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?	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 Pendarves on 11 February 2016, the inspection was unannounced. The service was last inspected in February 2014, we had no concerns at that time.

Pendarves provides care and accommodation for up to four people who have autistic spectrum disorders. At the time of the inspection four people were living at the service. Pendarves is part of the Spectrum group which provide services to people living with autism in Cornwall. There was a 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.

Recruitment practices were not robust enough to ensure staff working in the service were suitable to work in the care sector. We identified a breach of the regulations. You can see what action we told the provider to take at the back of the full version of the report.

The premises were well maintained and had been adapted to meet people's individual needs and preferences. Two people had self-contained flats with their own kitchen and living area. The other two people had large en-suite rooms and shared a kitchen and living area.

People were able to access the local community and amenities easily as the town centre was within walking distance. Some people went out independently for walks or to go shopping. There were systems in place to ensure people were able to contact staff for support, guidance or reassurance if they needed it. Risk assessments were personalised and relevant to the individual's needs. The deputy manager described them as; "The scaffolding to support people and hold them up."

Staff had received training in how to recognise and report abuse, and all were confident any concerns would be taken seriously by the registered manager. Other training identified as necessary for the service was updated regularly. Staff received supervision and appraisals. New employees were required to complete a thorough induction which incorporated training, familiarisation with policies and procedures and shadowing more experienced staff. The induction process had been updated to include the Care Certificate.

The provider acted in accordance with the requirements laid out in the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). People were able to make every day decisions such as how and where they spent their time and what they ate. Staff recognised and respected people's rights.

Care plans were personalised, detailed and updated regularly. They contained information about people's likes and dislikes as well as information regarding their health needs. Staff were aware of people's preferences and how they wished to be supported. There was an emphasis on supporting people to be independent and make choices about how they wanted to lead their lives.

There were effective quality assurance systems in place to monitor the standards of the care provided.

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. Recruitment systems were not robust, this meant people were at risk of being cared for and supported by staff who were not suitable for the role.

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

There were sufficient numbers of suitably qualified staff to keep people safe.

Is the service effective?

Good

The service was effective. New employees completed an induction which covered training and shadowing more experienced staff.

People had access to other healthcare professionals as necessary.

The premises were arranged to meet people's needs and preferences.

Is the service caring?

Good

The service was caring. Staff worked to build trusting relationships with people.

Staff recognised the value of family relationships and supported people to maintain them.

People's individual needs and preferences were identified and respected.

Is the service responsive?

Good

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

There were a range of systems in place to help staff keep up to

date with people's needs.

There was a satisfactory complaints procedure in place.

Is the service well-led?

Good

The service was well-led. There were clear lines of responsibility within the service.

Regular checks were carried out to help maintain the quality and safety of the service provided.

The management team took action when the need for improvements had been identified.

Pendarves

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 February 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 reviewed this along with 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 spoke with two people living at Pendarves, the registered manager, deputy manager and three care workers. Following the inspection visit we contacted two relatives to hear their views of the service and two care workers. We also contacted an external healthcare professional.

We looked at care records for three individuals, people's Medicine Administration Records (MAR), staff rotas, two staff files and other records relating to the running of the service.

Requires Improvement

Is the service safe?

Our findings

On the day of the inspection one person was away visiting family and another person decided not to speak with us. The other two people who lived at Pendarves told us they felt safe at the service and were happy living there. A relative told us; "[Person's name] seems very happy. I'm sure he would let us know in no uncertain terms if he wasn't."

Recruitment systems were not robust, this meant people were at risk of being cared for and supported by staff who were not suitable for the role. One member of staff had been employed following an interview which took place through an internet based telephone service (Skype). They told us the process was; "Very quick, very easy." We looked at this staff members recruitment records to check the systems in place provided adequate safeguards. We saw the original application form contained very little information. For example, the supporting statement of ability was only two lines long. Under 'Current or most recent employment' it was written; "Currently I don't have a job." Under the section; 'Details of previous employment' there was only one entry. This was for the period 2005 to 2009 and stated the applicant had worked in a job not related to care. There were no other details within the application to verify they had any experience in the care sector or that they were suitable for the role. We asked to see the interview notes. These recorded the person had stated they had done; "A lot of work in care." However there was no evidence to this effect other than a reference to caring for a relative. There was no record within the interview notes that the person had been asked to account for the gap in their employment history.

