

Spectrum (Devon and Cornwall Autistic Community Trust)

Menna House

Inspection report

Menna
Grampound Road
Truro
Cornwall
TR2 4HA

Tel: 01726883478

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 effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and 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 supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Menna House is a residential care home providing personal care to five people at the time of the inspection. The service can support up to five people.

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

This service was not able to demonstrate how they were meeting all of the underpinning principles of Right support, right care, right culture.

Right Support

- People had identified goals in relation to things they wanted to do and skills they wanted to develop. There was limited evidence to monitor what steps people had taken to achieve these goals and how staff could support them further. This meant opportunities for developing individuals' skills could be lost.
- Parts of the service were poorly maintained and some furniture, fixtures and fittings and soft furnishings were of a poor quality. This had been identified and the registered manager had ordered replacement bedding and towels for people. However, the condition of some of these items showed they had needed replacing for some time and were still in use during the inspection.
- People's bathrooms were not designed to provide a pleasant setting for people when receiving personal care. Some were cramped and all lacked decoration or good condition storage.
- Risks related to the premises were not always identified or acted upon.
- People were able to personalise their bedrooms. Two people had their own living rooms, so they were able to spend time alone when they wanted to.
- Staff supported people to pursue their interests. One room had been developed as a sensory room and was equipped to meet each individuals' needs.

Right Care

- Parts of the environment were not set up in a way which consistently protected people's privacy and dignity. Following the inspection, the registered manager took steps to make some improvements in this aspect.
- Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service had enough appropriately skilled staff to provide people with one to one support and keep

them safe.

- People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Right culture

- Oversight of the service had failed to recognise where improvements could be made. There was a culture of low expectations for people in relation to their environment and access to good quality household items.
- Where it had been identified that improvements were needed, these had not been completed in a timely manner.
- Although the registered manager had been made aware of current best practice as described in Right support right care right culture and closed cultures guidance this had not impacted on people's experiences.
- People led busy lives and staff were motivated to support people to get out and take part in things they enjoyed.
- People and those important to them, including advocates, were involved in planning their care.
- There was a core staff team who had worked at the service for a long time. This meant people got consistent care from staff who knew them well.

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

Rating at last inspection

The last rating for this service was good (published 9 June 2018)

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 COVID-19 and other infection outbreaks effectively.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to privacy and dignity, premises and governance. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe.	Requires Improvement ●
Is the service effective? The service was not effective.	Requires Improvement ●
Is the service caring? The service was not always caring.	Requires Improvement ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was not well-led.	Requires Improvement ●

Menna House

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

Three inspectors and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Menna House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We met with all five people who used the service. Some people who used the service who were unable to talk with us used different ways of communicating including using simple signs and body language.

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff and the person themselves. In this report, we used this communication tool with one person to tell us their experience.

We spoke with four members of staff including the senior support worker. The expert by experience spoke with five relatives over the telephone.

We reviewed a range of records. This included people's care records, medication records and one person's personal money records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with the registered manager.

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 good. At this inspection this key question has now deteriorated 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.

Assessing risk, safety monitoring and management

- Risks related to the environment were not always identified or action taken to mitigate the risk.
- A storm on the 14 February 2022 had resulted in damage to a garden fence. Sections of it were missing and a large part of the fence was in a state of collapse. This could be unsafe in the event of further bad weather.
- In one person's bedroom a large TV was mounted on the wall directly above a hand basin. The TV was plugged into a socket extension which was hanging to one side of the sink.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Following the inspection the registered manager informed us the fence had been repaired and the TV moved.
- Risk assessments had been developed to guide staff when they were supporting people with activities, in the community or using transport. Any new experiences were risk assessed in advance.
- Some people could behave in a way which put themselves at risk. There were appropriate assessments in place outlining the risk and the actions to take to mitigate risk.

