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?	Requires Improvement
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 30 October 2017, the inspection was unannounced. The service was last inspected in November 2015; we had no concerns at that time and the service was rated 'Good.' At this inspection we found the service remained Good.

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

The service requires a registered manager. At the time of the inspection there was no 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. The manager told us they had submitted their application to become registered.

On the day of the inspection visit one person was at college. We spent time with the two other people living at Tanglewood. We spoke with them and observed staff interacting with them. We saw they were treated respectfully and with patience and kindness. Staff were aware of how to report any safeguarding concerns and were confident they would be acted on.

There was a range of risk assessments in place to ensure staff were aware of any potential identified risks and the actions they could take to minimise risks. Staff supported people in line with the information in care plans. When people tried new activities assessments were developed to support them to do this safely.

Staff were supported through a system of induction, training, supervision and staff meetings. This meant they developed the necessary skills to carry out their roles. There were opportunities for staff to raise any concerns or ideas about how the service could be developed.

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. There were some restrictive practices in place to protect people from harm. We were concerned these had not been regularly reviewed to ensure they remained necessary and the least restrictive option available, in line with the principles of the Mental Capacity Act (MCA). We have made a recommendation about this in the report.

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. Activities were chosen to meet people's individual interests. Staff were creative when identifying new activities. The manager worked closely with families and recognised the value of maintaining these relationships.

Care plans were detailed and contained descriptions of people's routines. The information was regularly

reviewed and up to date. Relatives told us they were involved in the care planning process.

The manager took an active role within the home. There were clear lines of accountability and responsibility within the staff team. Key workers worked closely with individuals and had a good understanding of people's needs.

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.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Requires Improvement

The service was not entirely effective. Restrictive practices were not subject to regular review to ensure they were still necessary and the least restrictive option.

Staff were supported by a system of induction, training and supervision.

People had access to other healthcare professionals as necessary.

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.

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 30 October 2017 and was unannounced. The inspection was carried out by one adult social care 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 manager, two members of staff and two people who lived at Tanglewood. We also observed staff interactions with people. Following the inspection we contacted another member of staff and three relatives to hear their views on the service.

We looked at detailed care records for three individuals, staff training records, staff recruitment files and other records relating to the running of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at Tanglewood. We observed the care and support provided to people and saw they were relaxed and at ease with staff. A relative told us; "We are sure [person's name] is safe." Another said; "They look after [person's name] and keep them safe."

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 manager and were confident they would be followed up appropriately. Flyers and posters in the office and hall displayed details of the local authority safeguarding team and the action to take when abuse was suspected. This information was freely available to staff and visitors to the service. Staff were confident about the processes to follow if they wanted to report concerns outside of the organisation. Safeguarding processes were regularly discussed at staff supervisions to help ensure staff were up to date with processes.

Care plans contained detailed information to guide staff on what action 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. When people tried new activities, risk assessments were developed and added to the care files. If these became regular then they would be integrated into the appropriate care plan. For example, one person had taken part in a surfing activity during the summer. There was a thorough risk assessment in place which identified the likely hazards and actions staff could take to minimise the risk. This demonstrated risk assessments were used to support people to try new experiences.

One person sometimes had difficulty understanding social rules and could behave in a way which others might find unsettling or difficult. It had been identified this might put the person at risk. Information in the care plan guided staff to remind the person not to pull people or stand too close to them. We observed staff discretely monitored our meeting with the person. When necessary they gently reminded the person to; "Sit back a bit" or "Don't pull." They then quickly moved the conversation on to avoid the person becoming anxious. This demonstrated staff were aware of the guidance provided and were able to protect the person from an identified risk.

There were sufficient staff on duty to support people to go out on individual activities, attend appointments and engage in daily tasks and routines. We looked at rotas for the previous two weeks and saw the minimum staffing levels were adhered to. One member had just left and there was a vacancy at the service. The manager told us staff were happy to cover any gaps in the rota and they were confident they would be able to maintain staffing levels until they recruited a new member of staff. When it was necessary to use bank staff this was someone who was familiar with the service and knew people's needs well.

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. One person had recently taken part in a recruitment event acting in a 'Meet and greet' role. The manager told us they were considering how to develop people's involvement in the recruitment process.

People's medicines were stored securely in a locked cabinet. Medicine Administration Records (MAR) were filled in appropriately to indicate people had received their medicine as prescribed. All staff were trained to administer medicines. There had been no recent medicines errors. The manager was clear of the processes to follow if a medicine error was identified. One person had an allergy to a particular medicine and this was clearly highlighted in their records.

There were systems in place to support people to manage their finances. Any expenditure was recorded and receipts kept. We checked the amount of money held on behalf of two people against the records and found these tallied. People told us they were happy with staff looking after their finances. One commented; "[Staff name] looks after it on paper."

Requires Improvement

Is the service effective?

Our findings

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.

