

Spectrum (Devon and Cornwall Autistic Community Trust)

Menna House

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



Overall summary

We inspected Menna House on 10 November 2014, the inspection was unannounced. At the last inspection in September 2013 we did not identify any concerns.

Menna House is a residential care home for up to five people on the autistic spectrum. The home is part of the Spectrum group. 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

Summary of findings

restrain people or prevent them from going where they wished. We saw they encouraged people to engage in meaningful activity and spoke with them in a friendly and respectful manner.

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. 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.

Relatives told us Menna House was a caring environment and staff had a good understanding of people's needs and preferences. We found staff were knowledgeable about the people they supported and spoke of them with affection.

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

People had access to a range of activities. These were arranged according to people's individual interests and preferences. Staff recognised when people became bored with activities and helped them identify new interests.

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.

Relatives knew how to raise concerns and make complaints. They told us concerns raised had been dealt with promptly and satisfactorily.

Incidents and accidents were recorded. These records were reviewed regularly by all significant parties in order that trends were recognised.

There was an open and supportive culture at Menna House. Staff and relatives 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.

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.

Staffing levels had been low but the service had managed this effectively and staff numbers had improved.

Systems in place for the storage and administration of medicines were robust.

Good



Is the service effective?

The service was effective. Staff were well trained and knowledgeable about the people they supported.

The registered manager displayed a good understanding of the requirements of the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS).

People were supported to access a range of health services as necessary.

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 preferred method of communication was taken into account.

People's privacy and dignity was respected.

Good



Is the service responsive?

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

People had access to a range of activities both in the home and the local community. These were planned in line with people's interests.

The service had a satisfactory complaints policy in place which was adhered to.

Good



Is the service well-led?

The service was not always well led. Spectrum had not notified the Care Quality Commission of events which might have affected the running of the service.

All new employees undertook Values Training as part of their induction.

People and their relatives were regularly consulted about how the home was run.

Requires Improvement



Menna 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 10 November 2014 and was unannounced. The inspection was carried out by one adult social care inspector.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider and contained some key information about the service. This enabled us to ensure we were addressing potential areas of concern and identify any examples of good practice. We also reviewed

the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send to us by law.

We looked around the premises and observed how staff interacted with people throughout the day. We visited one person in their flat. We also looked at care records relating to people's individual care. This included one full care plan and care profiles for four others. We also saw records associated with the management of the service including quality audits.

We spoke with five members of staff, the registered manager and the nominated individual. We contacted one external healthcare professional to gather their views on the service. We spoke with one person who used the service and three relatives. We observed staff interacting with people during the course of the day.

Is the service safe?

Our findings

Relatives told us they were happy with the care and support their family member received and believed it was a safe environment. One commented; “He’s very, very happy.” Another told us; “It’s a good service, very transparent.”

Due to people’s complex health needs they were not able to tell us verbally their views on the care and support they received. We observed people were relaxed and at ease with staff, and when they needed help or support they turned to staff without hesitation. During our visit we saw the managers’ office was unlocked with people coming and going to speak with the manager and see what was going on.

The home 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. Most staff knew who to contact externally if they felt any concerns were not being acted on. A member of staff told us; “Safeguarding is of the upmost priority.” However two members of staff were not confident about who they should contact in that situation.

Several weeks before our inspection a member of staff had raised a safeguarding concern. This had been done quickly and the registered manager had informed the local authority and us of the concern as required. Appropriate actions had been taken to help ensure people’s safety whilst the safeguarding investigation was ongoing.

Staff told us they 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. The registered manager demonstrated high expectations for people in their conversations with us. They commented; “We’re always looking to move people forward.” Care plans contained risk assessments which were appropriate for that person and gave staff clear guidance on how to minimise risk. The registered manager told us that when considering new activities for people they balanced the risks involved against the likelihood of them happening in order to maintain a balance and allow people opportunities to try new things. For example one person

had recently tried sailing. A risk assessment had been developed in respect of this. If the activity was taken up regularly the assessment would be updated and incorporated into the person’s care plan.

