

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?

Good ●

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

About the service

Carrick provides care and accommodation for up to five people who have autistic spectrum disorders and/or a learning disability. At the time of the inspection five people were living at the service. One person lived in a self-contained flat, with the remaining four people sharing the main house. Each had their own bedroom and shared a lounge/dining area and small kitchen. The service is part of the Spectrum group who run several similar services throughout Cornwall.

The service has been developed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People were safe. Staff had received safeguarding training and were aware of processes to follow if they had any concerns. Risk assessments guided staff on how to support people when they were distressed. Staff were able to describe how they kept people safe when there were risks to their health.

There were enough staff to meet people's needs. Most of the staff team had been in post for a long time and they knew people well. New staff were well supported, they completed an induction and period of shadowing before starting to work independently.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People were supported to access the local community and use local facilities.

People received their medicines as prescribed. Staff identified when people might benefit from additional healthcare support and made referrals appropriately. If people required additional support to attend appointments this was organised on their behalf.

Staff were familiar with people's preferred method of communication and were quick to respond to requests or offer reassurance.

People were involved in light household tasks. The service was based in a rural setting and people enjoyed

local walks and using local facilities. Opportunities for meaningful engagement in the service were limited and we have made a recommendation about this in the report.

The service was being overseen by an acting manager at the time of the inspection. The registered manager was working at a different Spectrum location. A meeting with senior management was due to be held to discuss future arrangements for the management of the service.

The acting manager had carried out a whole service audit and identified areas for improvement. An action plan had been developed with timescales for when improvements would be made.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good. (report published 23 June 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was well-led.	Good ●

Carrick

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Carrick is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the registered manager had been moved to work at another Spectrum location three months prior to the inspection. A registered manager from a nearby location was overseeing the service. They told us they divided their time between the two services according to need.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We met with the five people who used the service. We spoke with six members of staff including the registered manager, acting manager and care workers.

We reviewed a range of records. This included three people's detailed care records and one person's medication records. We looked at the recruitment records for a new member of staff. A variety of records relating to the management of the service, including daily records and meeting minutes were reviewed.

After the inspection

We continued to seek clarification to validate evidence found. We spoke with two relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe because staff knew how to recognise and report potential abuse. Staff were able to describe processes for reporting any concerns about people's safety and well-being.
- Safeguarding training was delivered as part of the induction process and regularly refreshed. Safeguarding was frequently included as an agenda item at staff meetings.
- Systems to protect people's personal monies were robust. Receipts and records were kept recording individuals spending.

Assessing risk, safety monitoring and management

- Some people could become distressed or confused. At these times their actions could put themselves or others at risk. There was clear guidance for staff on how to support them safely and minimise known risks.
- One person was at risk because of their physical health needs. Care plans recorded this and staff were able to describe how to support the person appropriately. However, the guidance was not as clear or as identifiable as the information in relation to people's psychological needs. We discussed this with the acting manager who said they would further develop risk assessments in this respect.
- Fire checks were regularly completed. Emergency evacuation plans were in place describing the support people would require in an emergency.

Staffing and recruitment

At our last inspection we recommended the provider established robust systems to ensure minimum staffing levels were met at all times. The provider had made improvements.

- Staff told us there were enough staff to meet people's needs. An on-call manager contacted the service daily to confirm staffing levels. A member of staff commented; "Staffing is very good at the moment, we've got a good team."
- People were supported by a consistent staff team who knew them well. The majority of the staff team had worked at the service for several years and staff turnover was low.
- When additional staff were needed to cover gaps in the rota, bank staff who were familiar with the service were used.
- People were protected from the risks associated with being supported by staff who were unsuitable for the role. Pre-employment checks such as criminal record checks and references had been completed before new staff started work.
- When concerns about staff working practices were identified management took appropriate action and

followed disciplinary processes.

Using medicines safely

- People received their medicines safely and as prescribed. Staff responsible for administering and managing medicines had received the appropriate training and completed competency checks.
- Following any medicines error, staff were required to repeat their training and have further competency assessments before they were able to resume their responsibilities in this area.
- When people needed pain killers, staff recorded this on the back of Medicine Administration Records (MAR) to indicate the dosage and reason for administration. There were no pain assessment tools being used or protocols to guide staff on the use of occasional medicines. This can help ensure a consistent approach.
- We discussed this with the acting manager who agreed they would implement more robust systems. Staff were able to describe how people indicated they were in pain.
- Creams were dated when opened so staff would be aware of when they became ineffective or at risk of cross contamination.

