

# Spectrum (Devon and Cornwall Autistic Community Trust)

## The Beach

### Inspection report

Alexandra Road  
Newquay  
Cornwall  
TR7 3NB

Tel: 01637854942  
Website: [www.spectrumasd.org](http://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?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

The Beach is a residential care home that provides personal care and support for up to 14 autistic people, people with a learning disability or both. At the time of the inspection there were 11 people living at the service.

The service is a two-storey block of flats with a communal area, located overlooking Porth beach in Newquay. 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

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

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 statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

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

### Right support:

Staff were committed to supporting people in line with their preferences. However, this was difficult to achieve because staffing levels were below those identified as necessary to meet people's assessed needs and wishes. Staff supported people to receive their medicines safely and as prescribed and people were enabled to access health and social care support in the community.

### Right care:

The language used by staff to describe a person within their care notes and, on occasion, when speaking with us, was disrespectful. This meant people's care was not person-centred and did not promote their dignity. People's access to activities was limited, both in and out of the service due to staffing levels. Risks associated with people's care were assessed and included in their support plans. Care records guided staff on the action they were to take to mitigate risks to people and themselves.

### Right culture:

The deputy manager and regional manager and staff were clear about their aim of providing person-centred care. They had a good knowledge of the service and understood the needs of people they supported.

However, the ability to deliver person-centred care was often hindered due to staffing levels. Appropriate actions had not been taken by the provider to make improvements within the service since our last inspection. The provider worked with the safeguarding team and multidisciplinary teams to support safe care provision.

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 and update

The last rating for this service was requires improvement (published 7 July 2021). The service remains rated requires improvement.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

#### Why we inspected

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.

The inspection was prompted in part due to concerns received about staffing levels. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. However, further concerns and risks were identified so a decision was made to carry out a comprehensive inspection to include the key questions effective, caring and responsive.

We have found evidence that the provider needs to make improvements. Please see the safe, caring, 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 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 regulation in staffing, dignity and respect and governance. Please see the action we have told the provider to take at the end of this report.

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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# The Beach

## 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 Health and Social Care Act 2008.

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 team was made up of three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone

#### Service and service type

The Beach 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. The Beach is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This 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. 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. At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

The first day of the inspection was unannounced. The second day was announced.

#### What we did before the 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.

We used all this information to plan our inspection.

During the inspection

We spent time with and spoke with five people living at the service, six relatives. We spoke with four members of staff including the deputy manager, operations manager and the nominated individual who is responsible for supervising the management of the service on behalf of the provider.

To help us assess and understand how people's care needs were being met we reviewed seven people's care records. We also reviewed a number of records relating to the running of the service. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems. We looked at training data, policies and quality assurance records. We spoke with four health care professionals and two representatives from Cornwall Local Authority safeguarding team.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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 numbers of suitably qualified, competent, skilled and experienced persons were deployed. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 18

- People, relatives and staff said there were not enough staff to meet people's assessed needs and told us how this had impacted on people. Comments included; "They are short staffed a lot", "I do not get a lot of support. It has made my life complete misery this unit" and "They are short staffed. That's all I'm concerned about, the trouble with staffing and it's been a while now and been a bit of a panic."
- People were placed at the risk of not receiving adequate care as staffing arrangements during the day were not sufficient to meet people's needs safely. Records confirmed, and staff told us, one person was commissioned support from two members of staff. Our observations identified this person did not receive the commissioned 2:1 support on both days of the inspection.
- We reviewed further staffing records for people who required commissioned daily support from two members of staff and support from one staff member and found multiple examples where people had not received their commissioned staffing levels.

The failure to provide sufficient numbers of staff to meet people's care and treatment needs, was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were protected against the employment of unsuitable staff. We looked at pre-employment checks for five members of staff and found they had been completed appropriately.

### Systems and processes to safeguard people from the risk of abuse:

- Aside from the concerns raised in relation to staffing, people and their relatives told us they felt safe. Comments included; "I feel (person) is safe there", "I do think (person's) safe, but they are short staffed", "I am happy they are looking after me." And, "The staff do look after me."
- People were supported by staff that knew how to raise and report safeguarding concerns.
- We found examples of where concerns had been reported to the local authority's safeguarding teams.

### Assessing risk, safety monitoring and management

- Risks associated with people's care were assessed and included in their support plans. Care records guided staff on the action they were to take to mitigate risks to people and themselves.
- The risk assessments covered areas such as epilepsy, distressed behaviours, nutrition, medication and emotional wellbeing.
- The environment was well maintained. Risks associated with the environment were monitored.

### Using medicines safely

- People received their medicines as prescribed. People's medicine were administered by trained and competent staff.
- Staff assessed, planned and delivered the support people needed to take their medicines safely. People's care plans described what medicines they took and why.
- People's medicines were stored securely and in line with manufacturers' guidance.

