Spectrum (Devon and Cornwall Autistic Community Trust)

East Wheal Rose

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected East Wheal Rose on 18 April 2016, the inspection was unannounced. The service was last inspected in September 2015. At that inspection we identified breaches of the legal requirements. We issued three requirements and told the provider to take action to address the breaches of the regulations. The provider did not send the Care Quality Commission an action plan following the publication of the report. We carried out this inspection to check if the service was now meeting the requirements of the regulations and because we were concerned they had not submitted an action plan.

This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for East Wheal Rose on our website at www.cqc.org.uk

East Wheal Rose provides care and accommodation for up to two people who have autistic spectrum disorders. At the time of the inspection two people were living at the service.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a registered manager in post at the time of the inspection. However, a few days before the inspection visit, CQC had received a notification to change the registered manager at the service. The registered manager was no longer working at the service and arrangements for their replacement had not been finalised. The service was being managed on a day to day basis by the deputy manager with the support of the divisional manager.

Commissioned staffing levels were not consistently adhered to. During the three weeks preceding the inspection staffing levels had not been met on seven occasions during the day and five occasions during the night.

People were supported to take part in activities outside of the service. Staff told us they made sure people were supported to go out most days. There was one vacancy for a support worker. During the inspection the divisional manger was informed this vacancy had been filled.

There was a stable and consistent staff team in place. Staff told us they worked well together and were a "close knit" team. New staff were required to complete an induction and period of shadowing more experienced staff before starting to work independently.

Since our last inspection, improvements to the premises had been made. These helped ensure facilities were appropriate for people's needs. The property was an old house and regular maintenance audits were carried out to quickly identify any defects. A programme of improvements for the coming year was in place. Any defects or breakages requiring immediate attention were dealt with in a timely fashion.

Staff told us they felt well supported by the deputy manager and divisional manager. The divisional manager had clear oversight, and a good understanding of the day to day running of the service. The deputy manager had been in post since November 2015 and was carrying out regular supervisions and audits. Staff told us Spectrum communicated well with them and kept them informed of any changes which might affect them.

We identified a continuing breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The actions we have asked the provider to take are detailed at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not entirely safe. The commissioned staffing levels were not consistently adhered to.

People were supported to take part in activities in the community.

New staff were well supported during their induction period.

Is the service effective?

Good

The service was effective. Action had been taken to improve the environment to help ensure people's needs were met.

Regular audits were carried out in order to identify any defects in the building which were then rectified.

Is the service well-led?

Requires Improvement

The service was well-led. We found that action had been taken to improve the management and oversight of the service.

Staff told us Spectrum kept them informed of any changes which might affect them.

We could not improve the rating for well-led from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

East Wheal Rose

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.

We undertook an unannounced focused inspection of East Wheal Rose on 18 April 2016. This inspection was done to check that improvements to meet legal requirements identified at our 30 September 2015 inspection had been made. We inspected the service against three of the five questions we ask about services: is the service safe, effective and well-led. This is because the service was not meeting some legal requirements.

The inspection was undertaken by one inspector. During our inspection we spoke with the deputy manager and divisional manager and two members of staff. Following the inspection we spoke with a further two members of staff.

We looked at staff rotas, time sheets and the services signing in book. We saw the daily records for people who were living at East Wheal Rose, maintenance logs and audits and staff supervision records.

Requires Improvement

Is the service safe?

Our findings

At our inspection in September 2015 we found there were not sufficient numbers of suitably qualified staff deployed to support people to take part in activities or in house tasks. Some members of the staff team were inexperienced and sometimes lacked confidence to support people without the help of more experienced staff. The shortage of staff numbers meant this could be difficult to manage.

At this inspection we looked at rotas, the signing in book and completed staff time sheets to establish if the commissioned staffing levels had been adhered to over the three weeks preceding the inspection. Commissioned staffing levels were four members of staff during the day, rising to five at 11:00 am. During the nights the commissioned staffing levels were three members of sleep-in staff. On seven occasions between 27 March 2016 and 16 April 2016 only four members of staff had been available throughout the day. On five occasions during the period 27 March to 16th April 2016 only two members of staff had been on duty during the night. A member of staff commented; "Things had got better but they seem to have dipped again a bit lately." The divisional manager and deputy manager said there had been a sickness bug affecting people living at the service and staff which accounted for some of the gaps. Rotas and daily records confirmed this. However, it is important there are arrangements in place to cover for unexpected absences.

