Spectrum (Devon and Cornwall Autistic Community Trust)

Carrick

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

Carrick provides care and accommodation for up to five 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 five people were living at the service.

We inspected Carrick on 31 May 2017, the inspection was unannounced. The service was last inspected in June 2015, we had no concerns at that time and the service was rated Good. At this inspection we found the service remained Good.

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. 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.

We arrived at the service shortly before 10:00 am. There were two members of staff on duty at this time. The identified required number of staff at this time of day was three. Staff told us one member of staff had not turned up for their shift. They had contacted another employee to support them and they arrived at the service at 10:30. Records showed there were several occasions in the days preceding the inspection when staffing levels identified as necessary had not been met. We have made a recommendation about staffing levels in the report.

Daily records showed people were going out regularly. People had access to a range of activities both within the service and in the local community.

Recruitment practices helped ensure staff were suitable to work in the care sector. Staff had received training in how to recognise and report abuse. The service held money for people and kept receipts to evidence any expenditures. We checked the amount of cash held for people against the records and found there were some discrepancies. Although these were minor it is important accurate records are kept to protect people from the risk of financial abuse.

Risks were clearly identified and appropriate action taken to minimise risks and protect people from avoidable harm. Staff knew how to minimise risks and manage identified hazards in order to help keep people safe from harm or injury. People received their medicines as prescribed. Action was taken when a medicine error occurred and the systems in place improved to help ensure the errors did not re-occur.

People were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become

deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals when appropriate. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff communicated effectively with people. They adapted their approach to communication according to people's individual needs. One person was occasionally agitated during the day and staff were understanding and worked with the person to alleviate their anxiety.

Care plans were well organised and up to date. 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 were today.

Roles and responsibilities were well-defined and understood by the staff team. The acting manager was supported by a development support worker (DSW). Spectrum employ DSW's at several of their services to act as a link between the service and the organisations behavioural team. There was a key worker system in place. Key workers are members of staff with responsibility for the care planning for a named individual. Staff told us morale was good and were positive about the new manager. Regular supervisions and staff meetings were an opportunity for staff to voice any concerns or make suggestions on how to improve the delivery of care.

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. Systems to ensure people were supported by sufficient staff at all times were not robust.

We identified discrepancies in records of people's personal monies.

People received their medicines as prescribed. Creams had not been dated on opening.

The rating for safe has changed from good to requires improvement.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

Carrick

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 31 May 2017 and was unannounced. The inspection was carried out by two inspectors.

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 observed staff supporting and interacting with people throughout the day. We spoke with the acting manager, a divisional manager and three care workers.

We looked at three people's detailed care records, staff training records, staff rotas, three staff files and other records relating to the running of the service. Following the inspection visit we spoke to a further two members of staff, two relatives and an external healthcare professional.

Requires Improvement

Is the service safe?

Our findings

We arrived at the service shortly before 10:00 am. There were two members of staff on duty at this time supporting five people. The identified required number of staff at this time of day was three. One person, who lived in a self-contained flat, was brought through to the main house to enable both staff members to work together. Staff told us one member of staff had not turned up for their shift. They had contacted another employee to support them who arrived at the service at 10:30. This meant there had been a period of two and a half hours when staffing had been below minimum levels. This was at a time when people were needing support with morning routines and personal care. When contacted, the member of staff who had not arrived for their shift, said they believed they were not working that day. Records showed there were three occasions in the days preceding the inspection when staffing levels identified as necessary had not been met.

We recommend robust systems are established to ensure minimum staffing levels are met at all times.

Staff told us this was an unusual situation and staffing levels were usually met. There were two vacancies at the service but these had only recently arisen. Any gaps on the rota, because of staff sickness or planned leave, were usually covered, either by staff working extra hours or bank staff who were familiar with the service. Staff told us they enjoyed their work and did not mind occasionally coming in early if necessary. One said; "We sometimes come in a bit early anyway because we enjoy it!" The rotas for the previous week showed staffing levels had been consistently met.

Records associated with conditions attached to one person's DoLS authorisation showed when the person had needed to be supported in the main house, with their peers, due to low staffing numbers. This had occurred in February on four occasions, twice in March and not at all in April. Although there had been three occasions during May when these circumstances had occurred they had been for short periods of time. This supported staff's claims that staffing levels were largely being appropriately sustained and the situation had improved over time. One staff member told us; "Six months ago it was a real issue. It is the best it has been for a while now."

Staff told us they considered people were safe at Carrick. Comments included; "I would definitely say people are safe."

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. Managers had recently become more involved in the recruitment process. The divisional manager told us this had improved staff retention. They explained; "We can explain to people what the job is, what the service is like. It doesn't come as a shock where they do a day and think, "No it's not for me.""

