

# Spectrum (Devon and Cornwall Autistic Community Trust)

## St Erme Campus

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

St Erme Campus is a care home providing personal and nursing care for up to twenty people with autism. At the time of the inspection 14 people were living at the service. Accommodation is in three separate houses known as The Lodge, The House and St Michaels. St Erme campus is part of Spectrum which has several services in Cornwall providing care and support for people with autism.

The service was established before the introduction of Registering the Right Support. The principles of this guidance reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. Following the introduction of the guidance in 2017 some work had been completed to develop the service in line with the principles and values that underpin Registering the Right Support and other best practice guidance. Structural changes had been made to buildings to give people more privacy. However, this initial response had not been sustained and other aspects of the service were not in line with the guidance. People's opportunities to exercise choice and control and live a full and meaningful life were limited. Parts of the premises were in need of updating and did not contribute to people's emotional well-being.

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

The service didn't always apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people did not fully reflect the principles and values of Registering the Right Support for the following reasons. People did not experience community inclusion and were not supported to live full and meaningful lives. There were restricted opportunities to go out and the opportunities which were provided were limited. People lived in a group setting and staff needed to carefully manage shared areas to ensure people's safety when they were together because of distressed behaviours. This had resulted in a situation when one person was regularly taken, or prompted to go outside, to separate them from others.

Staffing levels identified as necessary to ensure people had opportunities to take part in meaningful activities and access the community were not consistently maintained. Rotas were complex with shifts overlapping. This meant the periods when staffing levels were high were often short lived further impacting on people's opportunities to engage in meaningful pastimes.

Staff supported people to take their medicines safely and as prescribed. We identified some areas for improvement in the management of medicines and have made a recommendation about this in the report.

Staff were committed to their roles and were keen to support people to the best of their ability. They voiced

frustration at the constraints placed upon them by staffing levels. Staff, the registered manager and regional manager all acknowledged recruitment was difficult. While recruitment was an ongoing process staff retention had been a problem. Spectrum were exploring ways to counteract this and had recently started a reward scheme to encourage staff to introduce potential recruits to the organisation.

Parts of the service needed redecorating and updating. The kitchen in The House was dated and units were damaged. The cupboards were grubby and the lid on a kitchen bin was broken and had not been replaced. Some people had their own flatlets and these were pleasant and reflected people's tastes. Adaptations had been made to make them safe for people and accommodate their needs. However, shared corridors and a lounge were reminiscent of a hostel and did not provide a homely or comfortable space for people.

Care plans were comprehensive and focused on people's individual needs. Any dietary needs were well documented and known to staff. Some people struggled to manage their emotions which could lead them to behave in a way which put themselves and others at risk. Staff were aware of potential triggers and knew how to support people when they were distressed. We were concerned that one person was not always supported appropriately.

People were not supported to have maximum choice and control of their lives and staff did not consistently support them in the least restrictive way possible and in their best interests; this was largely due to the restrictions associated with low staffing levels.

DoLS applications were made appropriately. Some people had authorisations in place with conditions attached, these were mainly in respect of recording when people were provided with 1:1 or 2:1 support and enabled to take part in activities. Reports were completed in line with these conditions.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection.

The last rating for this service was Good (published 30 March 2018).

Why we inspected

The inspection was prompted due to concerns received about staffing. A decision was made for us to bring forward our planned inspection and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to staffing levels, supporting people in line with their preferences, keeping people safe from abuse and the governance of the service. Please see the action we have told the provider to take at the end of this report.

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 not safe.

**Inadequate** ●

### Is the service effective?

The service was not entirely effective.

**Requires Improvement** ●

### Is the service caring?

The service is caring.

**Requires Improvement** ●

### Is the service responsive?

The service was not entirely responsive.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

**Requires Improvement** ●

# 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.

#### Inspection team

The inspection was carried out by two 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us 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 and spoke with people who used the service. People were not able to tell us verbally about their lives, so we observed them interacting with staff and taking part in daily routines. We spoke with twelve

members of staff including the registered manager and two deputy managers.