Preventing and controlling infection

- The premises were clean and smelled fresh. People were involved in keeping their rooms and shared areas clean.
- Staff had access to gloves and aprons to use when supporting people with personal care.
- The laundry room was well organised, and any potentially harmful products were kept securely.
- Food was stored safely, and clearly dated so staff would know when it needed to be eaten by.
- Staff had completed food hygiene training.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored so any trends or patterns would be quickly identified.
- Untoward events were highlighted to the organisations behavioural team and senior management to help ensure all relevant parties were aware of any need to update care plans.
- Regular management meetings were held to enable managers to share learning across the organisation.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Most people living at Carrick had been there for several years and no-one had lived there for less than two years. There were systems in place for ensuring the service could continue to meet people's needs.
- People's needs were continually assessed so any change in needs could be accommodated. Handrails had been installed to enable people to move around independently.
- Staff received training in Equality and Diversity to help enable them to identify discrimination and respond appropriately.
- The provider was signed up to STOMP, a national movement calling for stopping the over medication of people with a learning disability, autism or both, specifically in relation to psychotropic medicines.

Staff support: induction, training, skills and experience

- Staff were well supported by a system of induction and training. A new member of staff told us; "The induction was quite full on, good though. I felt prepared when I came in."
- Training was refreshed regularly and was geared towards empowering staff to meet people's needs. Training specific to the needs of autistic people was provided at induction and was ongoing.
- Regular supervision sessions were provided so staff could discuss any concerns or identify gaps in training.
- There were plans in place to provide all staff with annual appraisals to support reflective practice.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with a varied diet. Staff supported people to make healthy choices.
- One person had been identified as being at risk of choking. Staff described how they supported the person to eat safely and mitigate the risk.
- Staff were aware of people's preferences and knew what was important to them. For example, one person enjoyed fresh coffee and staff made sure this was available.
- The kitchen was well stocked with fresh fruit and vegetables. Home-made meals were produced using local ingredients.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Although close to the city, Carrick was based in a rural setting. Staff and people took advantage of this, frequently walking to local shops and going on longer walks in the surrounding countryside.

- Staff supported people to access other agencies to ensure they received care and support appropriate to their needs.
- Some people found visiting healthcare professionals stressful. Staff worked with other agencies to find ways to reduce people's anxieties.
- Records showed people had regular appointments with dentists, opticians and GP's.

Adapting service, design, decoration to meet people's needs

- One person had their own self-contained accommodation adjoining the main house as this was important to them. Staff sometimes supported them to visit the main house to socialise.
- The carpet running through shared areas was stained and worn, a hole was a potential trip hazard. The acting manager told us there were plans to replace this and a budget had been agreed.
- Other areas were in the process of being updated. Walls had recently been repainted and work was in progress to update a shared bathroom.
- There was a summerhouse and a seating area in the rear garden. Bird feeders were positioned close to windows, so people could always enjoy the garden. The ground in the back garden was uneven in places. This could have made it difficult for people with mobility problems to move around independently and safely.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- DoLS applications had been made for everyone living at Carrick. Some of these had been authorised. No-one had any conditions attached to authorisations.
- Capacity assessments had been completed to establish when people were unable to make specific decisions about their care. When this was found to be the case any decisions made on people's behalf were taken in line with the best interest process. Best interest meetings involved other professionals and any relatives or advocates as appropriate.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff knew people well and had an understanding of their needs.
- People's preferred method of communicating was known and respected. Staff demonstrated people's individual signs to us and told us how they had come to know what people were communicating at various times.
- Staff spent time reassuring people and repeating information about plans for the day as necessary. This was done with patience and humour.
- Staff had access to information which helped them to get to know and understand people. Information about people's background and personal history was included in care plans.

Supporting people to express their views and be involved in making decisions about their care

- Easy read information was used to help gather people's views and provide information. This can be a good starting point for helping people to understand and make meaningful choices.
- Staff supported people to be involved in carrying out tasks. This enabled them to spend time with people while ensuring necessary jobs were completed.
- People were relaxed with staff and approached them freely. During the inspection people came into the office and were clearly comfortable doing this.