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 corridor displayed details of the local authority safeguarding teams and the action to take when abuse was suspected. Spectrum's safeguarding policy was also easily available for staff information. The manager had recently completed safeguarding for managers training which was delivered by the local council.

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.

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. Receipts were kept for any expenditure and records detailed how much money people had. We checked the records for four people and found there were some discrepancies in these records. Although these were minor it is important accurate records are kept to protect people from the risk of financial abuse. The manager and divisional manager told us the records had recently been audited and at that time were correct. They were confident they would be able to identify when the errors occurred. Following the inspection the manager contacted us to inform us they had reconciled one of the records and identified where the errors had occurred in one other. They told us the records would be checked daily in the future to reduce the chance of errors occurring.

There was a system of health and safety risk assessment in place. There were smoke detectors and fire extinguishers in place. Fire alarms, emergency lighting and fire extinguishers were checked by staff, the fire authority and external contractors, to ensure they worked. Regular fire drills took place. One person had refused to leave the premises on two occasions during a fire drill. We checked the Personal Emergency Evacuation Plans (PEEPs) in place and saw there was guidance for staff and first responders on how to support the person in case of an emergency.

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 we observed people being supported according to their individual needs and preferences. People had allocated key workers who worked closely with them to help ensure they received consistent care and support.

New staff were required to undertake an induction process consisting of a mix of training and shadowing and observing more experienced staff. The induction process had been updated to include the Care Certificate. This is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. New staff had an opportunity to read through care plans before starting to support people. This allowed them to gain an overview of people's support needs.

Training identified as necessary for the service was updated regularly. Staff also had training specific to people's needs such as positive behaviour management (PBM). Staff told us they were happy with the amount of training they received and were informed when any training required updating. One commented; "Spectrum are pretty good at training."

Staff received regular face to face formal supervision sessions. They told us they felt well supported and were able to talk with the acting manager at any time if they needed advice or guidance. One commented; "I've had two or three supervisions with the new manager." No appraisals were taking place to help staff think about their personal development or training needs. The manager was due to attend training in appraisal delivery and told us the organisation would be introducing regular appraisals for all staff in the near future.

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 authorisation 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.

Everyone living at Carrick was either subject to a DoLS authorisation or an application to authorise a deprivation of liberty was being made. Mental capacity assessments and best interest meetings had taken place and were recorded as required. One person's DoLS authorisation had certain conditions attached to it. These stated that staff were required to provide the DoLS team with a monthly summary of any occasions when the person did not have access to required support due to staff shortages and, as a result, had to

spend time in the main house with other people living at the service. The daily logs showed this was being recorded and staff told us they were aware of the need to record these incidents. 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. People were supported to participate in preparing meals. During the inspection one person was supported to make cornflake cakes which were shared with everyone in the service. A member of staff commented; "[Person's name] is really good at baking."

The layout of the premises had been arranged to meet people's needs. One person had a self-contained flat with their own small kitchen area where they could be supported to prepare meals. The other people shared a kitchen and living area and bathing facilities. Staff told us there were sufficient facilities to help ensure people could access bathrooms when they chose to. A sensory room had been built in the back garden. One person particularly enjoyed spending time in the garden and there was a sheltered area for them to use if they needed it. People chose where they spent their time during the day alternating between sitting in the lounge and spending time alone in their bedrooms.

People were supported to access other health care professionals as necessary such as GP's, opticians, physiotherapists and dentists. Everyone was on the waiting list to see a podiatrist for an assessment.

Good

Is the service caring?

Our findings

Staff spoke about people respectfully and fondly, demonstrating a pride in their achievements. The manager told us how one person had become more adept and interested in art. Examples of their work were displayed in the lounge area. When another person became distressed staff observed them quietly and spoke gently with them to establish what support they needed. When people indicated they needed time alone this was respected. The manager told us; "Sometimes it's important to give [person's name] down time to allow him to self-manage. He's openly seeking interaction when he wants it now."

People living at Carrick 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 we saw them engaging with staff in this way. The person included one of the inspectors in the conversation and the member of staff supported the exchange, explaining what the different signs meant as necessary. This demonstrated staff were familiar with people's preferred communication methods.

Where it had been identified as useful to have additional communication support, aids had been introduced. This included the use of photographs to help people make meaningful choices about meals and sequence strips. Sequence strips use pictures to help people understand what activity is coming next. 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. Care plans contained information on how staff could support people to make meaningful choices.

People's bedrooms were decorated to reflect their personal tastes and interests. Personal photographs and posters were displayed. Photographs and examples of art work were also on display in shared areas to create a more homely atmosphere.