Systems and processes to safeguard people from the risk of abuse

- Staff had access to information on how to raise a safeguarding, both in and out of the organisation, if they had any concerns. Safeguarding processes were discussed at staff meetings.
- The registered manager told us they would inform senior management of any concerns they had and raise a safeguarding referral with the local authority. A relative commented; "I do think [Name's] safe there."
- We observed people were relaxed and at ease with staff. Staff knew people well and understood how to protect them from harm.
- People were supported with their finances. We checked the cash held for one person and found it tallied with the records.

Staffing and recruitment

- The service had enough staff, including for support for people to go out and have one to one time with staff whilst at home.
- The provider completed background checks on newly employed staff. These were underpinned by risk assessments where appropriate.
- Some agency staff were working long hours. The registered manager risk assessed this each week to

monitor if there was any negative impact on people or the agency staff. They ensured agency staff had at least one full day a week off and a sufficient break after any 14 hour shift.

- Every person's record contained a clear one-page profile with essential information and dos and don'ts to ensure that new or temporary staff could quickly read how best to support them.

Using medicines safely

- People had regular medicine reviews to check any medicines they were taking remained necessary and were at the appropriate dose. A relative commented; "[My relative's] so much more calm and relaxed. They've sorted the medication out that's what it is. They tried different things and it's sorted now."
- Medicine cabinets were kept in people's rooms which allowed them privacy when they were being supported to take them.
- Staff were trained in administering medicines, this was followed up by competency assessments which were repeated annually or following any medicines error.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Although high contact areas, such as handrails and light switches, were regularly cleaned some parts of the home were very dusty. This included hard to reach areas and fire extinguishers.
- 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. The registered manager told us they had arranged for all staff to complete lateral flow tests on site before starting a shift.
- 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.
- Staff supported people to maintain important relationships. People's family and friends didn't generally visit the service, however there were procedures in place to enable safe visiting, should they wish to.

Learning lessons when things go wrong

- Incident reports were completed following any untoward events. These were reviewed to enable staff to review what could be done better in the future.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The premises and garden had not been well maintained. This did not support people's emotional well-being or physical comfort. People's sensory needs had not been taken into account when considering the decoration of some areas of the service, particularly bathrooms.
- Some people had very small shower rooms with poor ventilation. This meant a build-up of condensation resulted in black mould developing. The rooms were basic with no additional fixtures and fittings, decoration, or colour. This meant people were not receiving personal care in a pleasant, sanitary environment.
- One person had a bathroom with a bath. This room had a basic cupboard unit. The edgings were rough and the finish pitted due to water damage. The cupboard door had no handle. The room generally was in need of updating and also had areas of mould.
- One person's bedroom had an area where wallpaper had been ripped from the wall. Records showed this had happened in October 2021. Lino covering some boxing around pipes had also started to come away. Action to make improvements had not been taken in a timely manner.
- The dining room was sparsely furnished and was not a pleasant environment. Staff told us this was deliberate because of some people's behaviours and specific health conditions. However, the living room, sensory room and people's bedrooms were more personalised indicating it was not necessary for the dining room to be so stark.
- Reinforced plastic, which looked similar to garden netting had been fixed to one person's bedroom window to prevent it from opening fully. This was unsightly.
- The garden was neglected. A shed was in a poor state of repair and a greenhouse had some broken panes. Some garden chairs and a wheelbarrow had been upended and were rusting.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the time of the inspection the house was being decorated. People had been involved in choosing colours for the walls.
- One room had been developed as a sensory room. This contained a variety of sensory objects and lights so it could be used flexibly by individuals in line with their own preferences.
- The registered manager told us arrangements had been made for a gardener to work at the service regularly.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Assessments of people's capacity to make certain decisions were in place. However, records did not evidence that information to help people understand choices and make a decision had been provided in a way that was tailored to their needs.
- There was evidence best interest meetings were held, involving relatives and professionals, when restrictive practices were in place to keep people safe.
- DoLS authorisations were in place. There was a robust system to ensure they were renewed as required.
- Capacity assessments were also reviewed to help ensure they remained relevant.

