

Spectrum (Devon and Cornwall Autistic Community Trust)

St Erme Campus

Inspection report

St Erme
Truro
Cornwall
TR4 9BW

Tel: 01872264231
Website: www.spectrumasd.org

Date of inspection visit:
06 March 2018
07 March 2018

Date of publication:
29 March 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection at St Erme Campus on 6 and 7 March 2018. At our last inspection on 6 February 2017 we identified breaches of the regulations and the service was rated Requires Improvement. The breaches were in respect of staffing levels, gaps in training, gaps and a lack of detail in daily records, inconsistencies between daily records and monitoring records and ineffective auditing systems. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions, is the service safe, effective, responsive and well-led?, to at least a rating of good.

At this inspection we found improvements had been made to meet the relevant requirements. Agency staff were used to help ensure staffing levels were consistently met. All staff had received training to help them carry out their roles and responsibilities. Daily records were completed and contained information about people's emotional well-being. Information in daily records and other documentation was consistent and, where appropriate, staff were directed to other records for more detailed information about any event or incident. There is more detail in the full report about our findings.

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.

St Erme Campus provides care and accommodation for up to twenty people who have autistic spectrum disorders. At the time of the inspection 14 people were living at the service. St Erme Campus is part of the Spectrum group who run similar services throughout Cornwall. The service is made up of three separate houses known as The Lodge, The House and St Michael's.

The service is required to have a registered manager and there was one in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The care service was established 35 years ago and was designed to provide group living for people with

autism. Work had been done, and was continuing, to develop the service in line with the values that underpin the CQC policy, 'Registering the Right Support' and other current best practice guidance. This guidance includes the promotion of values including choice, independence and inclusion. The service was working with people with learning disabilities and autism that used the service to support them to live as ordinary a life as any citizen. For example, structural changes were being made to the buildings to enable people to have more privacy and personal space within the service.

Staff understood how to support people to be independent while protecting them from risk of harm. They were aware of their responsibilities to raise concerns and record any untoward incidents. There were systems in place to help protect people in the event of an emergency. Medicines were managed safely and people were supported to take their medicines as prescribed.

The staff team knew people well and were provided with training to enable them to support people according to their individual needs. Recruitment processes and a thorough induction helped ensure new staff were suitable for the role and able to support people well. Staff received regular supervision and attended staff meetings. This meant they had opportunities to raise any concerns and discuss working practices.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff were aware of people's individual capacity to make decisions and supported them to make day to day choices. Where people were unable to make certain decisions the staff ensured that best interest decisions were made in accordance with legislation.

Staff were respectful in their approach to people. Information was recorded which enabled them to develop a thorough knowledge of people's personalities, characteristics and individual needs. Relatives told us their family members were liked and well cared for. Staff worked closely with families and ensured they were kept informed about people's health and well-being.

People were supported to try new activities and take part in pastimes they enjoyed. The registered manager was keen to develop links with the local community.

Staff had a clear understanding of their roles and responsibilities and this was guided by the registered manager who empowered them to take responsibility and develop their skills. The registered manager and provider understood their legal responsibilities and kept up to date with relevant changes in the care sector. There were systems in place to monitor the quality of the service to enable the registered manager and provider to drive improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was Safe. There were sufficient staff to support people safely.

Staff had received training so they were aware of the action to take in an emergency.

Staff had access to information to guide them on how to support people when they were at risk.

Is the service effective?

Good ●

The service was Effective. Staff received training to enable them to support people according to their needs.

People's health was monitored to help ensure any change in their needs was identified.

Work was being done to the premises to create a more inclusive and personalised environment.

Is the service caring?

Good ●

The service was Caring. Staff were respectful in their approach towards people.

Information was kept to enable staff to gain a thorough knowledge of people's personalities and individual needs.

People were supported to make day to day choices.

Is the service responsive?

Good ●

The service was Responsive. Care plans were well organised and up to date.

There were systems in place to help ensure staff were aware of any changes in people's needs.

The registered manager was working to develop links with the local community.

Is the service well-led?

Good 

The service was Well-Led. Systems were in place to monitor the quality and safety of the service and drive improvement.

Staff had clear roles and responsibilities.

Regular meetings were held to enable staff to contribute to the running of the service.

St Erme Campus

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 and 7 March 2018 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed previous inspection reports and other information we held about the home including any notifications. A notification is information about important events which the service is required to send us by law. We had not requested a recent Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked around the premises and observed staff interactions with people. We met with people living at the service, the registered manager, the regional manager and nine members of staff. We looked at detailed care records for three individuals, staff training records, three staff files and other records relating to the running of the service. Following the inspection visit we spoke with two relatives.