Respecting and promoting people's privacy, dignity and independence

- One person was wearing clothing which was too small for them and revealed their underwear. Staff told us the person was fond of the trousers which they thought had been put away. A member of staff supported the person to change.
- People were supported to take part in household tasks to develop, and maintain, their independent living skills. A member of staff commented; "[Person's name] loves keeping it [the environment] nice."
- There were clear systems in place to protect people's confidential information. Shared documents such as diaries and a communication book did not contain any sensitive information.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans addressed people's needs holistically. People's levels of independence and individual strengths were taken into account when planning care delivery.
- 'Micro plans' had been developed so staff knew how to support people in everyday routines that mattered to them. These took account of what people needed help with and what they could do for themselves. Some of these had not been recently reviewed. More general care plans were up to date.
- Daily notes recorded information about how people had spent their time during the day and their emotional well-being. Some of this information lacked detail and had limited value.
- Staff told us systems to keep them up to date with any change in people's needs were effective.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication care plans outlined the support people would need to access and understand information.
- This information was also recorded in hospital passports for use if people were admitted to hospital.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Daily records showed people were supported to go on local walks, shopping trips and drives out. Some people enjoyed cinema trips, and this had become a more frequent pastime.
- The PIR stated people had a community presence and were well known in local shops and pubs.
- People were largely unoccupied while in the service. People took part in household tasks such as vacuuming and unloading the dishwasher. However, other than these task-based activities we did not see anyone engaged in meaningful occupation. Staff told us people were getting older and were content to spend time relaxing. However, we noted that, when prompted to go to the table to eat or get ready to go out, people were quick to respond and appeared pleased to have a focus.

We recommend the provider seek advice and guidance, based on current best practice, in relation to the provision of meaningful occupation for older people living with autism.

Improving care quality in response to complaints or concerns

- There were no complaints ongoing at the time of the inspection. Spectrum had suitable policies and procedures in place outlining the action they would take if a complaint was made.
- A relative told us they would be comfortable raising any concerns. When they had asked for changes to be made in the past this had been dealt with quickly and to their satisfaction.

End of life care and support

- End of life care plans were being developed to capture people's preferences and wishes at this time of their lives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us people were in charge of their daily routines, for example, deciding when to get up and when to go to bed.
- We saw staff and people working alongside each other in the kitchen and taking part in light household tasks. A member of staff sat and ate with people at lunch time.
- The acting manager was open and displayed a commitment to improving people's experience of the service. They were keen to nurture a culture which put people at the heart of the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Spectrum had policies and procedures in place in relation to the duty of candour. A duty of candour incident is an incident that results in physical or psychological harm to people.
- The acting manager spoke of the need to hold staff accountable when mistakes were made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in place in line with conditions of the registration. However, they had moved to oversee a different Spectrum service on 23 September 2019. Carrick was being managed by a registered manager from another nearby Spectrum service. This acting manager was dividing their time between the two services.
- The acting manager told us a meeting to discuss arrangements for registration was due imminently when a decision would be made about whether they would take the registration on permanently.
- The acting manager was supported by an area manager who carried out regular audits of the service. They told us they were well supported and able to seek advice and guidance at any time.
- Monthly management meetings were held for registered managers across Spectrum. These were an opportunity to share learning and examples of good practice.
- A deputy manager was due to start work at Carrick the week following the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff meetings were held, these were an opportunity for staff to raise any concerns or suggestions about

how people were supported.

- People had key workers to oversee their delivery of care. Key workers completed monthly questionnaires with people to identify what was working well for them and any goals for the future. A relative told us they valued this.
- Questionnaires were given to people in a format which was appropriate to them and aided their understanding.
- Relatives told us the service communicated well with them. Photographs were used to help keep them informed about their family members well-being.

Continuous learning and improving care

- The acting manager had audited the service and developed action plans where they had identified areas for improvement.
- When untoward incidents occurred, or concerns were raised by people through the monthly questionnaire this was escalated to Spectrum's behavioural team for further action.
- Behaviour monitoring charts and learning logs were used to try and identify trends and establish what worked well for people.

Working in partnership with others

- Records showed evidence of multi-disciplinary approaches to supporting people.