### Preventing and controlling infection

- 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.

During our inspection we observed relatives visiting the service. We were satisfied the provider's approach for visitors to the service was in line with the current government guidance.

### Learning lessons when things go wrong

- The service knew there were concerns regarding to inadequate staffing levels but there were not adequate processes in place to address these.
- Despite concerns regarding staffing levels, we saw examples of actions being taken following incidents in other areas to mitigate the risk of reoccurrence.
- There was a system in place to record accidents and incidents which were analysed so any trends or patterns could be highlighted.



# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Support and supervision for staff was not consistent. Staff recognised that the manager's abilities to offer support was often hindered by increased workloads associated with being understaffed.
- Staff told us "I do not think Spectrum look after their staff, well enough", "Staff morale is not brilliant", "Sometimes you are walking in worrying about how many staff will be on duty, it is a huge amount of pressure" and "They need to look at how do we keep staff, how do we support people."
- We looked at records relating to staff supervision. These records identified gaps and shortfalls in relation to staff receiving formal supervision. Therefore, we could not be assured that staff were being supported effectively.
- The service did not have a manager. The deputy manager was often having to provide care and support to people due to the staffing issues. This meant they had little time to focus on supervising and supporting staff. The regional manager was responsible for the oversight of six services, which meant they had little time to focus on supporting the deputy manager.

We recommend the provider seek guidance and support from reputable sources about providing effective support for staff

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Records and people confirmed they had the right make their own decisions. However due to our findings in safe we could not be assured that peoples decisions would always be respected. For example, if a person decided they wanted to go to the shops then this would not always be possible due to staffing levels.
- People were supported by staff that knew the principles of the Mental Capacity Act 2005. One staff member said, "We must act in people's best interests."
- Where people were being deprived of their liberty appropriate applications had been submitted to the local authority.

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

- People's needs were assessed, and the information used to develop care plans. However, care plans were cumbersome and contained lots of information. This was a concern due to the high turnover of staff, the high use of agency staff and the limited time staff had to familiarise themselves with care plans due to being understaffed. Professionals we spoke with shared these concerns.
- Because of our findings in safe, effective, caring, responsive and well led sections of this report we could not be satisfied that the provider was delivering care in line with the requirements of Right support, right care, right culture.
- One person had an ongoing health need. The person's care plan contained information on how staff could best support the person.

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

- People's care records detailed their dietary requirements and nutritional risks. People were encouraged to make healthier dietary choices.
- Staff described how they supported people with preparation of their meals how they encouraged people to have a balanced diet.
- Care plans contained details about what people preferred to eat and drink and how best to support them.

Supporting people to live healthier lives, access healthcare services and support, staff working with other agencies to provide consistent, effective, timely care

- Due to staff shortages people were not always encouraged and supported to leave the service and lead healthier lives. A staff member told us "I am watching them all get more and more unfit as we cannot get out and get exercise." A relative told us "[Person] used to be taken out every day. [Person's] physical and mental health benefited so much. Why can't they take [Person] out for exercise?" The relative described how the lack of exercise was a contributing factor a deterioration in the person's emotional wellbeing.
- Health files contained details of the support people needed to maintain good health. People were supported to access external healthcare services for regular appointments.
- People were supported to access health care professionals such as their GP.
- People's care records included a hospital passport that detailed what hospital staff would need to know about the person in order to deliver effective and consistent care.

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

- People's living areas were individualised, with their own items such as ornaments, pictures and other memorabilia.
- People told us they were encouraged to design and decorate their living areas in a way they wished to.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed 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

- Staff did not always demonstrate a therapeutic approach to care as they did not always talk respectfully about people. The provider had not ensured there was always a culture where people living at the service were viewed as equals. The language used by staff to describe one person they cared for within the person's care notes and, on occasions when speaking with us, was disrespectful, did not promote the people's human rights or show they were valued.
- We received feedback from health and social care professionals where they had found similar concerns about disrespectful language use.

The use of disrespectful language was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- In some of our observations we witnessed staff being kind and compassionate towards the people they supported. One person told us "I am happy they are looking after me". Another person said, "I can have a laugh with the staff".

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People's opportunities to be involved in day to day decisions, for example going to the shops were often restricted due to low staffing.
- Due to our findings in relation to staffing we could not be assured that people had appropriate levels of independence and control over their lives whilst living at The Beach. People did not have the opportunity to try new experiences and develop new skills.

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

- Care plans were completed with people to ensure they reflected people's wishes. Staff took the time to understand people's individual communication styles and develop a rapport with them.
- Records clearly showed that people's views and needs were known, in particular what was important to people had been identified and staff demonstrated through talking with us that they knew people well.
- Personal records were stored securely and only accessed by staff on a need to know basis. Staff understood their responsibilities for keeping personal information about people confidential.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to Requires Improvement. This meant people's needs were not always met.