Staff were knowledgeable about people who had behaviour that might challenge others. Information regarding signs of anxiety was recorded in care plans which directed staff as to how they could recognise signs and take steps to avoid people becoming distressed or anxious. Incidents and accidents were recorded appropriately during and after an incident and the information was reviewed and analysed regularly to identify any common triggers. Records of incidents were also seen by Spectrum’s behavioural forum team and heads of service. Action taken to diffuse a situation was also recorded in order that the staff team could learn from the experience. A relative told us; “They always seem to put a lot of effort into recording incidents and details.” Monthly learning logs were also used to record when particular approaches by staff had worked. The registered manager told us; “It’s about identifying the positives, what worked and then we can support people to reduce negative behaviours.”

At the time of the inspection Menna House had been through a period when the service was short staffed due to long term sickness and suspension of staff involved in the safeguarding investigation. We spoke with the registered manager about how this had been managed. They told us they were able to use staff from Spectrum’s system of bank staff as required. In particular they had used one member of bank staff regularly who knew the people living at Menna House well. Staff all acknowledged that they had been short of staff recently but said the team had worked together well to make sure people did not suffer as a result of it. One commented; “Things are getting better now and we have really good, regular bank staff.” Two members of staff told us it could be difficult when staff were “pulled” from the service to cover for staff in other Spectrum homes. At the time of the inspection we saw people were supported appropriately and their needs were met in a timely fashion. Relatives we spoke with all said they believed there were sufficient numbers of staff to meet people’s needs. One told us their family member needed two members of staff to support them when going out on a trip. They said they could not recall trips ever having to be cancelled due to a shortage of staff. The registered

Is the service safe?

manager told us one person had recently completed an induction and had started work at Menna House with another due to start the following month. This would mean the home would then be fully staffed.

We looked at the arrangements in place for the administration of medicines and found these to be safe. Medicines were stored securely in a locked cupboard. We checked the Medicines Administration Records (MAR) for one person and found the number of medicines stored

tallied with the number of medicines recorded. Staff had received up to date medicines training. There was clear guidance for staff when administering 'as required' medicines (PRN). For example we saw descriptions of the behaviour that might cause these medicines to be administered with guidance for how to administer, 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

On the day of the inspection a new kitchen was being fitted and therefore we did not observe people at mealtimes. Staff told us people were fully involved in choosing their meals in a number of ways. For example at breakfast time the table was laid out with a choice of cereals and spreads enabling people to make meaningful choices. When planning meals ahead of time people were offered pictures to choose from. The registered manager told us pictures were large in order to facilitate choice. Relatives told us they had eaten with their family member at the home and found the meals to be good and healthy. One person had in the past had problems with their weight but this had been addressed since moving to Menna House. The relative told us this was due to them eating a healthier diet and getting out more, therefore having more exercise. Staff continued to “keep an eye on” the persons weight to help ensure it was maintained. Another person had been identified as lacking in iron and supplements had not been appropriate for them. They were therefore supported to eat a diet which was rich in iron.

On starting work for Spectrum staff underwent an induction training programme which comprised of a mixture of training in the organisations head office and shadowing more experienced staff in the home. We spoke with a new member of staff who described the induction as; “Very useful, a very good introduction.” Following the induction there was a six month probationary period.

Staff had regular training, both in areas as required by law such as first aid, infection control and food hygiene and in areas specific to the needs of the people living at Menna House. For example Positive Behaviour Management and Autism Awareness. In addition meetings had recently been arranged for staff to hear a talk from the organisations clinical psychologist regarding the history of autism and the institutional background of people they supported. The registered manager told us they hoped this would give the staff team a greater understanding of people’s behaviour. Relatives told us they found staff were knowledgeable and competent. Staff were complimentary about the quality of training they received and told us they felt they had enough to enable them to carry out their roles effectively.

Supervisions were held regularly although one member of staff said they did not have them often enough and had to

request them. However all members of staff said they felt well supported in the home by their immediate manager. As the home was currently going through a safeguarding process staff were being given additional one to one meetings as a means of supporting them and allowing them to raise any concerns.

People when appropriate were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). The MCA is a law about making decisions and what to do when people cannot make decisions for themselves. DoLS is for people who lack the capacity to make decisions for themselves and provides protection to make sure their rights are upheld. The registered manager was up to date with recent changes to the law regarding DoLS and had a good knowledge of their responsibilities under the legislation. Care records showed where DoLS applications had been made. They evidenced the registered manager had followed the correct processes and listed all the families and professionals involved in the decision. The decision was clearly recorded to help ensure staff adhered to the requirements of the authorisation. Two members of staff were unsure as to the recent changes to the law although all said they were familiar with the MCA. The registered manager had contacted the local DOLS team to discuss when people’s movements around the house were being restricted to check they were acting within the requirements of the law.

