Spectrum (Devon and Cornwall Autistic Community Trust)

Tanglewood

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

We inspected Tanglewood on 24 November 2015, the inspection was unannounced. The service was last inspected in December 2015; we had no concerns at that time.

Tanglewood is part of the Spectrum group and provides care and accommodation for up to three people who have autistic spectrum disorders. At the time of the inspection two people were living at the service.

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.

On the day of the inspection visit one person was at college. We spent time with the other person who had limited verbal communication. We spoke with them and observed staff interacting with them. We saw they were treated respectfully and with patience and kindness. Staff checked with the person frequently to find what activity they wanted to do and whether they were happy. The person preferred to carry out some tasks on their own and they were given time and space to do this accordingly. They showed us their own room and a newly converted flatlet; this demonstrated they had a sense of ownership of the premises.

There were robust recruitment systems in place to help ensure staff were fit to work in the care sector. Staff received a thorough induction when starting work with Spectrum. This was backed up by regular refresher training. Training covered general areas such as health and safety, infection control and food hygiene. Additional training in areas specific to people's needs such as autism awareness was also provided. Safeguarding training helped ensure staff were able to recognise and report potential abuse. All were confident any concerns would be taken seriously.

There were sufficient numbers of suitably qualified staff to keep people safe. The staff team was small and most had been in their role for at least a year. They knew the people they supported well and had a good understanding of their needs. Staff told us they supported each other and communicated well as a team. There were a range of systems in place to help ensure staff were always up to date with any changes in people's needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are

called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS applications had been made to the local authority as appropriate. Staff ensured people consented to their care and respected people's wishes. People were supported to make everyday decisions such as how and where they spent their time and when they got up. Communication tools were used to assist people to make and communicate their decisions.

People took part in a wide range of activities and led busy lives. They accessed the local community regularly attending social clubs, taking part in voluntary work and using local amenities. The registered manager worked closely with families and recognised the value of maintaining these relationships.

One person had been through a difficult period in their lives. Staff had worked to support the person and demonstrated a commitment to their well-being. The person's care plan was in the process of being updated to reflect the changes. New communication tools had been developed and routines put in place to help give the person a greater sense of security.

The registered manager took an active role within the home. There were clear lines of accountability and responsibility within the management structure and tasks were delegated to help ensure the smooth and efficient running of the service. There was an emphasis on the importance of effective communication.

There were effective quality assurance systems in place to monitor the standards of the care provided. Audits were carried out regularly both within the service and at organisational level.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff had received safeguarding training and were confident about reporting any concerns.

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

People were protected by safe and robust recruitment practices.

Is the service effective?

Good

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

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

People had access to other healthcare professionals as necessary.

Is the service caring?

Good

The service was caring. Staff spoke about people with affection and regard for their well-being.

People were supported to develop their independence.

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

Is the service responsive?

Good

The service was responsive. Care plans were detailed, informative and updated regularly to reflect people's changing needs.

People had access to a range of meaningful activities and led full and busy lives.

There was a satisfactory complaints procedure in place.

Is the service well-led?

Good

The service was well-led. The staff team told us they were well supported by the registered manager.

There was a clear shared ethos within the service which emphasised the value of effective communication.

There was a robust system of quality assurance checks in place.

Tanglewood

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 24 November 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed previous inspection reports and other information we held about the home including any notifications. A notification is information about important events which the service is required to send us by law.

During the inspection visit we spoke with the registered manager, Spectrum's Deputy Head of Operations, a care worker and one person who lived at Tanglewood. We also observed staff interactions with people. Following the inspection we contacted a further member of staff and two relatives to hear their views of the service.

We looked at detailed care records for two individuals, people's communication plans, staff training records, three staff files and other records relating to the running of the service.

Good

Is the service safe?

Our findings

We spent time talking with one person who told us they felt safe living at Tanglewood. We observed the care and support provided to them and saw they were relaxed and at ease with staff. A relative told us; "We are delighted with the care and service they provide." Another said; "[Name] is always perfectly happy to go back after visiting us."

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. The registered manager had taken additional safeguarding training aimed at managers and provided by the local authority. Staff told us if they had any concerns they would report them to the registered manager and were confident they would be followed up appropriately. They were aware of the management hierarchy and how they would escalate concerns if necessary. Flyers and posters in the office and hall displayed details of the local authority safeguarding teams and the action to take when abuse was suspected. This information was freely available to staff and visitors to the service.