Our findings

At our last inspection in February 2017 we found there was not always sufficient staff on duty to ensure people's needs were met and we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found there were several vacancies at the service. Agency staff and bank staff were being employed to support the regular staff team where necessary. We looked at staff rotas for the previous week for each of the three houses. We found staffing levels had been met except for one occasion when there had been extreme adverse weather conditions which had prevented some staff from coming to work. As people had been unable to go out due to the weather this had not had an impact on people. Staff told us things had improved and they were able to support people to take part in a range of activities. Daily records showed people went out in small groups or individually according to their preferences. We concluded the service was no longer in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a good skill mix of staff in place which included the registered manager and deputy managers for each house. Staff told us agency staff were given time to read care plans before starting to work with people. They also had a short induction which included information about working practices and a tour of the premises. A core team of agency staff were used to help provide continuity of care from staff who knew people well. Permanent staff told us the agency staff were skilled and effective. Comments included; "The agency staff are very experienced, they are brilliant."

Although staff were able to work at any of the three houses if required they were mainly based in a specific house. This meant they were able to build relationships with people and offer consistency of care and support.

Recruitment processes were robust; all appropriate pre-employment checks were completed before new employees began work. For example, Disclosure and Barring checks were completed and references were followed up. One new member of staff told us they had not been able to start work as quickly as they wanted because they were waiting for a second reference to be provided. This meant people were protected from the risk of being supported by staff who did not have the appropriate skills or knowledge. The registered manager told us: "Its making sure the new staff coming through are good."

Staff had received training so they knew what action to take in the event of an emergency. Fire drills took

place regularly and these involved the people living at St Erme Campus. People had personal emergency evacuation plans (PEEPs) in place. PEEPs are a record of how people should be supported if the building needs to be evacuated in an emergency. The plans provided information on the level of support a person would need and the information was specific to each person's individual need. Records were in place to demonstrate that the maintenance and servicing of equipment was undertaken as needed to maintain people's safety.

The service held money for people to enable them to make purchases for personal items and to use on trips out. We looked at the records and checked the monies held for people. We found the amount of money held tallied with the amount recorded. Receipts for purchases were obtained and stored alongside the records.

Staff had received training to help them identify possible signs of abuse and knew what action they should take if they felt people were at risk. Staff told us they would not hesitate to take their concerns outside the organisation if they felt they were not being taken seriously. One commented; "My conscience would make me do it." Relatives said they believed their family member was safe. One relative said; "We know he will always be looked after."

Care plans contained detailed information to guide staff as to the actions to take to help minimise any identified risks to people. The information was contained within the relevant section of the plan. Some people could behave in a way which might result in them hurting themselves or others. Care plans and risk assessments identified what the risks were and the likely triggers. There were clear guidelines around the procedures for staff to follow to support people appropriately and descriptions of any interventions which could be used.

Any incidents were recorded and reported to Spectrum's behavioural team. These reports were then analysed to help identify any possible triggers or trends. Where necessary a representative from the behavioural team visited the service to make changes to people's care plans to help ensure they were supported appropriately when distressed or anxious.

People's medicines were stored securely in locked cabinets. Medicine for some people was kept in a locked office space. Other people's medicine was stored securely in their own rooms. This meant they were able to take their medicine in private which protected their dignity. No-one was being prescribed medicines that required stricter controls by law. There were facilities available to store these if necessary. The amount of medicines held in stock tallied with the amount recorded on medicine administration records (MAR). The records were regularly audited so any errors would be highlighted promptly. Staff were able to tell us the action they would take if they identified anyone had not received their medicine as prescribed. This included seeking medical advice as a priority.

Information was available for staff about people who required, as needed (PRN) medicines. The information set out under what circumstances this medicine should be administered and the protocols to be followed including getting approval from an on-call manager. These safeguards helped ensure staff took a consistent approach when deciding whether to administer PRN.

The premises were clean and cleaning schedules were in place in each house. Waking night staff completed household tasks. The registered manager told us these were tasks which did not disturb people's sleep. Staff had received training in infection control and safe food handling practices. Staff had access to personal protective equipment such as gloves and aprons when needed, to support people with personal care. Any potentially hazardous cleaning products were stored securely.