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

- The registered manager was aware of guidance contained in the Right Support, Right Care, Right Culture. They had received information about closed culture indicators at a managers meeting. They had not yet reviewed it in relation to the service so it had not impacted on people's experience of the service.

Staff support: induction, training, skills and experience

- Staff completed an induction before starting work at Menna House. This was followed by a period of shadowing more experienced staff and familiarisation with care plans.
- Staff told us they had kept up with their training during the pandemic using online systems. Face to face training was beginning to be reinstated to support staff with practical training modules.
- Not all staff were fully up to date with epilepsy training. We discussed this with the manager who told us this had now been booked.
- Staff were further supported with supervision meetings. They told us they were able to approach the registered manager if they needed advice or additional support.

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

- People ate a varied diet which reflected their preferences and suited their dietary needs.
- Staff used pictures to help people make choices about what they ate. People were involved in preparing and cooking meals according to their individual abilities.
- One person was not able to access the kitchen independently because of the risks involved. Staff were working with them to support them to become more confident and competent when in the kitchen. Goals had been set to help the person develop new skills and staff told us this was going well. There was limited documentation of the person's progress or guidance for staff on how to help the person achieve their goals. The registered manager said they would look at finding better ways to record this.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to have regular health checks and see health professionals when necessary.
- People took regular exercise and were encouraged to live a healthy lifestyle. Health action plans had been developed and guidelines for hospital staff in the event anyone needed to be admitted to hospital.
- If people found medical interventions distressing staff tried to identify ways to support the person so they got the necessary treatment.

Is the service caring?

Our findings

compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to Requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- The layout of the service did not always support people's privacy. One person's care plan directed staff to turn off the water during the night. In order to do this they needed to access another person's bedroom.
- The staff shower room used by night staff was positioned in the corner of the person's living room. Staff had to walk through the person's living room to get to the shower room. The registered manager told us this did not happen when the person was using the living room. However, this arrangement did not respect the person's personal space. The person had not been asked for their views on the arrangement.
- Some fabric household items were not conducive to dignified support. Bedding and towels were in a poor condition. One person's towels were rough with age, faded and badly frayed. Sheets and duvet covers were thin, faded and torn. A member of staff told us new towels and bedding had been ordered and would be arriving later that week. This was also noted in the team meeting minutes dated 8 February 2022. However, the condition of the items showed they had needed replacing before this.
- Cleaning schedules had been completed stating people's rooms had been dusted but most people's rooms had areas that were very dusty and covered in cobwebs.
- Handover documents detailing people's needs and the support they received were left in the kitchen. This did not protect people's private information.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- One page documents outlined people's goals which included the development of independent skills.
- There was guidance in care plans on how to support people to protect their dignity and privacy when they were distressed.

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

- Staff had received training in equality and diversity.
- We observed staff treating people with respect while supporting them during their daily routines. Staff were patient and took time to allow people to express their views.
- Staff were attentive to people's emotions during the inspection. One room was unavailable for people on the first day of the inspection as it was being decorated. On the second day we observed one person relaxing in the room. A member of staff told us; "[Person's name] seems so happy to be back in here. They [the decorators] were going to do some more work in here today but [name] needs to be back in here."
- We used talking mats (a communication tool) with one person to ask them if they liked living at Menna House. They indicated they were happy with their accommodation and did not raise any areas of concern.

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

- People were supported to access independent advocacy services.
- People had key workers to oversee their care plans and maintain contact with families.
- Care plans contained information about people's preferred style of communication. There was clear guidance on how to recognise when people were unhappy.
- A member of staff described how one person's communication and engagement with staff had improved. They said the improvement was due to; "Stability of staff, we are a tight team."

Is the service responsive?

