

Spectrum (Devon and Cornwall Autistic Community Trust)

Heightlea

Inspection report

Old Falmouth Road
Truro
Cornwall
TR1 2HN

Tel: 01872263344
Website: www.spectrumasd.org

Date of inspection visit:
22 November 2021

Date of publication:
21 February 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Heightlea is a residential care home providing personal care to five people with a learning disability or autism. It is part of the Spectrum (Devon and Cornwall Autistic Community Trust) group, a provider with 15 other similar services across Cornwall. Heightlea is close to the city of Truro.

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

The service was short staffed with staffing levels regularly only meeting contingency numbers. This is the number of staff as defined by the provider, that is the minimum required to provide safe care.

The low staffing levels had negatively impacted on people's experiences of living at Heightlea. Staff told us it had been difficult to support people to take part in their usual hobbies and pastimes due to low staff numbers.

Tasks in place to ensure the safe running of the service had not been consistently completed. For example, financial audits, vehicle checks and a planned food shop.

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.

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

Right support:

- Staff supported people to have choice and control in their everyday lives. Their ability to do this had been impacted by staffing shortages in the service which meant people were not always able to attend planned events and sometimes had to share support.
- People lived in a safe and well-maintained environment which was set up to maximise their independence.
- Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Right care:

- The service did not have enough appropriately skilled staff to meet people's needs and keep them safe. Following the inspection, the registered manager told us an agency worker had been assigned to work at Heightlea. This had improved the situation.

- There were not enough staff to cover the rota to allow staff to complete refresher training and this had fallen behind in some areas. At a previous inspection we had recommended staff complete Makaton training to support effective communication, this had not been done.
- People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Right culture:

- Staff worked together well and demonstrated an approach where people's best interests and well-being were prioritised.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement (report published 18 August 2021) and there were breaches of the regulations.

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

At this inspection not enough improvement had been made and the provider was still in breach of regulations. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safety, staffing levels and oversight of the service.

Follow up

We will request an action plan for 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 always effective.

Requires Improvement 

Is the service caring?

The service was caring.

Good 

Is the service responsive?

The service was not always responsive.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

Requires Improvement 

Heightlea

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Heightlea 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 and professionals who work with the service. 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 spoke with four people who used the service and six members of staff including the area manager and registered manager.

We reviewed a range of records. This included two people's care records, rotas, medication records and personal financial records for three people. A variety of records relating to the oversight of the service, including incident reports and daily notes were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with a professional who had worked with the service and four relatives.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. 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

At our last inspection staffing levels were not consistently maintained. This was a breach of regulation 18 (Staffing) 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.

- An action plan submitted to CQC following our previous inspection stated two agency staff members had been assigned to work at Heightlea. The registered manager told us both had since left the organisation and had not been replaced.
- The service was often staffed below the level identified as necessary to meet people's needs. Records updated on 1 June 2021 showed four staff had been identified by the provider as the emergency staffing minimum required to ensure people were safe.
- We looked at rotas, staff sign in books and support grids for the period 31 October to the 22 November 2021, the day of the inspection visit. These showed there had only been five days when staffing had not fallen below four at some point during the day.
- On the four days before the inspection visit, 18 – 21 November 2021, staff numbers were never higher than four and there were often only three staff working.
- Staff told us their main concern was staffing levels and the impact this had on people's lives. Comments included; "We are trying to juggle all day long" and "If we had enough staff this place would be amazing, like it used to be."

Action to improve and maintain staffing levels following the last inspection had been ineffective. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection visit the registered manager told us a new member of agency staff had been assigned to work at Heightlea. We met with the registered manager on 6 December 2021 and checked the rota for the week. Apart from two shifts where there were only four staff on duty, the service was fully staffed.
- People were recruited safely. Pre-employment checks were completed prior to new staff starting work.

