

Spectrum (Devon and Cornwall Autistic Community Trust)

St Erme Campus

Inspection report

St Erme
Truro
Cornwall
TR4 9BW

Tel: 01872264231
Website: www.spectrumasd.org

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

St Erme Campus is a care home providing personal and nursing care for up to twenty autistic people. At the time of the inspection 14 people were living at the service.

Accommodation is on a campus style development and is based in three separate houses known as The Lodge, The House and St Michaels. There is also a small office building on the campus. Campuses' are group homes clustered together on the same site. They may share staff and some facilities. The service is part of Spectrum (Devon and Cornwall Autistic Community Trust) which has several services in Cornwall providing care and support for autistic people and/or people with a learning disability.

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

During the inspection we observed staff wearing masks the majority of the time. We saw a member of staff had pulled their mask down. They explained this was because one person had become agitated and removing their mask temporarily was known to help calm the person. Another person found it difficult to cope with staff wearing masks. A risk assessment had been developed to inform staff of when they were able to remove masks and how to encourage the person to tolerate masks. The provider had ordered specialised masks which they hoped the person would find less confusing.

Staff were aware of the need to be extra vigilant in respect of infection control. One commented; "We have to be a lot more thorough with the cleaning and we do it three times a day, antibac' all the surfaces, sweeping, mopping and all that jazz." They told us they were not required to move between the three houses but were based in one setting.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Staffing levels were sufficient to keep people safe. In one of the three houses we identified times when there were not enough staff to support people in line with their preferences. This meant people's choices and independence were not maximised and we have made a recommendation about this in the report.

There were plans in place to further develop the service in line with Right Support, Right Care, Right Culture guidelines. The plans involved creating clear divisions between the three settings to support individualised

and person-centred care.

Care planning was person-centred and staff promoted people's dignity, privacy and human rights. Staff demonstrated a set of shared values which was in line with the organisational ethos.

Staff understood how to protect people from the risk of harm or possible abuse. Accidents and incidents were recorded and analysed to identify areas of learning and mitigate further risk. Medicines were managed safely.

Staff told us they were well supported. They had regular meetings with management, and these were an opportunity to discuss individuals support, organisational practices and raise any concerns.

The senior management team carried out thorough audits and identified areas for improvement. They had effective oversight of the service and were planning how to develop St Erme Campus in line with good practice guidance.

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 requires improvement (published 28 April 2020).

The provider completed an action plan after that inspection to show what they would do and by when to improve.

This was a focused inspection and we only looked at the previous breaches of Regulations 13, 18 and 17.

Why we inspected

We received concerns in relation to the use of PPE, staffing levels and management support. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively. We found no evidence during this inspection that people were at risk of harm from this concern.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Erme Campus on our website at www.cqc.org.uk.

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 not always safe.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Good ●

St Erme Campus

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by three inspectors.

Service and service type

St Erme Campus is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed notifications, the action plan provided after the previous inspection and feedback from stakeholders.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We met with eight people who used the service. We spoke with thirteen members of staff and the area manager and deputy operations manager.

We reviewed a range of records. This included five people's care records, medication records, incident and accident records, staff allocation logs and risk assessments.

After the inspection

We asked for further information to be sent via email. We looked at recruitment records for a new member of staff, rotas, care records and policies. We carried out an analysis of staffing levels using the information provided. We spoke with a further member of staff and three 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient staff were available to provide a person-centred service for people. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18. However, we have made a recommendation in this area as we need to be assured the improvements continue.

- Staff told us staffing levels had improved since the previous inspection. One commented; "The number of staff has definitely gone up since I started." On the day of the inspection there were enough staff available to support people safely and enable them to take part in any planned activities.
- We inspected rotas for each of the three settings. We identified some days when staffing had fallen below the level identified as necessary to support people in line with their preferences. This was more common in The Lodge than either of the other two settings. Staffing had not fallen below the level defined as necessary to keep people safe. A member of staff said; "I feel people are safe and I feel we are pretty safe as well."
- In The Lodge people required support from two members of staff when in the community. This meant if people wanted to go out at the same time it was necessary for eight members of staff to be available to support people. There had been occasions when people's opportunities to leave the service had been curtailed due to dips in staffing levels. Staff comments included; "Normally we try to aim for seven, but it is normally six" and "Eight (members of staff) does not happen too often, there are occasional times when we have the full amount of eight and then we can get everyone out for a drive or walks and things."
- There were staff vacancies in The House and The Lodge. In addition some staff were on long term sick leave. This meant it was difficult to source last minute cover for unplanned and last minute absences.

We recommend the provider considers current guidance on the successful recruitment and retention of staff.

- The inspection was supported by two members of the senior management team who told us new staff

had been recruited recently.