This meant the provider did not have details of a full employment history, together with a satisfactory written explanation of any gaps in employment as specified in Schedule 3(7) of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014.

This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The application form asked for the names of two people who could be approached for a reference. Only one person had been put forward as a potential referee with the note; "I haven't spoken to [referees name] for five years." Within the recruitment records we saw one reference from an agency stating the employee had worked in a non-care job for eight days in August 2015. The registered manager told us there was a second reference at Spectrums head office. However this was unavailable as there was only a paper copy of the reference which was in a locked room. The person with the key was on leave and no-one else was able to access the records. Following the inspection visit the registered manager forwarded us a copy of a second reference.

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. Staff told us if they had any concerns they would report them to the registered manager or deputy manager and were confident they would be followed up appropriately. Flyers and posters in the office displayed details of the procedures to follow if they suspected abuse. These included contact details for the local safeguarding team. Staff told us they had

not had any concerns about people's safety.

Care plans contained detailed information to guide staff as to the actions to take to help minimise any identified risks to people. Risk assessments were personalised and relevant to the individual's needs. The deputy manager described them as; "The scaffolding to support people and hold them up. It's about giving reassurance." Some people were able to access the community independently and staff recognised and respected their right to make choices and take everyday risks that promoted their independence. Strategies had been put in place to minimise any risks. For example, people were provided with mobile phones so they could contact staff for reassurance or assistance if necessary. Staff were working with one person to enable them to have more time when they were unsupported. They had worked with the person to identify any associated risks and their own concerns. This demonstrated staff were pro-active in encouraging people to increase their independence.

When people became anxious or agitated they could sometimes behave in a way which others might find distressing. There was clear guidance for staff on how to avoid these situations occurring where possible and techniques to use to diffuse the situation and to prevent the behaviour escalating.

There were sufficient numbers of staff to meet people's assessed needs and help ensure their safety. On the day of the inspection visit people were supported to go out for social trips and attend health appointments. Rotas showed the minimum staffing levels were consistently met.

People's medicines were managed safely and stored securely. 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. Liquid medicines were dated on opening; this meant staff would be aware when the medicines were at risk of becoming ineffective or contaminated.

Good

Is the service effective?

Our findings

People received care and support from staff who had the knowledge and skills to meet their needs. A relative commented; "All the staff we've had dealings with have always been very approachable, polite and courteous." Training identified as necessary for the service was updated regularly. Staff received regular supervision from the deputy manager. These were an opportunity to discuss working practice issues, any concerns regarding people's support needs and identify any training requirements.

New staff were required to undertake a three week induction process consisting of a mix of training and shadowing and observing more experienced staff. The induction process had recently been updated to include the new Care Certificate. This is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. We met with a new employee who was just completing the induction period. They told us it had been a good preparation for the role. Another staff member who had worked at the service for approximately eight months told us they had felt confident to start work following the induction.

Staff told us some established team members had left to work in other services over the past twelve months and this was unsettling for people. One commented; "It takes time for [person's name] to build trust with staff."

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. Mental capacity assessments had been completed to indicate that people had capacity to consent to their plan of care. One person was having their fluid intake restricted and there was evidence that they had capacity to consent to this and had done so. Staff demonstrated a good understanding of the principles of the Mental Capacity Act. While discussing one person's support needs with us one member of staff commented; "They have the right to make unwise decisions."

Daily records confirmed people were supported to make everyday decisions about such things as when they wanted to get up, what they wanted to eat and how they wanted to occupy their day.
Care records contained information about people's preferred foods and any dietary requirements. People were supported and encouraged to eat healthily. Staff recognised that people ultimately had the right to choose what they ate but worked with them to help them make informed choices. For example, we saw recorded in one care plan that they had opted to only eat sweet dishes three times a week.