This was a continuing breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The divisional manager told us management at the service identified what the minimum staffing levels needed to be to keep people safe. These were known as 'contingency staffing levels.' These levels were then authorised by senior management at Spectrum. On no occasion had staffing fallen below this contingency level.

We looked at the daily records for people to see if there had been an impact on people's needs. We identified that on two occasions when staffing levels had been lower than commissioned, one person had been out with a relative. On a further occasion one person had been unwell and had not wanted to take part in any activities. There was only one day when staffing was below that commissioned, when neither of the people living at East Wheal Rose had taken part in activities outside the home. Staff told us; "We will always do what we can to get at least one of them out" and "We get them out on most days."

We were told there was one vacancy at the service. During the inspection the divisional manager received a telephone call to inform them the vacancy had been filled and a new member of staff who had completed Spectrum's induction process would be starting at East Wheal Rose the following day. On one occasion during April staffing had been increased during the night due to a decline in one person's health needs. One of the sleep-in members of staff had worked a waking night so they could monitor the person's health. This demonstrated action was taken to keep people safe when people's health needs changed.

The majority of the staff team had been working at the service at our last inspection in September 2015. Staff told us they were a "strong" and "close knit" team. The divisional manager said the staff team was; "The

most stable it has been for a while." One member of staff was relatively new to the service and was just completing their care certificate. They told us they had been well supported during the induction period and had completed a period of shadowing before going on the rota.

Good

Is the service effective?

Our findings

At our inspection in September 2015 we found actions to improvem the environment were not taken in a timely manner. One person's bathroom needed refurbishing in order to meet their needs more effectively. The other person living at East Wheal Rose had an en-suite bathroom. The extractor fan had been broken for three weeks and a timer fitted to the shower had also broken. This had been put on to ensure water was not left running for too long. As a result of these defects black spots of mould had developed on the walls and ceiling.

At this inspection we saw a new bathroom had been fitted. The bathroom had been moved to a different room which was more spacious and appropriate for the person's needs. The extractor fan in the en-suite bathroom had been repaired and the cut out mechanism on the shower replaced. There were no visible signs of condensation or mould in the bathroom. In addition, improvements had been made to the outside areas of the property. The ground had been levelled and a swing put in with covering below it to help protect people from injury if they fell off.

A maintenance audit had been carried out and areas for improvement identified. These were planned to be completed over the coming year. Any breakages or defects were recorded on Spectrum's intranet system. We saw a list of recent problems had been reported and the majority of them addressed. Staff told us any reported issues were dealt with; "Usually within about a week."

Requires Improvement

Is the service well-led?

Our findings

At our inspection in September 2015 staff told us they felt unsupported by both senior management and within the service. They told us they were not confident they were listened to by the organisation. Supervisions were not taking place and staff reported a lack of effective leadership at the service.

At this focused inspection staff reported things were; "A lot better." Although the registered manager had not been involved at the service for some time a deputy manager had been appointed in November 2015. They were supported by a divisional manager who had oversight of East Wheal Rose and two other services. The divisional manager told us they visited the service at least once a week but usually twice. During visits they set action plans for the deputy manager to complete. They also produced a monthly manager's checklist covering all aspects of the service for the deputy manager to work through. The deputy manager told us; "There was a lot to be done, but we are there, or thereabouts."

Shortly before the inspection CQC received a notification to inform us the registered manager was cancelling their registration. The divisional manger told us a decision would be made about who would be taking over the role in the next few weeks.

Staff told us the service was well organised and they felt supported. One commented; "Things are getting better day by day." Staff supervisions had taken place in January and February 2016. More were scheduled for April and May. Supervision records recorded that staff felt team morale was good. Staff meetings were held to discuss any concerns and one was scheduled for the end of the month. The divisional manager told us staff; "work well as a team and that is recognised." They added; "It's been hard but I think morale has improved."

Staff told us communication and support from senior management had also improved. For example, recent changes to the minimum wage had been communicated across the organisation via email with information on how it would affect staff in a fact sheet. One member of staff commented; "We had a lot of information about that." Another said; "They [Spectrum] send information out when anything changes." The deputy manager told us they had been well supported by senior management and could ring at any time for advice or support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of suitably qualified staff were not consistently deployed. Regulation 18 (1)