- Staff were recruited safely. Newly employed staff told us pre-employment checks were completed before they started work. This was verified from records we checked.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to protect one person from potential abuse and improper treatment. This was a breach of Regulation 13 (Safeguarding) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff understood when people required support to reduce the risk of avoidable harm. Care plans contained detailed explanations of the control measures in place for staff to follow to keep people safe. Staff talked to us about the actions they would take when people were distressed, and this was in line with guidance in the care plans and risk assessments.
- Most staff were confident supporting people at all times, including when they were distressed. If staff were not confident supporting certain people the rota was organised so they were not solely responsible for overseeing their care and support.
- Staff supported people safely at all times. They had received training in Positive Behaviour Support which included breakaway techniques and the use of restraint. One member of staff told us; "It [the training] is helpful, you need to know it. It does work fairly well."
- Records clearly indicated when people had been restrained or restricted. This enabled the organisations behavioural team to effectively monitor the use of restraint.
- Risk assessments were clear and guided staff on the best way to support people when they were distressed and at risk of harming themselves, or others. Risk assessments had been developed to guide staff when they were supporting people who sometimes reacted negatively to staff wearing masks. We saw staff support people in line with these assessments.
- One person suffered from periods of constipation and at these times staff told us they monitored the person's bowel movements. They did not monitor this at other times and there was no formal system for doing so, staff would note it in daily records. There was no guidance on when to contact the GP for advice. The lack of clarity around this meant staff might not be aware when the person was becoming unwell. Action to address any discomfort might not be taken in a timely manner. Staff said they knew when the person was in pain because they would indicate this by tapping the back of their head.
- We raised this with management who assured us they would put in systems to monitor the person at all times.
- Staff were confident about the action to take if they had any concerns. One commented; "I would whistle blow if I had concerns, if there's something there you can't ignore it."

Using medicines safely

At our last inspection we recommended the provider consider current guidance on the management and storage of medicines and act to update their practice. The provider had made improvements.

- Medicines were received, stored, administered and disposed of safely. Staff responsible for the administration of medicines had received the appropriate training and had their competency assessed.
- Some people had medicines prescribed to use 'as required' (PRN). There were protocols in place to ensure these were administered only when necessary. We observed staff working in line with the protocols.
- Systems for MARs had recently moved from paper-based records to an electronic system. Staff told us the system reduced the likelihood of errors and they were confident using it.

Preventing and controlling infection

- Before the inspection we received anonymous information alleging staff were not consistently using surgical face masks while at work in line with Government guidance. We found no evidence to substantiate this claim.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Systems were in place to support learning from untoward incidents. These were well understood by staff. One member of staff explained; "We have learning logs for new behaviours. After incidents we look at things that might've caused it. We look at ways we can change the environment and change the approach."
- Staff meetings were used as an opportunity to reflect on practice. Following any untoward incidents staff were given a debrief.

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 requires improvement. At this inspection this key question has now improved to Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our previous inspection we found the provider had failed to assess, monitor and improve the quality of the service provided. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There were systems in place to drive improvement in the service. Incidents were recorded and analysed to identify any patterns. A member of staff explained; "We record challenging behaviour on incident forms. We do an incident review at the end of each month and look for any themes and trends. Incidents record what happened, any triggers, before, after and de-escalation techniques. We have a count each month of number and type of incident."
- Spectrum had a 'behavioural forum' team to provide support across the organisation's locations. Positive Behaviour Support (PBS) leads worked at St Erme Campus and were able to link in with the behaviour forum for guidance. A member of staff told us; "We can raise notes of concern and we had a zoom meeting with the PBS lead to see if there was anything else we could do."
- There were plans in place to further develop the service in line with Right Support, Right Care, Right Culture guidelines. The plans involved creating clear divisions between the three settings to support individualised and person-centred care.

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

- Staff told us they worked well together, and staff morale was good. One commented; "I think it is a really good team, everyone is really supportive, they are all there for you."
- In our conversations with staff they spoke positively about people. One told us; "I feel I have a pretty good relationship with the service users and other staff have told me I have a good rapport with people. I think

they are all lovely."

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

- Relatives told us they were kept informed of any problems or changes to their family members health. One commented; "Some places will just paint you a rosy picture but they (St Erme Campus staff) let you know how it is."

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

- Members of the senior management team had effective oversight of the service. An area manager and the deputy operations manager worked closely with the service to identify areas for improvement and implement changes.

- Regular audits were used to monitor how care and support was delivered. Where areas for improvement were identified, action plans were developed to drive improvement. A member of staff told us; "Yes we are audited by senior management; money, medicines, care plans, they feedback any improvements and it gets done."

- Each of the three houses had a deputy manager in post to oversee the day to day running of the service. A new role of senior care support worker had been introduced to work closely with care workers and link between the care team and management. One member of staff told us; "It's good they (senior management) have seen the need for it."

- Staff told us they felt well supported by management. One said of their deputy manager: "[Name] is the best manager I have had, and this place has progressed so much since they got the role."

- There were plans to develop the management structure at St Erme Campus to improve delivery of care and day to day oversight of the service.

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

- Staff told us they had regular staff meetings where they were able to feedback on their experience of the service.

- We saw examples of short news updates which had been sent to relatives, so they were aware of how their family member had been spending their time. A member of staff said; "It has been a scary time for everyone and it's important to keep that contact with people relatives."

- Meetings with relatives had been arranged via zoom to facilitate care plan reviews.

- Relatives told us staff communicated regularly with them and kept them fully updated of any changes. Visits to the family home had been well planned and thoroughly risk assessed during the pandemic. One relative told us speaking with staff, "gives us confidence."

- People had key workers who knew them well. Key worker meetings were organised to help gather and collate people's views of the service.
- Some people were unable to express verbally how they experienced the service. Learning logs were completed to monitor what worked well for people and what could be done differently.

Working in partnership with others

- Records showed staff worked with other agencies where necessary.