One person sometimes became distressed and could act in a way which resulted in damage or disruption to their environment. They could also hurt themselves during these periods. A 'reward' scheme was in place whereby the person received stickers over a fortnightly period if they did not behave in this way. At the end of the fortnight, if they had accumulated enough stickers, they were taken out for a café visit for cake as a reward. We discussed this with the manager who told us the scheme had been in place for a long time. They said that, in reality, the person did not miss out on their cake no matter how many stickers they had in place. Incident records showed when the person was distressed staff, or the person themselves, sometimes referred to the use of stickers. There was no evidence the person had consented to this reward system. There was no record of any best interest discussion being held in respect of this practice, involving the person or their representatives. The best interest process should be followed to ensure decisions taken on behalf of someone are in their best interest and the least restrictive option available. There was no record of the system being regularly reviewed to check it continued to be necessary.

There was an audio monitor in place for one person which was switched on during the night time. Records showed the monitor was in place to alert staff if the person had an epileptic seizure. However, staff told us the person had not had a seizure for four years. The doors to the accommodation were alarmed so staff would be aware if the person left their flat. The person also had access to an intercom system to allow them to call for support if needed. We discussed with the manager whether the monitor was still necessary. They told us, although they had never been alerted to any issues through the monitor, staff found it reassuring to have it in place. It is important systems such as these are used in the best interest of the person and not those supporting them. A best interest discussion had been carried out in respect of the use of this equipment in April 2017. This had focussed on the advantages of using an audio monitor rather than a bed monitor with no documented consideration of whether the monitor was necessary at all. The conditions attached to the DoLS in place stated that the service should liaise with local services to; "implement a less restrictive and more appropriate night time monitor." We were concerned the monitor was no longer necessary, was potentially intrusive and could impact on the person's privacy and dignity. There were no arrangements in place to review this decision.

We recommend the service seeks advice and guidance from the Supervisory Body to ensure potentially restrictive practices are in line with the legislation and subject to regular review.

Staff had received training in the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments had taken place and were recorded as required. DoLS applications had been made to the local authority as appropriate. One person had a DoLS authorisation in place.

People were supported by staff who had the necessary skills and knowledge to carry out their roles and responsibilities effectively. New staff were required to undertake an induction process which included mandatory training and familiarisation with the organisation's policies and procedures. The induction process required staff new to care to complete the Care Certificate. Training was provided for a range of areas including fire safety, infection control and food hygiene. This was regularly refreshed in line with Spectrum's policies. Staff confirmed the manager alerted them when any training was due to be refreshed. A relative described the established staff as; "Extremely competent."

Staff told us they felt well supported by the manager and attended regular supervision meetings. This gave them an opportunity to discuss any changes in people's needs and exchange ideas and suggestions on how best to support people. The manager also received regular supervision from an area manager.

People ate varied and healthy diets. Everyone was involved in meal preparation and menu planning for the week. Pictures and photographs were used to help people make decisions about what they wanted to eat. 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. Multi-disciplinary notes showed people were supported to access specialists when necessary. People attended annual well woman/man checks. Hospital passports had been developed. These enabled staff to share relevant information with hospital staff if people needed to be admitted to hospital.

The main building comprised of three bedrooms, an office/sleep in room for staff, kitchen, utility room and large living and dining area. One person lived in a self-contained flat which adjoined the main house and could be accessed through it although it also had a separate entrance. The flat was well equipped and maintained. A relative told us; "It's ideal, he has a private space where he can withdraw but is not isolated."

There were areas of the main house which were in need of redecoration. One bedroom smelt of damp and there was a damp patch on the ceiling in a cupboard space. The en-suite bathroom was in need of updating. The double glazing in another bedroom had deteriorated and there was a build-up of condensation between the glass panes. There was also a small area of damp on the ceiling. The bathroom next to this bedroom had an area of black mould above the bath and the floor round the base of the bath had some water damage. The manager told us they had reported the damp problem to the maintenance team.

Good

Is the service caring?

Our findings

On the day of our inspection visit two people were at the service. They spent the morning completing tasks, making plans for the day, listening to music and chatting together and with staff. They then went out on a trip to a local attraction. Both people were happy and relaxed. Staff were aware of what was important to people and supported them appropriately. Relatives told us they were confident their family members were well cared for. Comments included; "They are allowing [person's name] to be their true self" and "We have friends who see [person's name] out and about with staff. They tell us carer's are enjoying being with [person's name] and are taking account of what she's doing. I haven't heard anything that worries me."

We observed staff and people talking together about their plans for the day and saw people were supported to make decisions. For example, two people made arrangements to eat together that day. Staff made sure our inspection visit did not upset people's routines. They prioritised people's well-being, asking that we move from the dining area so one person could finish a routine that was important to them.

The manager told us they tried to match staff with people when recruiting. This meant positive relationships between staff and people were more likely to be successful. For example, one person was particularly active and it was important to them that they were out and about and had access to physical pastimes. The manager told us they had recruited someone to the service who had past experience of working on activity holidays. This member of staff was the person's key worker. They told us; "I don't know if it was done deliberately, but we have a lot of shared interests."

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. This can help staff engage meaningfully with people and support them to develop strong relationships.

One person had been through a difficult period in their lives. Staff were aware of this and took it into account when considering what might be affecting the person's actions. They supported them to continue to visit a particular place which was of significance to them. A relative told us; "Staff have worked very hard to keep [person] settled."