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

- We identified an acceptance of situations and quality of life which would not be acceptable for most people. This was not in line with statutory guidance contained in Right Support, Right Care, Right Culture.
- Geographically, people needed car access to live full and empowered lives. Some staff did not drive which impacted on people's choice and control in their day to day lives. This meant people were routinely restricted from taking part in personalised activities. One person we spoke with told us, "I would like to go to (place) today, but the staff today does not drive so I can't go.". Another person said, "There is always a shortage of staff or no drivers."
- People routinely described how low staffing impacted on the services ability to deliver personalised care. One person told us, "They don't take me out anywhere." A staff member said, "It is difficult to give the guys the life that is expected."

The failure to deliver personalised care that met people's individual needs was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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 not always supported to live meaningful lives and maintain or develop personal relationships.
- Staff, relatives and records confirmed there had been occasions when people had family visits cancelled as there was not enough staff to support people. One staff member told us, "On [day], [Person] did not get to go home as we did not have enough staff to take them. I had to let (relative) know. It does impact on each one of them."
- People and relatives described how people felt isolated through a lack of meaningful activities. Comments included; "I normally have staff in the morning but there is no one to sit with me and do things with me today", "(Person) is left by herself a lot of the time" and "They're not enhancing (Persons) life at all."

The failure to deliver personalised care that met people's individual needs was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get

information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider complied with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss.
- People had communication needs assessments completed as part of the care planning process. For example, some care plans guided staff to speak slowly and allow time for the person to respond.
- Information was available to people in different formats.

Improving care quality in response to complaints or concerns

- The service had effective systems to manage complaints and the records reflected any issues received, these were recorded, investigated and responded to as per provider's policy.
- People told us they knew how to make a complaint and were satisfied they would receive a response however people expressed concerns to us at the inspection that had not been identified or addressed by the provider.

# 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 our last inspection we rated this key question Good. At this inspection the rating has changed 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, continuous learning and improving care

- The provider had not established a learning culture at the service with a drive to improve care delivery. There was no registered manager in post and the deputy manager with day to day responsibility for the service left shortly after our inspection visit. The provider did not lead by example with a vision for the service. Oversight of the service in respect of staffing had not been effective, as highlighted in the safe section of this report. This lack of oversight also impacted on the service's ability to deliver personalised, care as highlighted in the responsive section of this report.
- Governance processes were not effective and to keep people safe, protect people's rights and provide good quality care and support.
- Following our inspection on 7 July 2021 the provider submitted an action plan detailing how they would to improve the quality and safety of the service by increasing staffing levels. Appropriate actions had not been taken to make the desired improvements within the service. This lack of governance and oversight was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- The deputy manager completed regular audits, such as, care plans, incident/accidents and medicines. These monthly reports were submitted to the area manager for review. However the deputy managers ability to complete managerial tasks was hindered because of the need for them to cover staffing shifts.

This lack of governance and oversight 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

- The provider failed to have systems and processes in place to ensure people received their care in a dignified and respectful way. This meant people's care was provided in a way that was sometimes not appropriate and disrespectful. The provider had low expectations about the quality of people's lives and had created a negative culture at the service. People's wishes were not at the heart of the service.
- The deputy manager and regional manager and staff were clear about their aim of providing person-centred care. They had a good knowledge of the service and understood the needs of people they supported. However, the ability to deliver person-centred care was often hindered due to staffing levels.
- Relatives and staff described a service which was not always well-led. They told us "It is quite depressing watching the slide of standards, I am taking it home with me." "There is a lack of leadership and skills from management." And, "I don't think we have enough support from Spectrum. Staff morale is not brilliant.

Sometimes you are walking in worrying about how many staff will be on duty", "I don't think we have enough support from senior management." And, "I do not think Spectrum look after their staff."

The failure to operate effective systems and processes to ensure people received person-centred care in a dignified and respectful way was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- The provider met their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, working in partnership with others

- Due to the feedback we received from staff we could not be assured that staff feedback was sought and acted upon effectively.
- People described how they had opportunities to speak with the provider and express their concerns. For example, one person told us how they had recently met with the provider to discuss some of their concerns about living at the service.
- Records showed the provider also worked with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.

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  Failure to deliver personalised care that met people's individual needs
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect  The language used by staff to describe one person they cared for within the persons care notes and, on occasions when speaking with us, was disrespectful, did not promote people's human rights or show they were valued.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Lack of governance and oversight



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 18 HSCA RA Regulations 2014 Staffing Failure to provide sufficient numbers of staff to meet people's care and treatment needs

**The enforcement action we took:**

Warning Notice