Assessing risk, safety monitoring and management

- The lack of staff meant there were risks to people's safety and well-being. On the 18 November 2021 there

were three staff on shift. One member of staff took one person out leaving two members of staff to support four people. A maintenance worker was carrying out some work in the property. They left the service to get something from their van. One person, unnoticed by staff, used the unattended power drill to drill four holes into their bedroom wall. The incident report stated staffing was a contributory factor. A member of staff told us they didn't think the incident would have occurred if there had been enough staff. Another commented; "We don't have enough eyes to make sure everyone's OK."

- Because of the low numbers of staff working over the weekend before the inspection visit some jobs designed to assure safety within the service, had not been completed. These included fire checks, a planned fire evacuation drill and vehicle checks.
- Due to staffing pressures at the service the registered manager was regularly working shifts supporting people and some managerial duties had not been completed. For example, people's personal monies were normally audited weekly by the registered manager to help ensure people were protected from the risk of financial abuse. This had not been completed since October 2021. We spot checked the finances for three people and found discrepancies. Combined with the lack of audit this increased risk of financial exploitation.

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the manager contacted us to inform us it appeared the discrepancies were due to people's money being put in the wrong persons cash tin and they had reallocated the money accordingly.
- Risk assessments were in place covering a range of areas. When people tried new things or went on holiday staff identified where there could be risks and considered how these could be mitigated.
- Environmental checks were completed. External contractors carried out regular services and checks on electrical and gas equipment.
- Personal emergency evacuation plans were specific to people's individual needs. These were kept where they could be easily accessed by first responders in an emergency.

Systems and processes to safeguard people from the risk of abuse

- A flow chart was available to staff which guided them on how to raise concerns or report incidents within the organisation. The named safeguarding lead on this chart had left the organisation two months earlier.
- There was a safeguarding policy in place which clearly defined the different types of abuse.
- Staff had received training in safeguarding and were confident about the actions to take if they suspected abuse or had concerns about people's safety.
- The registered manager had completed Level 3 safeguarding training the week before the inspection.

Using medicines safely

At our previous inspection we made a recommendation about supporting people to be more independent and involved in the management of their medicines. The registered manager had made improvements.

- One person was being supported by staff to sign for their medicines on the Medicine Administration Record (MAR) once they had taken it.
- Another person now had their medicines stored safely in their bedroom giving them greater privacy when they were taking them.
- MARs were completed clearly and in line with good practice guidelines. This meant any errors could be quickly identified and appropriate action taken.

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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Incident reports were reviewed at the service and by the organisations behavioural team. This meant any themes could be identified.
- The registered manager described how staff had identified a change in one person's behaviour. This had been referred to the behavioural team so they could review and consider any underlying causes.

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.

Staff support: induction, training, skills and experience

- Eight members of staff were due to receive refresher training for Positive Behaviour Management (PBM), including the PBM lead. A member of staff told us they had been booked to attend the training three times but each time it had been cancelled as there were not enough staff to cover them.
- On the Saturday evening prior to the inspection there had only been two members of staff in the service, neither of whom were trained to administer medicine. The registered manager had to come in to cover the gap and ensure people received their medicine safely.
- Four of the 15 staff needed to update their epilepsy training. The registered manager told us he was aware of the gap and organising times for the relevant staff to complete the training.
- At our previous inspection we made a recommendation about the provision of training in the use of Makaton. This had not taken place at the time of the inspection. The area manager told us an external trainer had been booked to deliver this in the near future.

The failure to provide staff with regular, up to date training contributed to the breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a core staff team in place who knew people well and had the relevant experience to support people in line with their preferences.
- A relative told us; "Support staff are very skilled and definitely understand [name's] needs very well."
- Only five members of staff had received a formal supervision within the last three months. Staff told us they were well supported by the registered manager. Comments included; "We feel valued by [registered manager]."