We reviewed a range of records. This included four people's care records, medication records, staff rotas and other records in relation to staffing.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, supervision records, staffing records and incident reports. We contacted a further four members of staff and two professionals who regularly visit the service. We also spoke with five relatives of people living at St Erme campus.

# 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 Inadequate: This meant people were not safe and were at risk of avoidable harm.

### Staffing and recruitment

- Before the inspection we had received concerns about staffing levels at St Erme Campus. We looked at rotas and electronic and written records covering a period of eight days between 23 February 2020 and 1 March 2020 to establish if there were consistently enough staff available to support people and keep them safe.
- We identified occasions when staffing had dropped below planned levels. At times they were lower than 'contingency' levels. This is the number of staff the organisation had identified as the lowest number required to ensure people's safety in times of crisis.
- When we arrived at St Erme Campus five staff were working at The House, the planned staffing levels in The House are seven rising to ten to enable people to be supported to take part in activities in the community. Three members of staff were out, supporting one person to attend a hospital appointment and one person to go to a day centre, another person had accompanied them for 'the ride.' This left two staff in The House to support four people, two of whom required one to one support. To alleviate this a member of staff had come across from St Michaels to help out. However, this left three staff at St Michaels supporting three people, two of whom needed two staff each to support them at this time.
- Although some staff told us staffing levels had improved, all agreed there remained occasions when they were short staffed and were not always able to take people out, particularly those who needed two staff to support them in the community. Comments included; "It's a very rare occasion when we do have a full team" and "It does have an effect on what people can do." An external professional commented; "People get habituated into not going out, and then when you ask them if they want to (go out) they say no, they've got into that habit."
- The combined impact of the remote location of the service and the complexity of people's needs meant the staffing levels in place were not sufficient to support people to live an independent life as possible with opportunities for social inclusion and taking part in new and meaningful activities. This was not in line with the principles of Registering the Right Support.

The provider had not ensured sufficient staff were available to provide a person-centred service for people. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People at St Erme Campus had not had their needs assessments reviewed for a significant period of time. The provider had raised this with commissioners but these issues had not yet been resolved.
- Background recruitment checks were completed before any new staff started work. Staff confirmed they had not been able to start work until the relevant checks had been completed.

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

- Some people living at St Erme Campus could find it difficult to express themselves or manage their emotions. This could lead to distressed behaviour which could put them, or others at risk.
- Following the inspection, we looked at incident records for the three months prior to the inspection, specifically December 2019 and January and February 2020. These recorded that one person was regularly 'asked' or 'prompted' to go to, or was taken into, the garden when they were agitated. At times they went voluntarily. The records indicated that at times, this had happened during poor weather. On one occasion the person had been given a bath afterwards to 'warm up.' We were concerned this was an inappropriate use of seclusion and a breach of the persons human rights.
- We requested evidence to demonstrate this intervention was part of the person's care plan and was proportionate and in the person's best interest. In response we received a copy of the person's care plan where there was information in respect of this practice. However, the person's behaviour when in the garden and the environmental conditions did not indicate this was a 'safe' or suitable space to use.
- We were also provided with evidence to show the provider had asked for agreement from a relative regarding the use of seclusion amongst other things. This is in line with best interest decision making. The relative had not responded to this particular point in their reply.
- We remained concerned this practice was unsafe and demeaning and had not been robustly safeguarded or reviewed. We have raised a safeguarding alert with the local authority.

The failure to protect the person from abuse and improper treatment was a breach of Regulation 13 (Safeguarding) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks were clearly documented in care plans with information for staff on how to recognise when people were becoming distressed.
- Personal emergency evacuation plans outlined the support people would need to exit the building in an emergency.
- Staff received regular safeguarding training and were confident about the processes to follow if they suspected abuse.
- Safeguarding processes were discussed at staff meetings to help ensure staff knowledge was up to date.
- Relatives told us they believed their family members were safe living at St Erme Campus.