Sometimes people could become anxious or distressed which could lead to them presenting behaviour which could challenge staff or others. Care plans clearly outlined the process to follow in this situation, including information about possible triggers that might result in people developing anxiety and how to recognise when people were becoming distressed. Staff told us they were confident supporting people in any situation. They described to us how they were able to recognise when people were starting to get anxious and how they could usually divert people at this point. A relative commented; "They are really in tune with how [name] might react. Everything is in place in case of any problems." Behavioural review sheets were completed following any incident. These were analysed on a monthly basis in order to highlight any trends.

Care plans contained detailed information to guide staff as to the actions to take to help minimise any identified risks to people. The information was contained within the relevant section of the plan. There was clear guidance for staff on how to support people and any actions they could take when they identified a risk to people's well-being. The guidance helped ensure people were kept safe from harm while protecting their independence. For example it had been identified that one person's behaviour might have an impact on the other. Safeguards had been put in place to minimise this without affecting people's autonomy within the service. Staff were fully aware of the safeguards and were confident they were effective. One commented; "It's managed well." Risk assessments were also carried out to help ensure staff were protected from foreseeable harm.

There were sufficient staff on duty to support people to go out on individual activities, attend appointments and engage in daily chores and routines. We looked at rotas for the previous three weeks and saw the minimum staffing levels were adhered to. Staffing levels were organised for each person depending on their needs. For example one person attended college during the week and so did not require support during the day. In holiday periods and at weekends they had been assessed as requiring additional 1:1 hours to support them on activities and this was in place. The staff team was small and therefore, if one member of

the team was unexpectedly absent, there was a risk it would be difficult to cover. However the registered manager told us two of the staff were part time which allowed them greater flexibility and meant they had time to pick up additional shifts. When it was necessary to use bank staff this was someone who was familiar with the service and knew people's needs well. Staff confirmed they worked together to cover any shifts where possible and were well supported by Spectrum's on-call system. A relative told us; "I like that it's a small staff team. It means we're not met by strangers."

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.

People's medicines were stored securely in a locked cabinet in the office. No-one was using medicines that required stricter controls at the time of the inspection. The only prescribed medicine being used was a cream. This had been dated upon opening so staff would be aware of when it became unsafe to use. All staff were trained to administer medicines.

Good

Is the service effective?

Our findings

People were supported by skilled staff with a good understanding of their needs. The registered manager and staff talked about people knowledgeably and demonstrated a depth of understanding about people's specific support needs and backgrounds. People had allocated key workers who worked closely with them to help ensure they received consistent care and support. With one exception, the staff team had worked at the service for a year or more and knew people well. A relative told us; "They understand [name's] needs."

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 recently been updated to include the new Care Certificate. One member of staff was new to the service although they had worked for Spectrum for some time. When starting work at Tanglewood they had undertaken a house induction which included familiarising themselves with people's care plans. This helped ensure they had a good understanding of people's needs.

Training identified as necessary for the service was updated regularly. Staff also had training specific to people's needs such as autism awareness. Staff told us they were happy with the amount of training they received and believed it equipped them to do their jobs effectively.

Staff told us they felt well supported by the registered manager and received supervision and annual appraisals from either the manager or deputy. This gave them an opportunity to discuss any changes in people's needs and exchange ideas and suggestions on how best to support people. Staff were able to ask for additional supervision at any time.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS applications had been made to the local authority as appropriate although the outcome of the applications had not been received by the service at the time of the inspection. We saw evidence to show there had been recent efforts to follow this up.

Staff had received training in the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments and best interest meetings had taken place and were recorded as required. The meetings had included external healthcare representatives and family members to help ensure the person's views were represented. For example we saw a capacity assessment had been

carried out to ascertain whether one person understood their finances. Easy read information had been used to involve the person and establish the extent of their understanding.

We saw people were supported to make everyday decisions about their lives such as when they got up and how they spent their time. For example one person spent time in the morning choosing various activities before going out for a short trip in the afternoon. We heard them choosing to turn off the television and listen to music and deciding what music to put on. One person's care plan described a morning routine beginning with staff knocking on their bedroom door at between 8:00 and 8:30. It then stated; "[Name] will come and answer the door….[name] is not a morning person and will often take a little time to wake and come to the door." The registered manager told us this could be anything between five and 45 minutes.

People ate varied and healthy diets. Everyone was involved in meal preparation and menu planning for the week. When we arrived one person was preparing breakfast and told us they had chosen what to have. They then discussed what they might have for lunch. Care plans recorded people's preferences and dislikes.

People were supported to access other health care professionals as necessary, for example GP's, opticians and dentists. In addition people were able to meet with more specialised healthcare professionals according to their needs such as speech and language therapists. Care documentation contained information about past appointments and any action taken as a result. Where it had been identified as necessary, regular health screenings were undertaken. One person had received an annual flu vaccination and the other had an appointment to do so. The decision to have the vaccination had been taken in consultation with people's families. We discussed with the registered manager how staff knew if people consented to invasive medical procedures such as these. They told us of an occasion when someone had indicated they did not consent and that this had been respected.