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

- Due to the low staffing numbers the weekend before the inspection, a planned food shop had not taken place. On the day of the inspection there was very little food available. For example, there was not enough bread for everyone to have a sandwich for lunch.
- A member of staff came in early so they could complete the food shop before they started to support people.
- People contributed to weekly menu planning. They were able to eat together or separately according to their preferences on the day.

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

- The people living at Heightlea had been there several years and no-one had recently moved in. Regular care plan reviews took place to help ensure they were an accurate reflection of people's needs.
- Relatives told us staff had a comprehensive understanding of their family member's needs.

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

- A professional told us; "They have always been transparent and open, often contacting me for advice if they are unsure about something."
- People were supported to have regular health check-ups. Records showed appointments with opticians and GP's.
- Staff encouraged people to eat well and take regular exercise.

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

- The environment was pleasant and suited people's needs. A shared lounge and a second reception room were large and had been arranged so people could spend time doing their hobbies independently and when they wanted.
- One person particularly enjoyed sitting on the balcony and a large swing chair was set up so they could spend time relaxing in the sun.
- Another person had a self-contained flat with their own entrance. This enabled them to live on their own with access to support as they needed it.
- On arrival at the service one person came to the door to introduce themselves, greet us and take our temperatures. They appeared at ease and demonstrated by their actions that they had a sense of belonging and ownership in their surroundings.

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.

- There were some restrictions in place in order to keep people safe. These were included on DoLS applications and were authorised.
- Best interest meetings were held to consider specific decisions for people when they lacked capacity to make these independently. The meetings included relatives and external professionals to help ensure all views were considered.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- It was clear that people's individuality was recognised and respected. Relatives confirmed staff knew their family member well and were compassionate and caring. Comments included; "Every member of staff we have met has been very caring and many clearly enjoy looking after and caring for [Name]. [Name] has recently wanted to hug some staff when they come to pick him up. That is worth mentioning, because it is something he is willing to do for "special" people. He has never been very tactile."
- We observed staff chatting with people and offering gentle and calming reassurances. They allowed people time and space to complete tasks and express their thoughts.

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

- People's preferred methods of communication were well known to staff. One person sometimes struggled to voice his thoughts and wishes, preferring to write them down on a white board in the office. To give them more space and ownership of this the registered manager had purchased a new whiteboard for their exclusive use.
- People were asked for their opinions of the service in monthly meetings with their key worker. At the previous inspection we identified this system was not meaningful for everyone. The registered manager told us staff were being encouraged to ask people about their thoughts and experiences in a less formal way.
- Where people were completing monthly questionnaires to capture their opinions the responses were positive.

Respecting and promoting people's privacy, dignity and independence

- People had their own bedrooms and were able to have privacy if they wished.
- Staff encouraged people to maintain and develop their independence. There was a culture of doing things with people rather than for people.
- Staff were able to describe what people liked to do for themselves and what they needed support with. Jigsaws, instruments, scrap books and art supplies were easily available to people so they were not reliant on staff to access them.



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's interests were varied and staff supported them to take part in pastimes and hobbies which were meaningful to them. Staffing levels had impacted on people's opportunities although staff worked hard to try and minimise the impact.
- On the day of the inspection three people were due to attend a keep fit and music group. There were only enough staff available to support one person to attend the group. Staff had to make a decision about who was able to go, they told us they did this by thinking about who had been out the least recently.
- A member of staff told us one of the people who was no longer going to the class was taking a nap. They said; "It's because he is bored. It's not good is it? At ten thirty."
- A member of staff told us of a recent café trip they had completed and that, due to low staff, they had gone to a drive through rather than their usual café. They commented; "It's not really a café trip but we try our best with what we've got."

This contributed to the breach of regulation 18 (Staffing) 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

- One person had a token reward system in place to support them with their night-time continence. The registered manager told us this had been successful and they were now rarely incontinent during the night. There was no continence care plan in place to support this approach and no information about when and if it would be reviewed.
- Care plans contained information about people's backgrounds and how their autism impacted on them. The information guided staff on how best to support people.