Using medicines safely

- Staff supported people to receive their medicines as prescribed. Medicine Administration Records (MAR) were kept detailing what medicines people had been prescribed and when they had been administered.
- We identified some gaps in the MARs which meant we were unable to establish if people had received their medicines as prescribed. One person had a prescribed cream. There was no easily available information directing staff on the appropriate use of the cream.
- At St Michaels there was no system in place to ensure the temperature of the room where medicines were kept was within safe limits.

We recommend the provider follow national guidelines in respect of the management, of medicines.

- Following the inspection, we spoke with a member of staff who told us there was now a system in place for monitoring and recording the temperature of the room where medicines were stored at St Michaels.
- People had their medicines reviewed regularly with the appropriate healthcare professional.

Preventing and controlling infection

- Some areas of the kitchen in The House required attention to minimise the risk of cross infection. A swing lid bin top was broken and had not been replaced leaving the bin uncovered.
- Kitchen cupboards needed cleaning and there was pooled water in two kitchen drawers. Although staff told us the drawers were not used the condition of the kitchen would not have been acceptable for most people.

We recommend action is taken to help ensure all areas of the service are clean and any defects are quickly identified and addressed.

- Staff had access to aprons and gloves to use when supporting people with personal care.

Learning lessons when things go wrong

- Incidents and accidents were recorded and escalated to the organisation's behavioural forum. These were then analysed for patterns and trends.
- Learning logs were completed for new activities or to record when something had gone particularly well or had gone wrong. The logs captured information to help staff learn from experience.

# 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.

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

- The organisation supported staff to use positive behaviour strategies when supporting people. Training was provided at induction and regularly refreshed. However, as noted in safe, we were concerned people were not always supported in line with best practice guidance.
- Since our previous inspection there had been no moves to further develop the service in line with Registering the Right Support.

Staff support: induction, training, skills and experience

- New staff completed an induction and a period of shadowing before starting to work independently. Some staff who had not worked long at the service told us the induction training and information sessions had been overly positive and had not given them a realistic picture of the role.
- A training matrix showed most staff were up to date with their training or were booked to complete refresher training. One staff member told us; "The training side is really good, they give us loads of training." We did identify some individual staff members with significant gaps in their training records.
- Staff told us supervisions had lapsed but this had improved recently. A supervision matrix showed there was a series of planned face to face sessions in place.

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

- People's food preferences and dietary needs were recorded in care plans. Cupboards were well stocked and there was fresh fruit and vegetables available.
- Staff told us they used pictures and photographs to support people to make choices about what they ate.
- People were regularly weighed so staff would be aware of any sudden weight loss or gain.

Staff working with other agencies to provide consistent, effective, timely care

- An external health care professional told us communication with the service was not always good. They commented; "With some other care teams I feel more confident in lines of communication, I have not felt this with St Erme."

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

- Following the introduction of Registering the Right Support changes to the structure of the building had been made to give people more privacy and opportunities to spend time on their own.
- One person particularly enjoyed spending time outside. A shed had been provided for them to use and

adapted to make it suitable for the person's needs.

- People's bedrooms were decorated and furnished to reflect their tastes and interests and meet their needs.
- Other areas in The House and The Lodge were not homely and were in need of updating. Kitchen units were dated, wall mounted heaters were damaged, and corridors and landings needed redecorating. A laminated strip had come away from the worktop in one person's kitchen. One of the inspectors caught themselves on this twice during the inspection.
- A door handle was missing from the inside of one person's bedroom door. This meant they were unable to exit the room independently. The deputy manager told us the person had broken the handle several days before and told us; "I think maintenance in the process of getting a new one."

We recommend action is taken to improve people's environment.

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

- One person was supported to attend a medical appointment on the day of the inspection. Because of the nature of the appointment they were not allowed to eat beforehand. Staff knew this would be difficult for them so had rearranged the appointment for first thing in the morning to cause less anxiety.
- Some people's health conditions meant their diet and fluid intake needed to be regulated. The restrictions could lead to people becoming agitated. Staff were aware of people's needs and continually worked to alleviate anxieties while helping people to remain healthy.
- Analysis of incident reports had identified one person was regularly becoming distressed and agitated. A GP referral had been made with subsequent referrals to other healthcare professionals to try and identify any underlying issues.

