

Spectrum (Devon and Cornwall Autistic Community Trust)

Heightlea

Inspection report

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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection at Heightlea on 15 January 2016 when we identified a breach of the legal requirements in relation to the safety of the environment. After the comprehensive inspection the provider wrote to us to say what they would do to meet legal requirements.

We undertook this unannounced focused inspection on 12 July 2017 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heightlea on our website at www.cqc.org.uk.

Heightlea provides care and accommodation for up to five people who have autistic spectrum disorders. At the time of the inspection five people were living at the service. The service is part of the Spectrum group who run several similar services throughout Cornwall, for people living on the autistic spectrum.

There was a registered manager in post. 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.

All potentially hazardous products were stored safely. Action had been taken to treat decking to ensure it was not slippery underfoot. Weekly temperature checks on hot and cold water taps were carried out to monitor the safety of the hot water.

There were sufficient staff to help ensure people's needs were met. People were supported to take part in a range of activities which were in line with their interests and preferences.

Staff had received safeguarding training and information on reporting procedures were available in the service. Risk assessments were in place and new ones developed as people tried new activities. People were supported to go out on a daily basis to take part in activities they enjoyed.

Systems in place for the management and administration of medicines were robust.

We found the breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identified at our comprehensive inspection in January 2017 was now being met.

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 ●

We found that action had been taken to improve safety. All hazardous cleaning products were stored safely.

There were sufficient staff to make sure people's needs were consistently met.

Staff had access to information to help them protect people from identified risks.

Heightlea

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.

We carried out an unannounced focused inspection of Heightlea on 12 July 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our January 2016 inspection had been made. We inspected the service against one of the five questions we ask about services: is the service safe? This is because the service was not meeting some legal requirements in this area.

The inspection was carried out by one 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 spoke with the registered manager and two people who lived at Heightlea. We looked at risk assessments for one person, staff rotas and other records relating to the running of the service. We looked around the premises and briefly met with two other people living at the service.

Is the service safe?

Our findings

At our previous inspection in January 2016 we identified some concerns in respect of the safety of the premises and found the service was in breach of the regulations.

At our comprehensive inspection in January 2016 we found thermostatic mixing valves, (TMV's) fitted to hot water taps to limit the temperature of the hot water were not working effectively. This meant people could have been at risk of scalding.

At this inspection we found weekly checks of water temperatures were being carried out in bathrooms and kitchen areas and records were kept. The records showed water temperatures had been at a safe level on most occasions. There was one incident where the water temperature in a bathroom had risen above 43 degrees centigrade which is the safe level for bathing water. We discussed this with the registered manager who said they would remind staff of the need to make them aware of any apparent increases in temperature.

At our comprehensive inspection in January 2016 we found a large amount of potentially hazardous cleaning items (COSSH) were being stored on an open shelf in a utility room.

At this inspection we found COSSH items were stored securely in a locked cupboard in a locked room. The room also housed a washing machine which people were supported to use to do their own laundry. The registered manager told us people never accessed the room independently without the support of staff. During the inspection we observed one person being supported to gather some cleaning products from the cupboard in order to carry out household chores.

At our comprehensive inspection in January 2016 we found an easily accessible outdoor decking area had been identified as being slippery underfoot. A sharps box containing used razor blades was on open shelving in the unlocked office.

At this inspection we found the decking area had been treated to eliminate the slipperiness. The registered manager told us this was effective and people often used the area. On the day of the inspection we saw one person relaxing on a swing seat on the decking. Sharps were stored appropriately and safely.

We found the service was no longer in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were sufficient numbers of staff to meet people's assessed needs and help ensure their safety. On the day of the inspection visit people were supported to go out on planned activities and take part in daily chores and routines. We looked at rotas for the two weeks preceding the inspection. There were five shifts when staffing levels had dropped below those identified as necessary. On examining people's daily records we established this was on days when someone using the service had been away on a family visit. This meant the staffing levels were appropriate for that time. We spoke with someone using the service who told

us they were going to a disco that evening. They said they went every week and never had to miss it. Daily records showed people had been supported to go out every day during this period.

Recruitment processes were robust; all appropriate pre-employment checks were completed before new employees began work. For example Disclosure and Barring Service (DBS) checks were completed and references were followed up. This meant people were protected from the risk of being supported by staff who did not have the appropriate skills or knowledge.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. All staff were up to date with their safeguarding training apart from one waking night worker. We discussed this with the registered manager who assured us they would arrange for them to update their training as soon as possible. Flyers and posters in the office and the kitchen/dining area displayed details of the procedures staff should follow if they had any safeguarding concerns. There was a satisfactory safeguarding policy in place and staff had signed to say they had read and understood it.

People's medicines were stored securely in a locked cabinet in the office. Medicines Administration Records (MAR) were completed appropriately. We checked the number of medicines in stock for one person against the number recorded on the MAR and saw these tallied. There were no gaps on the MARs and all handwritten entries were double signed in line with NICE guidelines. Regular medicines audits were carried out. No-one was receiving medicines which required stricter controls by law. A fridge was available to use for any medicines which required it but was not in use at the time of inspection. All regular staff were trained to administer medicines and had undertaken competency assessments. Any errors were investigated and action taken to help ensure staff remained competent in this area.

During the inspection we frequently saw people approaching staff and communicating with them in a friendly and open way. People came into the office to ask what we were doing and talk with staff. They were clearly comfortable in their environment and with staff. We asked one person if they felt safe and they told us they; "always" felt safe.

Care plans contained detailed information to guide staff as to the actions to take to help minimise any identified risks to people. One person had recently expressed an interest in going out body boarding; an activity they had done in the past. A risk assessment had been completed which identified the possible hazards and the action staff should take to help minimise any risk. This demonstrated an open and enabling approach to risk.

Personal Emergency Evacuation Plans (PEEPS) had been developed for each person and these were individualised to ensure they accurately reflected people's support needs in the event of an emergency. Fire alarms, emergency lighting and fire extinguishers were checked by staff, the fire authority and external contractors, to ensure they worked.