People were supported to access other health care professionals as necessary, for example GP's, opticians and dentists. Health files contained information about past appointments and any action taken as a result. We saw evidence that people's medicines were reviewed regularly and people had access to annual health checks. One person's behaviours meant they were at specific risk from a sudden deterioration in their health. Staff had worked with other professionals to identify how best to support the person allowing them access to what was important to them while protecting them from harm. They had regular blood tests and contact with the GP to continually monitor this aspect of their health and help ensure the support plan was still effective.

The interior of the building was well maintained and decorated. Alterations to the building had been made to help ensure people's needs did not negatively impact on each other. Two people had self-contained flats each with their own entrance. One was able to access support through an internal telephone system if required. The other walked round to the main house if they needed anything. The remaining two people had en-suite rooms and shared a kitchen and lounge area. They were able to choose if they ate together or not and this varied according to their preferences. People told us they were happy with their living arrangements.

Good

Is the service caring?

Our findings

People liked the staff that supported them and were happy living at Pendarves. Staff spoke with us about the need for people to build trusting relationships with the staff who supported them. One commented; "It's difficult to build a relationship with him and easy to damage it." There was a key worker system in place; key workers had responsibility for overseeing an individual's plan of care. They worked closely with them to develop a good understanding of how people wished to be supported.

Most of the staff team had been in post for over a year and knew people and their support needs well. One person could become anxious if the service's vehicle was not available and they were not aware of where it was or how long it might be away from the service. Staff had recognised the importance of this to the person and were working to develop a means of keeping the person informed. A 'vehicle booking form' had been designed to give a visual representation of where the vehicle was and how long it would be away. One member of staff told us; "Bits of it [the vehicle booking form] might not work but other bits might. We can take lessons from it and build on it."

Staff spoke positively about people, telling us about their achievements and talents. One person had recently started taking photographs and a staff member commented; "He takes some good photographs, he's got quite an eye for it."

People were involved in decisions about their care and the running of the service. Staff told us how one person had access to the weekly staff rota so they could be involved in deciding who they would be supported by on a daily basis. When people had said they did not want to be supported by a particular member of staff this had been respected.

People living at Pendarves were able to communicate verbally. However, staff recognised the importance of effectively communicating with people. Care plans gave guidance on how best to achieve this. We saw information on how to engage with a person when they were anxious. For example; "Confirm both that you have understood what [person's name] is saying and support [person's name] to confirm what he has said."

Care plans contained information about what was important to people and their personal likes and dislikes. For example, one person's care plan stated; "I watch a lot of TV and like to have TV magazines." We visited this particular person and saw they had a selection of TV magazines with them. There was also important information in care plans about people's past, interests and relationships. This meant staff were able to learn about the person and gain an understanding of who they were.

Staff recognised the importance of family relationships and friendships and supported people to maintain them. The deputy manager spoke with families regularly to help ensure they were kept up to date with any developments or changes in routines.

People's privacy and dignity was respected. Staff knocked on people's doors and waited to be invited in. One person chose to remain in their room throughout the inspection and did not wish to speak with us; staff

respected this decision. The people we met with were clearly at ease in their surroundings and demonstrated a sense of ownership for their living environments. The registered manager had identified that one person had the potential to isolate themselves and this was recorded in their care plan. Staff told us how they encouraged the person to access the community and engage with them.

Good

Is the service responsive?

Our findings

People were supported by staff who knew them well and understood how they wished to be supported. Staff spoke knowledgeably about people's daily routines and their likes and interests.

Care plans contained clear, up to date detailed information about people's backgrounds, preferences, and support needs. One page profiles outlined what was important to people and gave a brief overview on how best to support them. Staff told us the plans were informative and useful. People and their families were involved in the development of care plans and review meetings were held regularly. Review meetings included identifying goals for people's personal development. The registered manager told us; "It's not just having a goal to go on holiday, of course we all want to go on holiday. It's about the day to day things, the small things that make a difference to everyday life."