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.

- DoLS applications had been made appropriately and there were several authorisations in place. Some of these had conditions attached to them.
- The conditions mainly required the service to report on the provision of support hours and activities outside of the service. These reports were completed in line with conditions.
- One person also had recommendations attached to their DoLS. These were being followed.
- Where people had significant monitoring systems in place to help ensure their safety overnight, the least restrictive option had been identified. These restrictions were detailed in DoLS applications.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- Due to staffing shortfalls people did not consistently receive care that was person-centred and reflected their needs. One member of staff told us; "We can be stuck in a tiny flat with a service user for a whole shift. They get bored."
- An external professional spoke highly of the care staff. They told us; "Staff are committed. They are frustrated (about low staffing levels) because of that commitment. They are trying really hard and engage really well."
- Staff knew people well and frequently spoke of their individuality. Comments included; "Everybody is an individual" and "We put the service users first, their best interest is paramount."
- One person had a birthday on the day of the inspection. Staff gave them gifts and cards and sang happy birthday. Two members of staff took the person out for lunch to celebrate.

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

- Questionnaires had been completed to attempt to gather people's views. However, these had not been effective. The registered manager told us they were exploring new ways of assessing if people were satisfied with how their care was delivered.
- Care plans contained information about how people could be supported to make day to day decisions. For example, using objects of reference or photographs. However, choice making was not always supported due to low staffing levels.
- Topic books had been created for one person to help them express themselves. These contained pictures and photographs which were meaningful to the person and supported their choice making.

Respecting and promoting people's privacy, dignity and independence

- People were able to spend time alone if they wished. Some people needed a high level of supervision to keep them safe. This was reviewed to check it remained proportionate and the least restrictive option.
- We saw one person making themselves toast in the morning using a toaster which was kept in the living room along with a kettle. Staff told us this equipment was kept there so people could use it independently.
- There was no kitchen equipment to support people's independence such as one cup kettles. However, we saw, and staff and other professionals told us people were supported to be involved in daily tasks. We heard one member of staff say; "Have you finished that drink? Do you want to put your cup in the dishwasher?"

# 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 now deteriorated to Requires improvement: This meant people's needs were not always met.

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 take part in some activities although the scope of the activities was limited. People mostly went for local walks or drives to the nearby town of Newquay.
- Staff told us staffing shortages could impact on people's experiences and prevent them from leading a full and meaningful life. Comments included; "It means people can't go out when they want" and "Routine and structure, that's what they're not getting. It's inconsistent and causes unnecessary anxiety."
- Low staffing levels impacted on the number of opportunities people had. Staff told us it was difficult to arrange new activities to broaden experiences as these could involve a lot of forward planning to help ensure they were successful. As staff numbers were unreliable this made planning difficult.
- Activities which took up a large part of the day were also difficult to organise. Staff told us they tended to "grab the opportunity" to take people out when there were enough of them to support this. One commented; "Sometimes we do have a lot of staff, which is great because we can get the guys out. It happens maybe once in a blue moon. But it is possible for short periods of the day when shifts overlap." On the day of the inspection we heard a member of staff say; "Let's use the staff today while we have them to get [person's name] out."
- There was a large garden and one person particularly enjoyed working in the garden. However, poor weather meant this was not always possible.
- There was no evidence of any links with the local community. The registered manager told us they did not use a local shop because of an incident which had occurred some years ago.
- There was a lack of meaningful activities in the service. Apart from one baking session one person's activity rota only referred to; various meals, naps, listen to music, play with rope and watch TV. Incident reports referred to people being 'bored'.

The provider had not ensured people's care was designed in a way which met their preferences and needs. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Care plans were comprehensive and contained details about people's backgrounds, their health needs and preferences.
- One care plan had information which was out of date, although it had been recorded the care plan had

been reviewed. Following the inspection, the registered manager provided evidence to show the care plan had since been updated.

- The registered manager told us key workers had been provided with end of life care plans and person-centred planning paperwork to develop with people. This would support care being planned in line with people's needs and preferences.