Our findings

At our last inspection in February 2017 we identified gaps in staff training contributing to the breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found training was up to date and helped ensure staff were able to meet people's needs. For example, staff received training in positive behaviour support during their initial induction. Some people had specific health conditions and staff were trained in how to support them with this. Training was regularly refreshed so staff were up to date with any changes in guidelines and were reminded of techniques to use to support people safely. We concluded the service was no longer in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives told us they found staff were competent and skilled and they had no concerns about the support provided. One commented; "Staff know what they're doing." New staff completed a full induction programme which included training identified as necessary for the service as well as familiarisation with organisational policies and procedures. The induction was in line with the Care Certificate which replaced the Common Induction Standards in April 2015. It is designed to help ensure care staff that are new to working in care have initial training that gives them an understanding of good working practice within the care sector. Staff told us the induction was informative and helped prepare them for the role.

Staff told us they were well supported and they were able to discuss any concerns they had informally with a member of the management team. They received regular supervision and annual appraisals. A plan was in place to ensure supervision was provided on a regular basis. Deputy managers were given some protected time to carry out administrative duties and staff supervisions.

People's support needs were assessed before they moved into the service. The registered manager told us it was important they were able to support people well and ensure their needs did not impact negatively on others. For example, one person, who was relatively new to the service, had erratic sleep patterns and was frequently awake during the night. They had been given a flat which was some distance from other people's bedrooms to make sure they did not disturb others during the night.

Assistive technology was used to help meet people's support needs and allow them some independence. For example, one person required constant supervision but this restricted their opportunity for private time which they valued. Door sensors had been fitted to alert staff when they left their living space. This meant staff always knew where the person was whilst enabling them to spend time alone.

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. The application procedures for this in care homes and hospitals are 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 were being met.

Everyone living at St Erme Campus was either subject to a DoLS authorisation or an application had been made to have an authorisation put in place. Where DoLS authorisations were in place any attached conditions were being adhered to. Mental capacity assessments had been carried out appropriately and the best interest process followed when considering people's ability to consent to their care plan. For example, a condition attached to one person's DoLS stated they should have a review to discuss if they still needed to take a particular medicine. This had been completed in a best interest meeting involving relevant professionals and family. A relative confirmed they were satisfied with the decision taken and had been fully involved in the process.

Care plans recorded individual preferences and dislikes in respect of food and drink. People ate varied and healthy diets. People were supported to be involved in menu planning for the week and photographs and pictures of meals were available to support people to make choices about what they ate.

People had access to external health professionals as the need arose. We saw from people's care records that they had regular access to a range of health professionals. This had included GP's, psychiatrists, community nurses, chiropodists and dentists, consultants and psychologists. This showed people who used the service received additional support when required for meeting their care and treatment needs.

Evidence shows that people whose behaviour can challenge services benefit from personalised care, not large congregate settings. Structural changes had been made to the premises to help ensure people's individual needs were met and they had access to private living spaces. For example, the four people living in The Lodge each had a bedroom, bathroom and living area. Only one of these areas had its own entrance door. At the time of the inspection front doors were being added within the building to give a clearer division of people's individual spaces. This meant people's privacy would be protected and the layout of the environment would encourage and promote a deeper sense of ownership and independence. One person's living space was particularly small and this was being extended to create a more homely and useable space for them. The staff office was accessed through one person's flat. Arrangements were in place to move the door to the office so it could be accessed without entering the person's flat. A relative told us; "Since he's been in his own flat he's a lot happier. He can take himself off into his own space." This demonstrated the importance of adapting the environment in line with guidance in CQC's 'Registering the Right Support' policy.

Other changes to improve people's environment were also being planned. For example, one person's furniture was worn and scuffed. The registered manager told us that, due to the person's specific needs, furniture quickly became damaged. They had ordered some specialist furniture which would be more robust and last longer while still being attractive and comfortable.

People had access to a large garden area. Some of the grounds had been used as a vegetable garden in the past and there were plans to reintroduce this. There was a tall wire fence in place which was unsightly and imposing. We discussed this with the registered manager who said it had originally been erected for security reasons. They told us they would investigate to see if it was still necessary to have the fence in place.

There were plans to further improve the environment to create a more homely atmosphere. For example, entrance halls in The House and The Lodge were basic and unwelcoming. The registered manager told us they were considering how to improve these areas. In The House staff and visitors often accessed the building through a door which led directly into a shared living area where some people chose to sit and watch television or relax. This could be disruptive for people and the registered manager said they would be asking staff not to use this door in the future. This demonstrated the registered manager identified any problems and took steps to address them in line with current guidance such as Registering the Right Support.