Our findings

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

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

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

- The environment and atmosphere was busy and noisy. Staff told us people were not distressed by this. Two people had their own living area so they could spend time alone if they wanted.
- Staff were allocated to support specific people and the rota was managed to accommodate this. This meant people were able to keep to their own routines and have one to one support as they needed it.
- Care plans contained detailed information about people's preferred routines at various times of the day. Daily notes were completed to evidence how people had spent their time.

Meeting people's communication needs

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

- Staff supported people with their communication using basic signs, easy read information and pictures and photographs.
- Social stories had been developed to facilitate people's understanding of specific situations.

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

- People were supported to participate in their chosen social and leisure interests on a regular basis.
- People sometimes chose to go out as a group, in pairs or on their own. Staff were available to meet these preferences.
- Staff provided person-centred support with self-care and everyday living skills to people.
- People who were living away from their local area were able to stay in regular contact with friends and family via telephone.

Improving care quality in response to complaints or concerns

- The service had not received any complaints; however, a policy for responding to complaints was available.
- A relative told us they would know how to raise a concern or complaint and were confident it would be resolved.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's governance systems had failed to give a clear oversight of the service and identify all areas for improvement. For example, the registered manager told us the garden netting at one person's window and the TV and extension lead next to the sink had been there for a long time. No-one had identified that this was not dignified and put people at risk of harm.
- Audits and checks were not always being used effectively. For example, staff completed daily cleaning schedules which indicated rooms, including bedrooms, had been dusted. However, we found areas of dust and cobwebs in each person's bedroom.
- Action was not taken promptly when aspects of the service needed improving. One person's wallpaper had been ripped in October 2021 and still needed replacing at the time of the inspection.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had not ensured the service met the values that underpin Right Support, right care, right culture. One care plan contained a page outlining the personalisation agenda and stated, 'What personalisation means for Spectrum.' This was not a person centred or inclusive approach.
- The design of the service was not focused on achieving good outcomes for people. People's en-suite bathrooms were small and often mouldy. This did not support a relaxing or sanitary experience.
- People were not fully involved in the design and development of the service. People had not been consulted about staff using their private accommodation to get to the staff shower or a stop cock for someone else's shower.
- No action had been taken to improve the quality and safety of the garden so it was enjoyable to use or look at. One person had chosen to put a sign on their window to warn others it was not safe to go out in the garden because of an unstable fence. The fence had blown down in the middle of February but had not been made safe or repaired by the date of the inspection.
- Staff had low expectations for people. They had provided people with rough, shredded towels and bedding that was ripped and contained holes. The need to replace them had been raised in February 2022 but it was clear from their condition that they had needed replacing several months before this and during

the inspection staff were still using them.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were positive when talking about people and we saw them responding quickly when people turned to them for support or interaction.
- Staff told us they worked well as a team and shared information about people's support needs to help sustain consistency of care.
- The registered manager was supported by a senior support worker. There was a vacancy for a Positive Behaviour Support lead who would act as a link between the provider's behaviour team and the service. The post was being advertised at the time of the inspection.

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 had no concerns about how any untoward events were dealt with. One commented; "In the past there were two safeguarding issues which I thought were nothing to panic about but they were extremely well dealt with by the home and the council."

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

- Staff told us they felt valued by the registered manager. Notes in a staff communication book showed the registered manager had thanked the team for their hard work.
- Relatives were also positive about the registered manager. Comments included; "The manager is the best they've ever had" and "The Manager is approachable if I had a complaint."
- Relatives were asked for their opinion of the service in a simple questionnaire. Feedback had been positive. One relative had responded; "A massive thank you to all concerned for keeping [Name] safe and occupied all through this pandemic."

Working in partnership with others

- Records showed the registered manager worked with other agencies to improve people's experiences.
- Some people had limited contact with families. The registered manager had been pro-active in ensuring people had access to advocacy services.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect Service users were not consistently treated with dignity and respect.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Areas of the premises were not properly maintained. some equipment was not safely located.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes to assess, monitor and improve the service had not been effective.

The enforcement action we took:

We issued a warning notice.