The building comprised of three bedrooms, an office/sleep in room for staff, kitchen, utility room and large living and dining area. A garage had recently been converted to a self-contained flat which was accessible from the main house although it had its own entrance. This was not yet fully registered for use at the time of the inspection. There was a large garden to the rear of the building. The building was well decorated and maintained. There were plans to replace carpeting and repaint one of the bedrooms. Any maintenance requests were recorded on-line for the attention of Spectrum's in house maintenance team. Requests were responded to in a timely manner and prioritized according to the impact of the identified fault.

Good

Is the service caring?

Our findings

On the day of our inspection visit only one person was at home. We heard staff talking gently with the person and offering them reassurance throughout the day. Staff talked about people affectionately and told us they believed people were comfortable with them. Comments included; "[name] is happy to challenge me now, that shows they are comfortable with me." Care plans contained positive information about people. For example, "I am a happy lady." We heard staff praising people for tasks they had carried out and how well they had done them. One person became distressed during our visit and we saw staff reassuring them gently and staying with them until they had settled. A relative told us; "Staff care about [name's] quality of life. They are there for [name and name]. They come first."

One person had suffered a recent bereavement and was going through a difficult period in their lives. Staff had worked to support the person both practically and emotionally. The registered manager told us; "The team have been absolutely amazing supporting [name] through it." Communication tools had been developed and adapted to support the person. For example a social story had been created, firstly to help the person understand why their relative was in hospital. This had then been developed to include information about the bereavement. Social stories are short descriptions of a particular situation, event or activity, which include specific information about what to expect in that situation and why.

Care plans contained detailed information in relation to how staff should communicate with people generally. For example; "Needs to be given plenty of time to take in new information." There was information regarding what might indicate when someone was distressed and how to support them and recognise any triggers. There was also guidance for how to engage effectively with people, for example how to respond to someone and help them to move on if they started to repeat a phrase continually.

There were a range of communication tools available for people. We saw one person using a 'now and next' board to indicate what the next activity would be throughout the day. Staff told us it was important to the person that they knew what was the next task or activity but too much information would confuse them or cause distress. The communication tool allowed staff to draw a picture of the next two events such as vacuuming and a game of dominoes. This gave the person the structure and routine they needed without overloading them with information. A relative told us; "I've seen the now and next board in use and it really seemed to help." A tablet with a communication app was used by one person. The local Speech and Language team (SALT) were working with the person to gradually build on the number of symbols available on the app. This tool was used both in and outside of the service demonstrating the person was supported to access the community effectively and independently. Communication passports had been developed with people. These gave an overview of how to communicate effectively with people.

Arrangements had been made to attempt to introduce new routines for someone whose circumstances meant they were no longer able to undertake a regular activity. The registered manager told us this routine had been very valuable to the person and it was important they find something to replace it.

People were supported in a way which meant their privacy and dignity was protected. Staff told us how they

supported people to give them independence and personal space when they wanted it. For example staff described how one person needed room to lay out their clothes in order for them to be able to dress themselves. They had access to a large bathroom which provided the necessary space. This meant they were able to undertake a personal task independently. The permanent staff team were all of the same gender as the people they supported to protect their dignity. The manager told us a relief member of staff of the opposite gender sometimes worked in the service but they would not be involved in giving personal care.

Staff supported people to be independent in their day to day lives. We saw one person carrying out household chores and preparing their own breakfast. A member of staff told us the best part about their job was; "Seeing how an individual can learn new skills." One person had chosen to have a key to their room which they carried with them.

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. A staff member told us they were important when they were new to the service and attempting to get to know people.

People's flats were highly individualised and decorated to reflect their personal tastes, interests and hobbies. The registered manager told us they worked to maintain a 'homely' atmosphere. One person showed us their room and the newly converted adjacent flatlet. They displayed a sense of ownership and pride in the surroundings. There were plans to redecorate their room as the person had said they wanted a change. They were still deciding what colour to choose.

Staff recognised the importance of family relationships and supported people to maintain them. At a recent review one person had expressed a wish to stay overnight with a relative. Plans were being put in place to allow this to happen. The registered manager told us; "We need to plan properly for this, it's important we get it right." Feedback from a relative on a recent survey described staff as; "Welcoming and helpful."

Good

Is the service responsive?

Our findings

People's care plans were detailed and informative, outlining their background, preferences, communication and support needs. Where certain routines were important to people these were broken down and clearly described, so staff were able to support people to complete the routine in the way they wanted. Parts of the care plan were in easy read format to help facilitate people's understanding of them. For example one page profiles used photographs and limited text to outline what was important to and for people.