Our findings

People were treated kindly and respectfully by the staff team. We observed people smiling and engaging with staff. Staff told us they enjoyed working at St Erme Campus and supporting people who used the service. One commented; "It's about those days when it all goes well and you see the laughs and the smiles." Relatives said staff were caring in their approach and had built good relationships with people. A comment in a relatives survey read; "All members of staff are respectful and kind to [person's name]." One relative told us; "If he's happy we're happy and if he wasn't we would know."

Staff had a good knowledge of people's individual needs, their preferences and their personalities. Care plans contained detailed information about the likes and dislikes of people who used the service and staff told us they had opportunity to read these records before starting work with the person. Agency staff were also given time to read through people's care plans before starting to work with them. Staff saw this as important as they told us it took a long time to get to know people and how they liked to be supported. One commented; "I've been here a long time and I still don't know everything." Another told us; "I've learnt more from them than they have from me."

Care plans also included details of people's personal histories and backgrounds. This meant staff were able to gain an understanding of past events which may have contributed to who people are today.

People's privacy was respected and staff recognised that people sometimes valued time alone. Technology was used to support this. Staff told us they ensured doors were closed whilst supporting people with personal care and enabled them to complete their own personal care where possible to maintain dignity. Some people had specific health needs which meant staff were required to monitor them while they were bathing. There were clear protocols in place to check people were kept safe while protecting their privacy and dignity. People's personal information was stored securely.

Staff supported people to be independent in their day to day lives. A member of staff told us how one person had developed and was now given more time and opportunity to do things for themselves when they chose to. As we were talking the person went into the kitchen and started to wash and put away the lunch dishes. The staff member told us; "He wouldn't do that before, staff were with him all the time. It's all about giving him his own space." Another member of staff spoke to us about a different person and said; "She is a lady that will do what she wants to do and we try and support her in that."

People were supported to make individual choices where possible. Staff spoke to us about the importance

of this and described how they were able to support people to make decisions. For example, one member of staff told us where possible they always offered people a choice. This could be by presenting the person with different boxes of cereal at breakfast or holding up two t-shirts for them to choose from. They told us; "[Person's name] will smile and move towards the one they prefer." Staff had access to information about people's preferred communication styles. Some people used symbols, pictures and photographs to help them make day to day choices.

Staff had a clear understanding of how to make sure people were supported in a way which helped prevent them becoming distressed or upset. For example, we read in one person's care plan that they did not like waiting and this could make them anxious. The person was on a trip out and we heard staff supporting them telephone the service to ask that the person's evening meal be put in the oven so it would be ready for them when they got back. This demonstrated staff planned effectively to help ensure people were supported in line with their care plan.

Family relationships were valued and people were supported to maintain these. Families were kept up to date with any developments either by telephone or through regular email contact. Relatives told us they were involved in decisions about their family members care and kept informed of any developments or changes. A member of staff told us; "Families are heavily involved and that's good. It gives staff an extra element of accountability."

Staff were respectful towards people and were careful not to discuss their needs in front of others. As we walked round the premises we met with people who were being supported. Staff did not talk about people in front of them but included them in conversations. One person indicated they did not want us to visit them in their room and this was respected.



Our findings

At our last inspection in February 2017 we identified gaps in daily logs. Some of the records focused on tasks and gave little information about people's emotional well-being. Monitoring records did not always reflect what was recorded in the daily logs. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the daily logs were completed consistently and gave an overview of how people had spent their time. The information in the logs reflected information found in other documentation such as incident records. The service was in the process of moving from paper to electronic records. At St Michaels daily logs were kept electronically and the information in these logs was not as detailed as that recorded in paper records. There was a greater emphasis on task based information and little about people's moods and emotional well-being. We discussed this with the deputy manager at St Michaels who explained there was the potential to develop the layout of the logs so they reflected people's individual needs. They said that, as the system developed, staff would be able to add more personalised information to give a better picture of people's experience of the service. We concluded the service was no longer in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives told us they were kept informed of any developments and staff communicated well with them. One told us the communication was; "Quite exceptional." Relatives were invited to annual care plan reviews as appropriate.

Care plans were an accurate reflection of people's physical, mental, emotional and social needs. They were detailed and informative, outlining people's background and personal histories, preferences, communication and support needs. There were sections including various aspects of people's care including behavioural needs, beliefs and values and daily living and finances. The care plans were regularly reviewed and information was reliable and up to date. One page profiles used photographs and limited text to outline what was important to and for people. Where certain routines were important to people these were broken down and clearly described, so staff were able to support people to complete the routine in the way they wanted. The descriptions included information about what people were able to do for themselves and how much support they needed. Staff told us these 'micro plans' were particularly useful as they were easily available and gave a thorough focused description of how people preferred to be supported at particular times of the day.

