In order to protect them from the risk of scalding, valves had been fitted to taps to regulate the water temperature.

People's medicines were stored securely in locked cabinets. We checked one person's medicines and found the amount of medicines held in stock tallied with the amount recorded on medicine administration records (MAR). MARs were completed consistently and in line with current guidance. All staff had received training regarding the administration of medicines. People had prescribed creams. These had not been dated on opening which meant staff would not be aware when they became unsafe to use because of the risk of cross infection, or ineffective.

The service held small amounts of people's personal money for them to allow them access to cash when they needed it. There were robust systems in place to help ensure people were protected from the risk of financial abuse. Receipts were kept for any expenditure and records detailed how much money people had. The records tallied with the amount of cash held. The acting manager completed monthly financial audits. These were backed up by regular checks carried out by Spectrum's financial department.

Good

# Is the service effective?

## Our findings

People were supported by skilled staff with a good understanding of their needs. 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. The manager told us; "The staff team know the boys inside out and back to front."

New staff were required to undertake an induction process consisting of a mix of training and shadowing more experienced staff. The induction process had been updated to include the new Care Certificate. This is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. A member of staff who was new to the service and to care work told us the induction process had been thorough and they had felt confident to start work following the training and shadowing period. They told us the staff team had been supportive when they started work and added; "They never leave you on your own."

Training identified as necessary for the service was updated regularly. Staff also had training specific to people's needs such as training in positive behaviour management (PBM). Staff told us they were happy with the amount of training they received and believed it equipped them to do their jobs effectively. One described the in-house face to face training as; "Excellent."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Both people living at East Wheal Rose were either subject to a DoLS authorisation or an application had been made. The manager had contacted local authorities to check the application had been received and was being dealt with. The application and other related records showed the correct procedures had been followed. Mental capacity assessments and best interest meetings had taken place and were recorded as required. A relative told us they had been involved in best interest meetings when restrictions on their family member's liberty were being considered. They believed any restrictions in place were necessary and the least restrictive option required in order to keep the person safe. There was a camera in place to allow staff to monitor one person from outside their flat. This was used solely to monitor the person when staff deemed it necessary in order to help ensure the person was safe. The appropriate processes had been followed

when deciding to install the camera.

One person received some medicines hidden in food. We saw documentation showing this had been considered in line with the legislation and with the appropriate medical advice. The DoLS authorisation stated that staff should continue to encourage the person to take the medicine with consent. The acting manager explained how staff would offer the person their medicines before giving it covertly. This demonstrated the conditions attached to the authorisation were being adhered to.

People ate varied and healthy diets and care plans recorded people's likes and dislikes. Staff supported people to plan the weekly menu according to their preferences. The kitchen was well stocked and there was plenty of fresh produce available. One person liked to be involved in food preparation and the kitchen was arranged to support them to do this. For example, a limited amount of food was kept in accessible cupboards so they could make meaningful choices without being overwhelmed by too many alternatives. Jugs of juice were available to people throughout the day.

People were supported to access other health care professionals as necessary such as GP's, opticians, physiotherapists and dentists.  People's health was monitored regularly so staff could get a clear picture of the effectiveness of specific medicines. This meant they were able to report on this to external healthcare professionals who were responsible for prescribing medicines. For example, one person had recently had changes to one of their medicines as it had been suggested it may no longer be necessary for them to take it in the same quantity. Staff had closely monitored the person to make sure they were responding well and further changes had been made as a result. Staff told us the outcome had been a positive improvement to the person's well-being and a relative commented; "I've noticed he'll communicate more." If people found visiting surgeries difficult or it caused them anxiety suitable arrangements were made to enable people to access support. For example, the professional would come out of the surgery to the person's vehicle to carry out a routine check-up.

Good

# Is the service caring?

## Our findings

Staff spoke about people respectfully and demonstrated compassion and empathy in their conversations with us. They spoke fondly of people, one said; "He's a lovely guy." Relatives told us they believed their family members were well cared for. Comments included; "He seems very happy. More smiley and alert, less tense" and "He seems well and healthy."

Both people had limited verbal skills. Care plans contained information about people's preferred communication styles and the most meaningful way for staff to engage with people. One person used a few signs to communicate and staff frequently demonstrated what the signs were and what they meant when describing people and their routines to us. This demonstrated they were familiar with people's preferred communication methods.

People were able to make some day to day choices. Staff described to us how they supported people to do this using a range of communication tools. For example, photographs and pictures were available to help people make choices. A small number of symbols were offered to one person if they were distressed to try and enable them to communicate what they needed. Objects of references were used to help people decide what they wanted for breakfast. For example, staff would offer them a variety of boxes of cereal so they could select which they preferred. In one person's care records it stated they enjoyed smelling things and this could be used to help them make decisions about buying products such as shampoos or shower gels. Staff were aware of how to offer choice in a way which did not cause people anxiety. For example, one member of staff told us; "We use a symbol chart with him sometimes [to help the person make a choice] but it can cause their anxieties to go up. You get to know when it's OK to use it. And you can't do it too far in advance."

People were supported in a way which meant their privacy and dignity was protected. The premises had been arranged so both people had their own private living areas with separate entrances and gardens. People's living areas were decorated to reflect their personal tastes and interests. Personal photographs and posters were displayed. Some of the décor and furnishings were tired and in need of updating. The manager told us this was due to be addressed by Spectrum's maintenance team quite soon. Both people had access to technology which allowed them access to online or streamed television and films.

Staff recognised the importance of family relationships and supported people to maintain them. One person was able to use Skype to communicate with their family who lived some distance away. A relative told us this was not always satisfactory as the signal was unreliable. Staff spoke with families regularly to help ensure they were kept up to date with any developments or changes in people's health needs. Family members were invited to attend care planning reviews to help sustain their involvement in their family members care.