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 described people's communication preferences and how they could best access information. Social stories had been developed to help people understand specific situations.

Improving care quality in response to complaints or concerns

- Relatives told us they had no complaints about the service. A relative had written; "We continue to have every confidence in the Spectrum team, including [registered manager] and all of his colleagues."

End of life care and support

- One person had been supported by relatives and staff to consider their end of life wishes.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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;

At our last inspection the provider had failed to effectively oversee and drive improvements in the service. This was a breach of regulation 17 (Good governance) 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 17.

- The provider had failed to sustain improvements made to staffing levels following our last inspection. Although agency staff had been assigned to the service at that time they had since left and not been replaced. The impact of low staffing levels on people's experiences had become more significant. We were concerned the action taken had not been sustained and therefore could not be assured any improvements made would be remain in place without further monitoring.
- The provider had an on-call system in place which services could use to report low staff numbers and request support. Staff told us the system was ineffective. One commented; "They just say, "We have no-one" [to provide support]."
- As described in the safe section of the report, systems for auditing people's personal finances were not robust. Although no harm had been done the failure to audit people's finances meant an error had not been picked up quickly making it more difficult to pinpoint what had occurred and when. This meant people were more vulnerable to financial exploitation and abuse.

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

- Other actions to improve the service identified in the service action plan following our previous inspection had been completed. For example, improvements had been made to the way people received their medicine.
- The registered manager was responsive to our concerns. For example, following the inspection they took steps to minimise the risk of people's monies being returned to the wrong cash tin.
- The registered manager completed monthly manager reports. This was then reviewed by an area manager

with an expectation that any areas for improvement would be addressed within three months.

- The registered manager told us they felt their personal support from senior management had improved since the last inspection.

Continuous learning and improving care

- The registered manager told us the organisations auditing systems were being redeveloped to ensure they were aligned to CQC's Quality of Life tool and the principles of Right Support, Right Care, Right Culture.
- The provider was supporting leaders to be aware of up to date good practice guidance. At a recent meeting, managers had discussed Right Support, Right Care, Right Culture and indicators of closed cultures.

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

- Face to face managers meetings had recently been reintroduced. The registered manager welcomed this move commenting that they helped him to feel part of a team.
- Staff meetings were held at Heightlea. These were an opportunity to discuss organisational changes and individuals care and support.
- Records showed the service engaged with other professionals and acted on advice appropriately. One commented; "They often contact me for advice if they are unsure about anything."
- Relatives commented; "I would say that Heightlea is very well managed. It is obvious that the team supporting [Name] have a clear set of values which is demonstrated by their care support with [Name]" and "The Heightlea manager is always totally accessible and supportive."

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

- There was a positive culture in the service. Staff were supportive of each other and told us they worked as a team. This was apparent from records and observations which showed staff came in early and on their days off to try and cover shifts.
- Staff demonstrated a person-centred approach in their conversations with us. Key workers had responsibility for specific people's care plans and appointments ensuring someone with a good understanding of their needs oversaw their care and support.
- A relative commented; "From our knowledge we would say the service is well managed and our [relative] and the other residents are the top priority when care decisions are made."
- An external professional told us; "As the manager, [name] recognised the importance of external scrutiny and the opportunity this can provide to improve peoples' support- facilitating them to think about why they do things the way they do and what could change."

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 found the registered manager open and transparent. One commented: "Brilliant. Transparent, open. Knows them [people living at Heightlea] really well. Very approachable, he would never hide anything."

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not done all that was reasonably practicable to ensure the health and safety of service users.</p>

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 The provider had failed to continually assess, monitor and drive improvement in the quality and safety of the services provided.

The enforcement action we took:

We issued a warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were insufficient suitably qualified and experienced staff to meet the needs of service users at all times.

The enforcement action we took:

We continued with our action to impose a condition on the location.