#### 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.

- Care plans contained clear information about people's communication styles and preferences.
- Staff had developed communication tools tailored to people's individual needs. We were concerned these were not consistently used. For example, one person's care plan stated they used a picture strip to help them structure their day and facilitate their understanding of what the plans for the day were. When we visited the person the picture strip was missing, and no communication tools had been used to plan their day.
- Easy read information about medical check ups and different medications was available. This is a good starting point to help staff support people to understand complex information.

#### Improving care quality in response to complaints or concerns

- Relatives told us they would be confident raising and complaints with the service or senior management team.
- There was a policy in place outlining the time scales when any complaint would be responded to.

# 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.

### Continuous learning and improving care

- Regular audits were completed at the service. However, staffing levels had not been effectively addressed. Although analysis of incident reports had identified an increase in the frequency of distressed behaviours we were concerned staff responses to this were not being effectively monitored.
- At an inspection in January 2017 we identified a breach of regulation 18 due to low staffing numbers. At the following inspection in March 2018 we found, although there remained staff vacancies, agency workers were being used to ensure staff levels were appropriate. At this inspection we found agency workers were no longer being used and the service was once again in breach of regulation 18. We were concerned the action taken in 2017 had not been sufficiently embedded or sustained to ensure continuity of the delivery of care.
- We asked if there were any plans to develop the service in line with Registering the Right Support and other best practice guidance. The regional manager told us they were not aware of any business plans in respect of this.
- Staff told us morale had been poor and they sometimes felt undervalued and blamed. Comments included; "Sometimes I don't feel I have a voice" and "It can be quite demoralising."

The failure to assess, monitor and improve the quality of the service provided was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Spectrum were implementing systems to improve staff retention. Recruitment and retention meetings involving registered managers, HR and members of the senior management team were held regularly. A member of staff commented; "Spectrum are trying to get new staff but there's a high turnover."
- A recruitment reward scheme had been introduced. Staff had access to a mobile app where they could accumulate points for various achievements, including introducing new staff to the organisation.

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

- The registered manager had not been at the service long although they had worked for Spectrum for several years. They spoke to us about developing support in line with people's individual preferences and 'enabling' people. They told us; "We focus on Positive Behaviour Support and secondary preventions. We have managed to reduce the use of PRN (medicines used 'as required' to manage behaviour.)"
- Staff told us the registered manager or deputy managers were always available for support and guidance. One commented; "The managers are approachable, they do act on things we report."

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 the service was open and honest with them and they had no concerns in this area.

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

- The registered manager was also in a secondment position as a regional manager. Staff told us they continued to have regular contact with them, and they spent a lot of time at St Erme Campus.
- There were deputy managers at The House and The Lodge. The position at St Michaels had recently been filled and the new deputy was due to start work once they had completed their induction.
- The inspection took place during the early days of the COVID-19 pandemic. Contingency plans were being developed and implemented in response.
- Staff told us they loved their jobs and wanted to support people to have meaningful lives but were limited due to staff numbers. They had recently been told they were failing to support someone with activities, and this had made them feel undervalued. One commented; "It's caused great offence...very disheartening."

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

- Staff meetings were regularly held.
- People were asked for their opinions of the service using a simple questionnaire. We saw an example which recorded 'no response' after each question. This suggested the technique was ineffective. The registered manager told us they were considering alternative means of gathering people's opinions.
- Relatives told us the service communicated well with them and involved them in decisions regarding their family members care.

Working in partnership with others

- At the time of the inspection Spectrum were in dispute with local commissioners regarding assessments. This had arisen as a result of issues around the amount of support commissioned each day and processes for identifying and reviewing people's support needs. As a result of this dispute relationships between the parties had become strained.
- CQC recognises the positions taken by both parties in this dispute. However, it is of paramount importance that both parties work together to ensure people's support needs are met.

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 9 HSCA RA Regulations 2014 Person-centred care  People were not consistently supported in line with their needs and preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  Service users were not always protected from the risk of abuse or improper treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems to assess, monitor and improve the quality and safety of the services provided were not effectively applied.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  There were not sufficient staff to meet people's needs