Staff told us they communicated well as a team and were always aware of any changes in people's needs.

Communication books, individual diaries and verbal handovers were in place and used to exchange information across the staff team. Where people needed additional monitoring this was put in place. This meant staff were able to identify if changes needed to be made to how people were supported.

People were supported to take part in various activities which reflected their interests and preferences. On the day of the inspection people were supported to go out at various times on walks or shopping trips. People went on local walks and used the nearby pub. The registered manager told us they were keen to further develop links in the local community. This is important as it means services are less likely to be segregated or isolated.

Staff worked with people to identify new experiences they might like to try. For example, one person was interested in a particular sport and staff thought he might like to visit a major national event in the future. There were plans to gradually build up to this by first visiting local low key events. Staff would be able to learn from these experiences about what worked well and what aspects of the occasion the person might find difficult. This demonstrated staff were willing to try new things to increase people's experiences.

People were able to participate in pastimes while in the service. There were on-line television streaming services available for people. There was an art workshop on site and a member of staff was employed to support people with painting and other art projects. A gardener was employed and they supported people to take part in activities in the garden and orchard.

Some people had difficulty accessing information due to their health needs. Care plans recorded when people might need additional support and what form that support might take. For example, some people used Makaton, a simple sign language. Other people could be supported to access information using easy read and pictures and symbols. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard.

There was a satisfactory complaints procedure in place which gave the details of relevant contacts and outlined the time scale within which people should have their complaint responded to. No complaints were on-going at the time of the inspection.

No-one at the service was receiving end of life care. However, staff told us the organisation as a whole was starting to consider this aspect of care and think about how people and families could be supported to make decisions about how they wished to be cared for towards the end of their life.



Our findings

At our inspection in February 2017 we found audits designed to highlight shortcomings in the service were ineffective. This contributed to the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found regular audits were carried out by the registered manager, deputy managers and senior management team to check the quality of care and support provided. Audits covered incidents and accidents, medicine management and care plans. The registered manager checked for any patterns or trends to identify if changes needed to be implemented. For example, one person sometimes acted in a way which could result in them hurting themselves, and staff had started recording how often this occurred. The registered manager told us they would use the information to inform how care was planned in the future. The area manager and a representative from Spectrum's behavioural team visited the service regularly to oversee areas of care such as care plans, incidents and accidents and to speak with staff and the registered manager. We concluded the service was no longer in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service is required to have a registered manager and there was a registered manager in post. They were not included on the rota and were able to concentrate on management duties. They told us they ensured they worked some evenings and weekends so they were aware of the culture of the service at all times. The registered manager was supported by deputy managers, one in each house, and positive behaviour support (PBS) leads. The PBS leads worked closely with the behavioural team and helped ensure any changes to the delivery of care were effectively implemented. One PBS lead told us; "It's a really important and valued role." They had peer supervision meetings every month when they met with the behavioural team. This gave them an opportunity to discuss individual concerns and share learning across the organisation.

Staff told us they had opportunities to raise any concerns or make suggestions about the running of the service. Staff meetings were held regularly and staff were able to add items to the agenda for discussion. Staff were positive about the management team and the senior management team. They told us they were well supported and able to talk to a manager if they needed advice or had any concerns. Staff morale was positive and comments included; "We have an amazing team here" and "It's such a lovely job."

The registered manager and deputy managers met once a fortnight to talk about any issues which affected the service. Deputy managers had a thorough knowledge of the people they supported and their staff team. In our conversations with them they displayed a sense of responsibility and accountability for their specific

house. The registered manager encouraged them to be fully involved in running the service.

There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed. The registered manager requested staff re-read a policy each fortnight so staff were reminded of the information. During the induction period staff completed Vision and Values training. Spectrum had recently introduced Positive Culture training for all staff. This meant staff were aware of the values of the organisation. The registered manager told us; "I don't like to talk about 'Spectrum' as if it's something separate. I'm Spectrum, we are all part of it." They felt well supported by senior management and were able to contact the nominated individual or CEO at any time for support and advice.

There were policies and processes in place to ensure staff rights and well-being were protected. Staff told us they had not experienced any discrimination in the work place. Some members of staff needed additional support to enable them to complete training and this was understood and assistance provided.

The previous CQC report was clearly displayed throughout the service and on Spectrum's website as required by law. The registered manager was aware of their responsibility to notify CQC of specific events.