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 daily logs had recently been redesigned to help prompt staff to think about how they engaged meaningfully with people and involved them in activities. For example, there were sections which asked how the person had been encouraged to take part in activities and who, besides staff, they had had contact with. The registered manager told us they were developing the daily logs further in order to ensure they recorded what was important to and for the individual rather than using a generic format for everyone.

As well as the daily logs information regarding people's care and support was kept in communication books assigned to each individual. A general communication book was used to record any information regarding more domestic or household matters. There was also a house diary. This meant staff were able to keep up to date with any changes in people's needs or upcoming appointments.

People were encouraged to take part in a range of activities which reflected their personal interests. For example, one person particularly enjoyed playing racquet sports with one member of staff. This worker had left to work at another Spectrum service but arrangements had been put in place for them to continue with this activity. The registered manager told us they were investigating options for installing a separate broadband service solely for the use of people living at Pendarves. This would allow them to subscribe to a streaming service such as Netflix or Amazon.

During the inspection people were in and out of the service taking part in planned appointments and leisure activities. For example, one person went for a trip out to a nearby town they particularly liked visiting. Another attended a planned optician's appointment. Pendarves was a short walk from the nearby town centre and people regularly walked in. The town had good public transport links and some people often caught a train or bus to visit other areas of the county.

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. The registered manager told us they encouraged people and relatives to voice any concerns informally as they arose. One

relative had said they felt they were not kept up to date with their family members routines. The deputy manager had worked with them to improve the relationship and set a regular day and time to bring them up to date with any developments and information about how the person had spent their week. Monthly review meetings were used as an opportunity for people to raise any concerns they had.

Good

Is the service well-led?

Our findings

The registered manager was also registered manager for another two Spectrum services and shared their time between the three. They had additional responsibilities as a divisional manager. They told us they spent one or two days a week at Pendarves and had a good working knowledge of the service often covering a shift or doing a sleep in. They were supported by a deputy manager who had responsibility for the day to day running of the service and oversight of the staff team. Both attended Spectrum's monthly managers meetings. They were kept up to date with any changes via a system of emails and regular meetings. The deputy manager did not have any protected administration hours and staff told us they were "under a lot of pressure."

Regular checks relating to the quality and safety of people's care were carried out. For example, medicine audits, environmental and vehicle checks. Incident sheets were consistently completed giving detailed information about any untoward events. Incident sheets were analysed on a monthly basis in order to highlight any trends or patterns. Relatives were asked for their views of the service in an annual questionnaire. The response rate was low and the deputy manager told us they communicated more effectively in a more regular and less formal way. A relative told us if they had any concerns or suggestions they would; "pick up the phone."

Staff demonstrated a shared approach to support in their conversations with us. They told us how they encouraged people to take responsibility for their own personal care wherever possible. This was balanced with the need to protect people's health and well-being. Staff told us how they worked with people to reach agreements about how and when they would carry out certain household tasks. There was a repeated theme of 'working with' people rather than 'doing for' people. Staff often used words such as "reassurance" and "guidance" when describing how they supported people.

Regular staff meetings were held to provide an opportunity for open discussion. Minutes showed staff were able to bring up a variety of issues which were listened to, taken seriously and acted on when required.

Any 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 re launched a Works Council to allow representatives from all levels to have a voice within the organisation.

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. In addition the registered manager had responsibility for producing a monthly report. Spectrum's internal maintenance team were available to carry out any defects in the premises. Staff told us reported faults were acted on promptly.

The registered manager and deputy manager took action when the need for improvements had been identified. For example, a new format for recording daily logs had been introduced. A new system for recording monthly review and goal records had also been implemented.

Records relating to the management and running of the service and people's care were accurately maintained and securely stored. The provider had sent us written notifications telling us about important events that had occurred in the service when required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not operated effectively to ensure persons employed were of good character or had the qualifications, competence, skills and experience necessary for the work to be performed by them. The information specified in Schedule 3 was not available for each person employed. Regulation 19(1)(a)(b)(2)(a)(3)(a)