

# Spectrum (Devon and Cornwall Autistic Community Trust)

## Carrick

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Carrick is a residential care home providing personal care and accommodation for up to five people with learning disabilities or autistic people. At the time of the inspection five people were living at the service. One person had their own self-contained accommodation. The remaining four people lived in the main house and shared a living/dining area and small kitchen. The service is part of the Spectrum group who run similar services throughout Cornwall.

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

There were not always enough staff available to support people. In order to maintain safe staffing levels some staff were working excessive hours. This meant that, should they be off work for any reason, it would be difficult to find alternative cover.

Systems to monitor the service and make any improvements in a timely manner had not been effective.

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.

Based on our review of safe, responsive and well-led the service was not able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

### Right support:

Although people's communication needs and preferences had been identified staff had not received the relevant training to meet these needs.

### Right care:

One person's actions sometimes impacted on others putting them at risk of harm and causing them anxiety. In order to mitigate this risk staff were required to closely monitor where people were in the service and where they chose to sit. This affected people's autonomy to move around freely and make day to day choices.

### Right culture:

The registered manager had been working remotely and there was a lack of management presence in the service. This increases the risk of closed cultures developing. The registered manager told us about changes to the lay out of the office they were planning which would enable them to work in the service.

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

## Rating at last inspection

The last rating for this service was Good. (Report published 16 January 2020).

## Why we inspected

We received concerns in relation to staffing levels. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections 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 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 safeguarding, staffing and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

## Follow up

We will request an action plan 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.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

**Good** ●

### Is the service well-led?

The service was not always well-led.

**Requires Improvement** ●

# Carrick

## 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

Carrick 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 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service. We spoke with four members of staff.

We reviewed a range of records. This included people's care records, medication records and rotas.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at incident reports, training data and quality assurance records. We spoke with the registered manager, two members of staff and three 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 good. At this inspection this key question has now deteriorated to 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

- There were not always enough staff to support people. Five people were living at Carrick. They needed support from four members of staff during the day with a two-hour period when five members of staff were required to enable one person to go out with two members of staff. The service contingency plan stated the emergency minimum number of staff 'would be four experienced team members during the morning and three experienced team members in the evening from 5pm.'
- An analysis of the rotas for July showed there had been several occasions when only three members of staff were working at Carrick before 5pm.
- When we arrived at the service there were two permanent members of staff and two agency staff at the service. One agency member of staff left to pick up a third agency staff worker leaving three members of staff in the service. A member of staff told us one person was still in his bedroom as he was 'more challenging' so they were waiting for more staff before he could be supported to get up and have breakfast.
- The provider had employed agency staff on a temporary basis to maintain safe staffing levels. They frequently worked long hours, including 14 hour shifts. Although they told us they were happy to work these hours there is an inherent risk associated with staff regularly working long hours.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing)

- Permanent staff were recruited safely with the appropriate checks completed before they started work. The agency used by the provider supplied details of background checks for any agency staff employed.

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

- People were not always protected from the risk of harm. One person sometimes became distressed leading to them acting in a way which put themselves and others at risk. We reviewed incident reports for this person for July and found four incidents when they had either attempted to hit one other individual or made contact with them. The first incident was on the 10 July 2021. On 21 July 2021 a note on the incident reports stated the incidents should be considered for safeguarding. Action to protect the person from possible harm had not been taken in a timely manner.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safeguarding)

- Following the inspection, we raised a safeguarding concern with the local safeguarding authority.

### Assessing risk, safety monitoring and management

- Information in care plans outlined when people could put themselves, or others, at risk. The information clearly outlined any possible triggers, indicators people were becoming distressed and guided staff on the action to take to mitigate the risk.
- Personal Emergency Evacuation Plans had been developed for each person living at Carrick so first responders would know the support people required to leave the building in the event of an emergency.

### Using medicines safely

- There were systems in place to help ensure people received their medicines safely and as prescribed. Staff received training in how to support people with medicines. Agency staff told us they were not administering medicines without supervision or support from more experienced staff.
- If people needed 'as required' medicines such as pain killers staff had to check with a manager before administering it.
- Medicine administration records were completed clearly, and staff had signed to indicate when people had received their medicines.
- At the time of the inspection medicines for four people were kept in the office/sleep in room. Following the inspection the registered manager told us medicine cabinets had since been installed in three people's bedrooms to support a more person-centred approach to the administration of medicines.

### Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. One member of staff repeatedly pulled their mask down while in communal areas. We raised this with the registered manager who told us they would remind staff of the need to keep their masks in place at all times.
- 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 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

- Accidents and incidents were recorded and shared with the organisations behavioural team so any patterns could be highlighted, and advice given as to how to minimise the risk of reoccurrence.



# 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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- People had care plans in place which detailed their likes, preferences and any health and social needs. If routines were important to people, these were clearly described.
- There was evidence people and their families were involved in care plan reviews. Relatives confirmed they were consulted about any decisions about their family members care and support.

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.

- Communication plans outlined how to engage effectively with people and help support their understanding.
- Pictures, photographs and objects of reference were used to support people to make choices about what to eat and how to spend their time.

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

At our last inspection we found people had little to do when they were in the service and we made a recommendation. At this inspection we found improvements were being made.

- During the inspection visit we observed staff engaging with people. For example, we saw people and staff playing dominoes, discussing plans for the day and cleaning the service vehicle.
- People were being encouraged and supported to take on volunteer roles in the local community. These were in line with their hobbies and interests.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. No complaints were active at the time of the inspection.
- Monthly care plan reviews and service user questionnaires were carried out. These identified how and when people had indicated they were unhappy with any aspect of their care.
- Relatives told us they would not hesitate to raise any concerns and were confident their opinions would be listened to. One commented; "I feel free to raise any issues with the local management and have done so in the past."

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There had been a lack of oversight in the service. The manager had been working remotely and there was no deputy or senior role present in the service. Although staff said they were able to contact the manager for support and advice this relied on them being pro-active and recognising when they needed guidance.
- There were staff vacancies at the service and agency staff were being used to cover gaps. They frequently worked long hours. For example, rotas showed one agency worker had covered 70 hours and two sleep-in shifts between 25 July and 31 July 2021. This meant their extensive hours would be particularly difficult to cover if they were absent from work for any reason.
- Over the past 12 months staffing issues at other services owned and managed by Spectrum have been identified during inspections.
- The service and the provider exhibited many of the risk factors and warning signs associated with closed cultures. Risk factors included people's high level of dependence, their complete reliance on staff for their basic needs, and their complete reliance on staff support to enable them to access the community. The warning signs include but are not limited to; staff working excessively long hours, consistent staff shortages and a lack of effective oversight by the provider.

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

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

- People's specific needs had not always been considered. One person's care plan stated; 'Team members will need to have received Makaton training.' One staff member had completed this training in 2004. There was no record any other staff had done the training.

This contributed to the breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff meetings were held regularly, and the minutes circulated to any staff member who was unable to attend.
- Relatives were kept up to date with any changes in their family members needs or health. This had

continued throughout the pandemic.

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

- In order to mitigate risks staff monitored people closely and managed where they were in the service and where they chose to sit. They positioned themselves between people to ensure they could act quickly if there was an altercation. This impacted on people's autonomy to move around the service freely and make day to day choices.
- Some areas of the service and some of the furnishings were in need of updating and were not conducive to a comfortable and homely environment. In the kitchen kick boards had collapsed and kitchen units were dented and scratched. The bottom of one unit next to the back door had rotted away at the bottom.
- Two recliners in the shared lounge were shabby and the covering had worn away making them difficult to clean and unsightly to look at. A corner sofa was broken in the middle.
- The outside of the building had been neglected. A large number of tyres were piled up on the side of the driveway. The back garden was untidy and the ground uneven.
- The registered manager told us they had identified these areas for improvement and were addressing them. The budget for a new kitchen had been agreed, new chairs ordered, and the tyres were going to be collected in the near future. Work was planned to tidy up the garden area. We will check these improvements have been made at our next inspection. Following the inspection the registered manager confirmed progress had been made in all these areas.

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 registered manager had a good understanding of their responsibilities under the Duty of Candour.

Continuous learning and improving care

- Learning logs were used to record when things had gone well and, if any activity had not worked, what could be done differently. However, the provider's governance framework had not successfully identified or prompted action to address the failings we found.

Working in partnership with others

- Following a change in one person's needs the registered manager had contacted other agencies to try and identify the cause of the changes.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>1. Service users must be protected from abuse and improper treatment in accordance with this regulation. 2. Systems and processes must be established and operated effectively to prevent abuse of service users. 3. Systems and processes must be established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes must enable the registered person, in particular, to:</p> <p>a. assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);</p> <p>b. assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Sufficient numbers of suitably qualified,</p>

competent, skilled and experienced persons must be deployed.