Care plans were regularly updated. One member of staff told us of a situation recently where one person had behaved in a way they had not expected and were not aware might happen. They had contacted relatives who told them this was something that had occurred in the past. Staff immediately filled out an incident sheet and updated the care plan to reflect the new information. Relatives were invited to attend reviews when appropriate and with the person's consent. People were supported to attend and participate in care plan reviews. An annual review had taken place the week before the inspection. The person had attended and helped lead the review, deciding where people sat and what refreshments they had. This showed they were involved in the whole process and encouraged them to own the meeting. They had developed some goals for the future during the review and these had been recorded and planning started to help the person achieve them. The person's care plan was in the process of being updated to reflect recent changes in their needs.

The staff team worked well together and information was shared amongst them effectively. 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. In addition there was a communication book to record more general information which needed to be shared amongst the team. As it was a small staff team workers could sometimes go several days without seeing each other. However they told us systems to keep them up to date with people's changing needs were effective. One told us they were able to use the work mobile phone to text information which needed relaying quickly. For example to remind them to bring appropriate footwear to work if they were supporting people on particular activities. Systems were also in place to facilitate communication between the staff team and the college one person attended. This meant both organisations had access to up to date information regarding people's needs.

Learning logs were kept around specific areas, for example activities. These were used to record when people had taken part in a new activity, what worked and what could be done differently. This meant staff had information to help them organise activities in such a way that they were more likely to be successful. For example one person was reluctant to take exercise walking. Staff had identified that if they walked round a park with lots of distractions and points of interest the person was more likely to enjoy it than if they went on a scenic walk.

People were supported to take part in a range of pursuits which were meaningful to them and reflected their individual interests. These included swimming, visiting local tourist attractions and socialising. One person attended college five days a week without any additional support. Another volunteered one day a week at an Age Concern group. They had developed a positive relationship with someone involved in the group.

People accessed the local community regularly using the local pub and social clubs on a weekly basis. The people living at Tanglewood had been on holiday together during the course of the year. We saw a short note from a relative thanking staff for arranging the holiday and ensuring people enjoyed the experience. A relative told us; "[Name] is doing a lot more than they used to."

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 had been received. A relative said they had not had need to complain but would not hesitate to approach staff with any concerns.

Good

Is the service well-led?

Our findings

The registered manager was also the registered manager for another Spectrum service and shared their time between the two. They spent 10 hours a week at each service supporting people and were included on the rota. In addition they had 20 hours protected administration time. This meant they were able to organise their time to cover all aspects of their managerial role as well as maintaining a day to day understanding of people's needs.

Roles and responsibilities were well-defined and understood by the staff team. The registered manager was supported by a deputy manager. There was a key worker system in place. Key workers are members of staff with responsibility for the care planning for a named individual. Relatives told us they believed the service was well managed. One commented; "They're always on top of things."

Staff told us they were able to raise any issues they had with the registered manager or the deputy manager at any time. They told us they were well supported and were a; "strong staff team." One told us; "Because we're a small team we all help each other out. We work together." A relative commented; "I call them staff...they're more like a team really."

There was a system of meetings in place both within the service and at an organisational level. Staff meetings were held regularly. Monthly manager meetings were held across Spectrum services. The registered manager also attended monthly operations meetings which looked at organisational issues.

Spectrum communicated with the staff team via newsletters and emails. In order to try and improve links between care staff and the higher organisation they had recently re launched a Works Council to allow representatives from all levels to have a voice within the organisation. In addition a questionnaire had been developed for all stakeholders including staff. This was being trialled in two services. An open day was planned for February 2016 to allow staff an opportunity to discuss any concerns or ideas they had for individual services and organisational practices.

There were a range of quality assurance systems in place which were used to identify shortfalls and to drive continuous improvement. Checks and audits were made in areas such as medicines, records, fire safety and the environment. Records showed that incidents were analysed and monitored. These were used to improve the service and reduce the risks of incidents re-occurring. Quarterly audits based on the Care Quality Commissions key lines of enquiry (KLOE) were carried out by the provider. Any highlighted issues or areas requiring improvement would result in an action plan with a clearly defined time frame. The registered manager had responsibility for producing a monthly report.

There was an emphasis on the importance of effective communication. Throughout the inspection visit we saw and heard about systems and tools used to help people communicate their needs and wishes. We asked the registered manager what they believed to be the values of the service. They told us; "It's about personal care but it's also about supporting them to do what they want to do. Our job is to find out what

that is." Spectrum had signed up to a 'Communication Charter' initiated by the local Speech and Language Team (SALT). This meant they had access to a range of communication tools and advice and information on any developments in the area.