Care plans included personal histories and information about people's backgrounds. This meant staff were able to gain an understanding of past events which may have contributed to who people were today. Most of the staff team had worked at the service for a long time and had an in-depth knowledge of people's

preferences and how they liked to be supported. Newer members of staff told us information in care plans helped them while they were getting to know people. The language used in care plans and other records was respectful and positive. For example, one person was described as; "Charismatic and strong willed."

People were supported to maintain and develop independent living skills and take part in everyday household chores. Care plans clearly described what people were able to do for themselves and when they needed support and how much.

Good

# Is the service responsive?

## Our findings

People were supported to take part in activities outside of the premises on a regular basis. Staff told us it could be difficult to identify activities which were meaningful and enjoyable due to people's health and social needs. For example, one person could become anxious in crowds which could lead them to behave in a way which might be concerning for members of the public. As they also disliked warm temperatures this made summer particularly difficult. Staff had identified a choice of walks which took them away from crowds. They had also found some indoor activities and pinpointed particular times when these were less likely to be busy. Both people enjoyed physical activities such as walking, cycling, swimming and skating and took part in these pastimes often. The staff team also enjoyed these activities and were able to share people's enjoyment of them.

Care plans contained clear guidelines on how to support people safely while in the community. For example, there were details on how to support someone when they were out swimming. Relatives told us they felt their family members had enough to occupy them and were out quite often.

Staff told us there were systems in place to help ensure they were up to date with any changes in people's needs. Daily logs were completed throughout the day for each individual. These recorded any changes in people's needs as well as information regarding appointments, activities and people's emotional well-being. The logs had been completed appropriately. A whiteboard in the office was used for any particularly important information and a communication book was used for sharing more general messages between staff. Staff told us they communicated very well as a team and they saw this as one of their strengths.

People's care plans were detailed and informative, outlining their background, preferences, communication and support needs. Where particular routines were important to people these were broken down and clearly described so staff were able to support people to complete the routine in the way they wanted. For example, there were descriptions of people's morning and evening routines. On our arrival at East Wheal Rose one person was being supported to work through their morning routine. Staff told us this was important to the person and could take quite a while. We saw the person was able to do this at their own pace and heard staff offering encouragement without appearing to rush them.

Care plans were reviewed on a monthly basis or as required in response to any changes in people's needs. They had been signed by relatives to indicate their involvement in the care planning process. Relatives told us staff communicated well with them and they were kept up to date with any developments.

There was a satisfactory complaints procedure in place which gave the details of relevant contacts and outlined the time scale within which people should have their complaint responded to. No complaints were on-going at the time of the inspection. Relatives told us they would be confident raising any concerns, either directly to the manager or to Spectrum's head office.

Good

# Is the service well-led?

## Our findings

There was no registered manager in post at the time of the inspection. The acting manager was in the process of making an application for the position. Roles and responsibilities were well-defined and understood by the staff team. The acting manager was supported by an acting deputy manager and development support worker. Development support workers act as a link between staff and Spectrum's behavioural team which includes the internal clinical psychologist. They receive their supervision from within that team. There was also a key worker system in place. Key workers are members of staff with responsibility for the care planning for a named individual. Staff members had allocated areas of responsibility including medicine audits, vehicle checks and environmental checks such as fire safety and water checks.

The acting manager had no protected administration hours to help them keep up to date with their managerial duties. They told us it could be difficult to organise supervisions and appraisals without this dedicated time.

The acting manager had a good understanding of the day to day issues which might be affecting the service. Staff told us they found them approachable and easy to work with. One member of staff told us; "This is a good unit to work in." When staff had raised concerns with the acting manager they had passed these on to the senior management team. They told us it was important to be open and transparent with staff.

People were supported to give their views of the service every month. Staff used pictorial questionnaires to help people engage with this. The acting manager told us they were planning to develop a pictorial format to represent what people had been doing over a set period of time. This could be used to inform relatives and would be more meaningful for people. This demonstrated the acting manager was working to develop and improve the service.

Regular staff meetings were held to provide an opportunity for open discussion. Spectrum's Chief Executive Officer and Head of operations had attended a recent staff meeting to talk about organisational changes. Staff saw this as a positive development. One commented; "It was good. Before the organisational stuff just happened around you."

Organisational changes were communicated via newsletters and internal emails. In order to try and improve links between care staff and the higher organisation Spectrum had recently launched an Employee Involvement Consultation Committee (EICC) to allow representatives from all levels to have a voice within the organisation. A communication strategy had been developed by the senior management team to try and address any gaps in communication with all stakeholders. A senior manager had been given responsibility for overseeing internal communications and it was planned they would be attending staff meetings at all Spectrum locations on a regular basis.

Quarterly audits based on the Care Quality Commissions key lines of enquiry (KLOE) were carried out by the provider. Any highlighted issues or areas requiring improvement would result in an action plan with a clearly

defined time frame. The acting manager had responsibility for producing a monthly report. Monthly in-house audits covered a range of areas including medicines and fire safety checks. An independent organisation had completed a thorough risk assessment of the premises in July 2016. Incidents and accidents were monitored by the acting manager and Spectrum's behavioural forum. This meant all appropriate parties would be aware of any emerging trends and could respond quickly.

Spectrum's head of operations told us action was being taken by the organisation to help ensure staffing levels were sustainable across all services. This included a recruitment drive focusing on localities close to services. Managers of services were to become more involved in the recruitment of staff to allow them to identify suitable candidates. Managers were to take greater responsibility for rota management and additional training would be offered to support this initiative.