Staff helped people to develop and maintain their independence and we saw several examples of this during the inspection visit. For example, one person made themselves a hot drink and used an electronic tablet to set a timer to alert them when the drink would be cool enough to consume. Staff observed discreetly and when the person started to drink they used gentle physical prompts to help the person manage how quickly they finished the drink. We saw another person vacuuming and others accessing the kitchen to make drinks and bake. Daily logs referred to people helping with shopping and laundry. There was a clear ethos of staff doing 'with people' and not 'for people'.

Staff recognised the importance of family relationships and supported people to maintain them. One person phoned a relative every Sunday and smiled broadly when we discussed this with them and staff. 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, or with individuals, 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.

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 Carrick on a regular basis. For example, they went out for local walks, beach trips, swimming and horse riding. A member of staff told us the manager encouraged staff to support people to try new experiences. One person had started attending a local coffee morning and there were plans for a theatre trip. Staff supported people to have a community presence and encouraged them to use local amenities and businesses. One person particularly enjoyed going to the local shop most days to pick up a newspaper and soft drink. A member of staff told us; "We are slowly extending his community access." Activities were also organised in-house. For example, art sessions and baking. Two guitars were at the service and daily notes showed people sometimes took part in sing songs and enjoy music. Staff had worked with one person to create a memorial garden in memory of a close relative. This had recently been improved and updated. A scrap book had been created to capture the work done. A member of staff told us they liked to organise activities on a day to day basis to allow people choice and control over what they did. They told us; "What we do is very dependent on the day." During our telephone interviews with staff, following the inspection visit one told us they had held an impromptu barbecue the day before. They commented; "We just did it off the cuff. We went out and got some food, the guys helped set up the tables. They loved it!"

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 and were detailed and informative.

People's care plans were detailed and informative, outlining their background, preferences, communication and support needs. Easy read versions had been developed to enable staff to support people to access the information. There were also summary versions in place which allowed staff to get a brief overview of people's needs and find important information quickly. Micro care plans focussed on specific tasks, for example, people's morning and evening routines. The new manager had updated all care plans to help ensure they were an accurate record of people's support needs.

Key workers supported people on a monthly basis to complete quality assurance questionnaires to gather their views of the service provided. These were completed on a one to one basis. The questionnaires used limited, simple text and photographs or symbols to aid understanding. They were individualised to help ensure they were relevant to the person.

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. A relative told us; "The staff are always prepared to discuss any suggestions I have, and I likewise. Communication is a two way device enjoyed by the staff and myself on regular occasions."

Good

Is the service well-led?

Our findings

There was no registered manager in post at the time of the inspection. The acting manager had been in the role since January 2017 and was in the process of making an application to register.

Roles and responsibilities were well-defined and understood by the staff team. The acting manager was supported by 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. The acting manager had no protected administration hours to help them keep up to date with their managerial duties at the time of the inspection. However, the divisional manager told us this was due to change in the next few weeks. This would allow the manager time to dedicate to tasks such as giving staff supervisions and completing paperwork.

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. Comments included; "She is doing a brilliant job" and "She's really good, really supportive." Several members of the staff team told us morale had been low but this had improved a great deal since the new manager had taken up the role. The manager demonstrated a respect for the staff team in their conversations with us. They told us; "I can't fault the staff team. When I started morale was very low and staff needed to vent, so I sat them down and said, "Talk to me.""

Relatives and an external healthcare professional we spoke with were also positive about the management of the service. Comments included; "I was impressed" and "The new staff leaders would seem to have an excellent attitude."

The divisional manager told us they had worked with the manager to develop an action plan looking at all aspects of the service. The manager had completed most of the actions and told us they were committed to improving the service. For example, staff meetings had been held and the paper work to evidence any best interest processes and decisions had been updated and completed. A member of staff told us; "The atmosphere is 100% better."

Changes to the structure of the senior management team meant the service would be overseen by an area manager, a newly developed post. The manager and divisional manager told us they were confident the system would be beneficial for the service. As the area manager would have no registration responsibilities they would be able to focus their attention where it was most needed at any one time.

Staff meetings were held to provide an opportunity for open discussion and keep staff informed of any organisational changes. Representatives from Spectrum's senior management team regularly attended meetings. Staff told us the communication between support workers and the higher organisation had greatly improved over the past months.

The manager carried out monthly checks over a range of areas including medicines and fire safety checks. Where problems had been highlighted more regular audits were put in place until it was felt the systems were embedded. For example, following a medicines error the MARs were being audited on a daily basis.

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. Incident reports showed action was taken, where necessary, to try and reduce the risk of incidents re-occurring. Where it was felt staff could have responded differently this was highlighted for future reference. This demonstrated systems were in place to help staff and the organisation learn from any event.