We saw people had access to a range of healthcare services as required. For example dentists, opticians and GP’s. Everyone that lived at the home was offered an annual health check. One person became anxious when they needed to visit healthcare professionals and would refuse to take part. Arrangements had been made to support the person; for example staff would drive them to the surgery and the GP would come out to the vehicle to see the person or visit them at the home. This person needed to undergo some health check tests in the near future and efforts had been made to desensitize the person in order that they could do this. However this had not been successful and arrangements were being made to have a best interest meeting in order to decide the best way to proceed. A relative told us they believed their family member’s health needs were met, stating; “Oh yes. They only have to cough twice and they are taken to the GP!”

Is the service caring?

Our findings

Relatives told us they thought Menna House was a caring service. Comments included; “He’s very happy. They care and they treat him like an adult.” Relatives said they visited often and were always made to feel welcome. One said; “I can pop in for a cup of tea whenever I’m passing.” There were opportunities for relatives to see their family member in private if they wished. A relative told us their family member had had a religious upbringing and the home respected this and supported the person to visit a church regularly so they could light a candle. Another told us it was important for their family member to have pets as this gave them an outlet to express affection and was of therapeutic importance to their well-being. They had a rabbit at first and when that died the service had arranged for them to have two guinea pigs.

Staff spoke fondly of the people they supported. Comments included; “It’s just great to see them progress” and “It’s what works for them.” The registered manager told us about people’s backgrounds and described the progress they had made and the pride she took in their achievements. An external healthcare professional told us staff working at the home were “intuitive and caring in their approach.”

On our arrival at the home four of the people who lived there were preparing to go out for the day as a new kitchen was being fitted. We saw staff support people to get ready and explain to them what was happening and why. We observed staff speaking gently to people and reassuring them about the plans for the day. They demonstrated kindness, patience and understanding in their interactions with them. On their return one person indicated they would like to eat their evening meal with the other residents. We heard arrangements being made to enable this to happen.

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. 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. The registered manager told us it was important they liked the person and “gelled” with them. Staff were able to talk

about the people they supported knowledgeably. For example one member of staff told us; “If [person’s name] is ill they will cuddle their blanket. You can tell when people are unhappy.”

Because of people’s complex health needs staff used a variety of ways to communicate with people. We saw pictures and photographs were used to help people make choices and supplement information, for example within care documentation. Objects of reference were used to inform people, for example staff would show people car keys or bags to indicate they were going out. Intensive interaction was used to engage with one person. This is a practical approach to interacting with people with learning disabilities or autism. Social stories were used for one person to help them develop a better social understanding of specific situations.

People’s care records contained one page profiles which outlined their likes and dislikes, preferences, what others liked about the person and what was important to and for the person. For example one of the profiles stated it was important the person had access to the garden and support to relax in the sensory room. It noted the person had an ‘infectious laugh.’ This positive information allowed staff to gain an understanding and knowledge of the person.

We visited one person in their self-contained flat. We saw this was decorated to reflect the person’s taste. Staff asked the person if they were happy for us to visit them and they showed us their bedroom and indicated to us that they liked their living area. We were told the person had been supported to choose their furnishings and art with the use of magazines and by visiting shops.

People’s privacy and dignity was respected. One person sometimes removed their clothing whilst in communal areas. The registered manager told us they therefore kept dressing gowns, throws and blankets downstairs in order that they could quickly maintain the person’s dignity and support them to their bedroom. Once there they were able to have ‘naked time’ if they wished.

People had access to advocacy services and Independent Mental Capacity Advocates (IMCA). The registered manager was in the process of identifying an IMCA for one person. We saw an IMCA had been arranged in the past when one person was considering a move.

Is the service responsive?

Our findings

Relatives told us they felt they were fully involved in the care planning process and were kept informed of any changes to people's needs.

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 and were regularly reviewed to accurately reflect any changes in people's needs. A staff member said; "They are fantastic. You read one and you know them and why they do that."