There were a range of communication tools available for people. One person had a 'now and next' board in place to indicate what the next activity would be throughout the day. Staff told us it was important the person knew what the next task or activity would be. However, too much information would confuse them or cause distress. This was in line with the information in the person's care plan. A tablet with a communication app was used by one person. The tool was used both in and outside of the service demonstrating the person was supported to access the community effectively and independently. Social stories had been created to help support people in specific situations. 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. A member of staff told us they were confident people had the right systems in place to enable them to express themselves and make meaningful choices.

Staff supported people to be independent in their day to day lives. Staff told us people were involved in meal preparation, laundry tasks and other household chores. We saw one person clearing away after breakfast and another being supported to take washing out.

People's flats were highly individualised and decorated to reflect their personal tastes, interests and hobbies. The manager told us they were planning to update the furnishings in the shared lounge. They said people would be fully involved in choosing new furniture to help ensure they suited people's tastes and preferences.

Staff recognised the importance of family and personal relationships and supported people to maintain them. One person had a weekly telephone conversation with their relative and staff told us how much they valued this. Staff supported another person to show us some family photographs. The person proudly told us they were going to be an uncle. Relatives told us staff communicated well with them and kept them updated on any issues or concerns appropriately. Someone living at another nearby Spectrum service visited one person every week for dinner. Staff told us; "[Person] really enjoys that."

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. A relative told us they were going to attend a care plan review in the next few weeks.

One person's care plan recorded they had specific health problems which were; "serious and require on-going monitoring." It further stated the person had a high tolerance to pain and; "Does not report pain to others." We saw no evidence this condition was being monitored. We discussed this with the manager who told us staff checked for any deterioration of the condition daily. However, this had not been recorded on monitoring charts since May 2017. There was no record of checks being made in the daily notes. This meant the manager would be unaware if they were not being carried out. The manager told us they would ensure the checks were recorded in the future.

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. The information was detailed and descriptive. In addition there was a communication book to record more general information which needed to be shared amongst the team.

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 to improve people's experience. This meant staff had information to help them organise activities in a way that was likely to meet people's needs.

People were supported to take part in a range of pursuits which were meaningful to them and reflected their individual interests. One person attended college five days a week. Another volunteered one day a week at an Age Concern group. People accessed the local community regularly using the local pub and social clubs on a weekly basis. They had passes to various local visitors' attractions. A relative of the person who attended college told us they were always supported to take part in alternative pastimes during college holidays.

It was particularly important to one person that they had access to a range of physical activities. Their key worker told us of some of the activities that were in place for this person. These included sailing, surfing and dance. The key worker told us; "They absolutely love sailing." They also enjoyed books and were a member of the local library which they visited regularly. The person enjoyed good food, especially fish. A member of staff told us the person was; "A bit of a foodie." They had been supported to attend food festivals including a local oyster festival. They also regularly went to local farmers markets and similar events where they could sample cheeses and chutneys. A member of staff told us; "He really benefits from that." This demonstrated

that the person's interests and hobbies had been identified and staff supported them to find events which reflected these interests.

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. Relatives told us when they had raised concerns these had been addressed quickly and to their satisfaction. One person told us they would speak with staff if they were worried about anything.

Good

Is the service well-led?

Our findings

The service requires a registered manager. At the time of the inspection there was no registered manager in post. The manager told us they had submitted their application to become registered manager and were waiting for an interview date.

Roles and responsibilities were well-defined and understood by the staff 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. Support grids were used so staff were fully aware of who they were supporting.

Staff told us the manager was approachable and listened to them. They said they were able to have an input into how the service was organised and developed. One commented; "I've had lots of ideas with the activity rotas." The manager described the staff team as; "Enthusiastic." Relatives told us they found the service was well organised. We saw feedback from a relative which read; "Knowing that [person's name] is happy, settled and doing well is one less thing to worry about. Thank you for that!"

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. This meant staff at all levels had opportunities to raise concerns and make suggestions about the running of the service.

People and relatives were asked for their views of the service. The systems for gathering people's views were adapted to make this meaningful for the individual. For example, for one person staff used a simple questionnaire which had limited simple text and symbols and photographs to aid understanding. Their care plan directed staff to give the person time to process information when gathering their views. Another person was supported to give their views using learning logs to record what had worked well for them and to identify goals for the future. These systems were used monthly to enable the staff to continually monitor people's experience of the service. One person had expressed a wish to re-decorate their bedroom and was being supported to choose new bedding and lights.

One person had been unsettled in recent months leading to them acting in a way which could put themselves and staff at risk. Any incidents were recorded, analysed and monitored. These were used to drive improvement in the service and reduce the risks of incidents re-occurring. It had been identified that the number of incidents had increased and Spectrum's internal behavioural psychologist was supporting staff to explore how to better support the person. Health checks had been arranged to establish if there were any underlying health issues.

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, financial records, fire safety and the environment. The area manager carried out six monthly audits of the service and had completed one the week preceding the inspection visit. In addition they visited the service regularly to support the manager. The manager told us they were well supported and received regular supervisions. They said if they needed any additional support or advice they could ring head office at any time.