Two people who lived at Menna House had accommodation which was separate from the others. In one case this was a totally self-contained flat and in the other the person had their own living space although they continued to use the main kitchen. Alterations had been made to the building to facilitate this as it was identified that both people would benefit from having their own space. A relative told us things had improved considerably for their family member since the change in living arrangements. We were told the people concerned continued to have opportunities to socialise with the other residents as they wished and were therefore protected from the risk of becoming socially isolated.

People were supported to take part in a wide range of meaningful activities both in and out of the home. For example people attended Shiatsu, swimming sessions, local walks and had passes to local amenities such as the Eden Project and a theme park. The registered manager told us they were discussing with the local land owner plans to allow people access to the open countryside at the rear of the house. This would enable people to go out for

walks without the need to drive somewhere first. People were supported to use local amenities such as shops and cafes and the registered manager told us they were known in the local community.

A relative told us their family member had enjoyed horse riding as a child. They said this had been reintroduced shortly after the person had moved to Menna House after they had requested this be tried again and they now went twice a week. The relative stated this was; "Largely due to the efforts of the registered manager and the deputy manager."

The home had a sensory room which contained soft furnishings and tactile wall coverings. There was a large garden and a relative told us their family member was supported to garden which they said was "very important" for them.

The service had a policy and procedure in place for dealing with any complaints. This was made available to people and their families. Relatives we spoke with told us they knew how to complain and they would be confident that any complaints they had would be dealt with. They described the registered manager as approachable and available if there were any issues they wanted to discuss. One relative said they had complained in the past about staffing levels and were happy in how this had been dealt with. They said the registered manager had been out to visit them to discuss the issue. The registered manager told us one relative had raised a concern about the continuity of staffing and we saw from records that this had been responded to in a timely manner.

We saw thank you cards in care files and on the notice board in the office. One stated; "Many thanks as always for looking after [relative's name] so well."

Is the service well-led?

Our findings

The Health and Social Care Act 2008 requires providers to notify CQC of events and incidents which may have an effect on services. Whilst we had received notifications as required by Menna House staff, Spectrum senior management team had failed to notify us of incidents and events which might have impacted on the running of their services including Menna House.

Staff described to us an open and supportive culture at Menna House. All referred to the closeness and supportive nature of the staff team. They said the registered manager was available and accessible and one commented that they discussed; “anything and everything.” Staff described the team as “close knit” and said they had supported each other recently whilst they had been short staffed. Staff said they believed the registered manager was aware of what went on at Menna House on a day to day basis. Comments regarding higher management were varied. One person said they did not think the management team at Spectrum had an understanding of what it was like working at Menna House. They said “It would be nice if they popped in now and again to say hello” and “It would be good to get some appreciation.” We discussed this with the registered manager who said there was an open door policy at Spectrum and staff could always phone head office if they had any queries or concerns and speak with higher management. They told us they would address this at the next team meeting to remind staff this was an option available to them.

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. For example one member of staff told us they believed the person they supported had become bored with one of their regular activities. They had spoken with the registered manager and staff team about this and were looking at identifying a new activity for the person to try in order to try and ensure the activities they took part in were of their choice and enjoyable for them.

One member of staff had recently returned to work after maternity leave. They told us they had been able to keep up to date with any developments at the service via Keep In Touch (KIT) days. They told us this made their return to work much easier and commented “I wouldn’t leave here for the world.”

Staff said they felt they were kept up to date with current guidance and the registered manager told us head office passed any relevant information directly to managers across the organisation.

During induction new employees were required to undertake ‘Values training’. This introduced staff to organisational values contained in their policy which included giving people they supported ‘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 would also receive this training as it had not always been part of the induction programme.

Relatives were consulted regularly both formally and informally. There was an annual satisfaction survey and we saw the results from the most recent one were positive. Relatives told us they were pro-actively encouraged to approach the registered manager with any concerns or ideas they might have. They told us the registered manager was; “Always in the background.” and “A constant presence.” We saw in the PIR there were plans to introduce a feedback book into the service so visitors would have an opportunity to write down any comments they had about the service immediately.

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. This helped to capture people’s views.

The registered manager told us they had regular supervision and attended monthly managers meetings. They also had access to ongoing support from the operational manager as they needed it. They told us they felt well supported in their role; “I’ve always had massive support.”

There was an effective quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures.