

Spectrum (Devon and Cornwall Autistic Community Trust)

Trewithen

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Trewithen provides care and accommodation for up to five people who are autistic. At the time of the inspection four 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.

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

The provider had completed appropriate checks when they recruited permanent staff. However, they had not assured themselves a staff member who had been employed via a staffing agency, working long term in the service and also living there, was of good character or suitable to work with vulnerable adults. A staff member who had been working at the service since December 2021 had only received a one-day induction and no further training.

Risks related to the safety of the service had not always been assessed or acted upon.

Audits and action plans had not identified all the areas for improvement identified during this inspection; for example, fire risks, staff recruitment and training. This meant people were exposed to the risk of harm.

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.

People had been supported to have their medicines reviewed and reduced, where appropriate.

Staff had received safeguarding training, and information about who to contact with any safeguarding concerns was displayed in the service.

Staffing had been used flexibly to help ensure people received the support they needed.

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 the underpinning principles of Right support, right care, right culture.

Right support:

Staff understood people's preferences and enabled them to make choices about how they spent their day; however they had not been consulted for their views about a staff member living in the service. People's

records described what support they required to maintain their independence. People's records described how people needed information presenting to them to help them understand it. Staff had developed personal communication dictionaries for people which helped them develop a more consistent understanding of people.

Right care:

People received person-centred care; however, at times, the language staff used did not reflect this ethos. Staff were aware of the risks of social isolation but balanced this with protecting people's privacy and dignity. Records showed the aims and ambitions for people, why this would benefit them, steps they needed to take to achieve them, and who they would need to help them. The environment had been reviewed and adapted to meet people's sensory needs and preferences.

Right culture:

The registered manager was aware of best practice guidance and was supporting the team to identify any improvements that could be made. External professionals had been used to help ensure people were receiving the right care and support for their needs.

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

Rating at last inspection

The last rating for this service was good (published 18 April 2018).

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

Enforcement and recommendations

We have identified breaches in relation to reducing risks, training and the running of the service. We have made three recommendations in relation to medicines management and person-centred care. Please see the action we have told the provider to take at the end of the full report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Trewithen

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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

Two inspectors carried out the inspection.

Service and service type

Trewithen 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our

inspection.

During the inspection

We met all four people who were living at Trewithen. They were not able to tell us about their experience of the service, so we observed how they spent their day and how staff interacted with them. We spoke with eight staff members including the registered manager. We looked at two people's care records and medicines records, as well as records relating to the management and oversight of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and staff recruitment records. We spoke with two relatives and received feedback from one professional.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- Risks relating to the running of the service had not always been assessed. The service was not designed to have staff living on site, nor was it usual practice. However, a staff member who worked night and day shifts was currently living in a spare room at the service and used people's kitchen and laundry facilities. No risk assessment had been recorded about the impact this might have on, or potential risks this created for, the people living at the service.
- The staff member was employed at the service via a staffing agency. The staff member was working for the provider long term, living in the service, completing long hours each week and often working alone at night; however the provider had not assured themselves the staff member was safe to work and live with vulnerable adults. They did not have access to the staff member's recruitment records, and had not checked the person's previous employment, experience or references. They had relied on the staffing agency to verify this information.
- Following a hospital visit, one person had required an oxygen supply at the service. Despite this being a fire hazard safety precautions had not all been followed.
- Fire safety checks were carried out and people had Personal Emergency Evacuation Plans (PEEPs), however PEEPs were stored in a file in the office and would not be easily accessible in an emergency. There was no grab bag available to support safe evacuation in an emergency.

Failing to ensure risks were identified, assessed and mitigated 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 registered manager told us they were working on ensuring a grab bag was in place and they had put a notice up highlighting there was an oxygen supply in the property.
- Following the inspection, the registered manager confirmed the staff member who was living at the service had moved out. At a later date the provider confirmed the staff member was no longer working at the service.
- Other risks to people were assessed and records described how staff could help reduce risks to people.

Staffing and recruitment

- Recruitment processes were in place to help ensure new permanent staff were suitable to work with vulnerable adults.
- Staffing had been used flexibly to provide people the support they needed through the pandemic. One person had recently had to stay in hospital. Staff had stayed at the hospital to provide support and help ensure the person was understood and had his needs met. A compliment received about this included, "We

have been so impressed by the way in which his carers have spent time with him, so he was never alone in hospital." When the person returned home, an extra staff member had been allocated to work each night, in response to the extra support needed.

Using medicines safely

- One person's 'when required' (PRN) medicine was not being administered as detailed in the prescription on the service's medicines administration records (MAR). The registered manager told us healthcare professionals involved with the person's care knew how it was being administered; however, the directions on the MAR had not been changed. This meant staff may have administered the medicine incorrectly.
- There was a lack of guidance detailing when staff should offer the medicine. The registered manager told us if the person became anxious, staff would look at the daily charts of the person's health, but there was no clear guidance for staff about what to look for on the chart and when they should offer the person the medicine. There was no detail of how long staff should wait before administering the medicine or what amount may be necessary. Following the inspection, the registered manager told us they were working on clarifying guidance about when the person needed this medicine.

We recommend the provider take advice and guidance from a reputable source to ensure guidance about administering medicine on an as needed basis, is available to staff.

- When other PRN medicines had been prescribed, there was clear guidance about when they should be administered.
- The registered manager told us the team had worked hard to improve medicines administration and management. Checks had been completed of staff member's competency to manage and administer medicines.
- Following the inspection, the provider told us the service had changed to an electronic MAR and that this had improved medicines administration.
- The registered manager and staff team had worked with external professionals to reduce the number of medicines one person took.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and understood their responsibilities to keep people safe and protect them from harm.
- Information about who to contact with any safeguarding concerns was displayed in the service.
- One person sometimes left the service unplanned and without support. Information was available to guide staff on what they could do to help reduce the person's need to leave in this way, as it put them at risk. There was also a protocol in place detailing what action to take if the person did leave.

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.
- Staff supported people to maintain important relationships. People's family and friends didn't generally visit the service, however there were procedures in place to enable safe visiting, should they wish to.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

Learning lessons when things go wrong

- Incidents were reviewed regularly to identify areas for learning and ways to improve the support people received.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

Staff support: induction, training, skills and experience

- All staff working at the service had not received the same level of training. An staff member working at the service had only received a one-day induction before starting work at the service in December 2021. Their induction certificate stated they still needed to complete training such as infection control and fire drills in the service. The staff member had been working, mostly at night, with one other staff member who was sleeping; however, at the time of the inspection, they had not completed this or any further training, nor had any assessments been completed of their competency to support the people living in the service.

Failing to ensure all staff deployed were suitably qualified, competent, skilled and experienced was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager told us the staff member had completed their competency checks and mandatory training. The provider later confirmed the staff member was no longer working at the service.
- Checks had been completed of the permanent staff members' knowledge of people's needs and preferences as well as their knowledge of other systems and legislation relevant to their role.
- The staff team had completed training on the changing needs people may have as they got older. The registered manager told us they wanted staff to have the knowledge and understanding in place before people's needs changed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Assessments of people's capacity to make certain decisions were in place; however, despite describing how information was shared with people to help them make decisions, their responses were not recorded. Following the inspection, the registered manager told us they were working on adding this information to mental capacity assessments.
- The registered manager had applied for DoLS on behalf of people.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- The registered manager had used best practice guidance and advice from external professionals to improve the support people received.
- Changes to the environment had been made to help ensure people's sensory needs could be met.
- Regular checks were made of the environment and any improvements noted for the maintenance team or acted upon by staff. The staff team had identified that one person's room would benefit from being decorated and planned to do this with the person.
- People were not easily able to communicate how they wanted to spend their time, so information about their previous interests and preferences was used to inform current and future opportunities for people.
- The staff team were looking at ways of recording people's reactions to different pastimes and opportunities, so they could better understand people's preferences to plan future opportunities.

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

- People were supported, using pictures to plan their meals in advance. They were also given choice each day, in case they had changed their minds.
- There was clear information about people's dietary needs in their records. Staff had identified that recent recommended changes to a person's diet were not suiting them and were planning to seek further advice.
- When people needed support to eat, people's records described what staff needed to do to meet people's needs and preferences.

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

- The registered manager and staff had used the expertise of external professionals to improve the way people were supported. This had involved looking at people's needs holistically and then engaging the relevant professionals for areas of people's lives that they needed support with.
- People had health action plans which described what support people needed to maintain their health and hospital passports to help medical professionals understand their needs.
- People's care plans described what support they required to maintain their oral health.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. 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; Supporting people to express their views and be involved in making decisions about their care

- The language used by staff was not always respectful; for example, one person, who sometimes left the service, was described as 'running away' and another person's records described staff as 'allowing' them to sleep during the day.
- The language staff used did not always demonstrate people were being supported to have full choice and control. For example, we asked a staff member who was going out with one person where they were going, they replied, "I don't know. I'll decide when we get in the van." Another staff member said to the staff member who was going out, "I will go and sit him in the car with some music on until you're ready."

We recommend the provider seek reputable advice and guidance on best practice regarding the language staff use when talking about people.

- People's records contained detailed information about how to recognise they were feeling different emotions and what support they needed at these times. Staff showed a good understanding of these in their interactions with people.
- One person had been required to isolate because of an illness. The staff team and registered manager had identified the impact this had on the person's mental health so had requested permission from health professionals for the person to be able to take walks in the woodlands next to the home where they would not come into contact with anyone.
- People's care plans included details about any beliefs and values as well as people's sexuality, cultural, religious or political needs and preferences.
- Staff had developed personal communication dictionaries for people which helped them develop a more consistent understanding of people.
- One person did not have family or friends to advocate on their behalf. The registered manager was trying to find an advocate so the person had someone from outside the organisation to help represent their views. Respecting and promoting people's privacy, dignity and independence
- Staff understood how to protect people's privacy and dignity.
- People's care plans described what people could do for themselves and which tasks they needed support with. □
- A relative told us that staff successfully supported their family member to buy new clothes when older clothes were becoming worn, even though this was something the person had limited interest in.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. 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 not been consulted about a staff member living in a room in the service and sharing their facilities.

We recommend the provider reviews how they ensure people have a say in who shares their accommodation.

- People had clear records detailing the support they needed in all aspects of their lives.
- Records showed aims and ambitions for people, why this would benefit them, steps they needed to take to achieve them, and who they would need to help them. Records of how people spent their time reflected these aims and ambitions.
- One person had been supported to have a summerhouse in the garden to enable them to spend time alone, which they enjoyed. They were able to use it whenever they wanted to.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Key parts of people's care plans had been produced in an easy read version, to aid their understanding of the content.
- Other information was provided in photo or easy read formats according to people's needs.
- People's records described how people needed information presenting to them to help them understand it.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to spend their time in a range of different ways. For example, completing household tasks, going out to places they liked or exercising. A relative confirmed, "[person's name] is out and about a lot. Even in the pandemic they were out walking a lot."
- The registered manager told us they were working with staff to record and review people's reactions to different interests or pastimes, to help develop a deeper understanding of what people enjoyed and offer

similar opportunities in the future.

- Staff were aware of the risks of social isolation. People had care plans in place entitled, 'What I like to do in my community' to help ensure their preferences were known. One person particularly enjoyed spending time alone; staff respected this whilst also encouraging them at times to go out or spend time with others.
- People were supported to maintain relationships with friends and family. Staff provided support and transport for people to meet family members who were unable to come to the service.

Improving care quality in response to complaints or concerns

- The service had not received any complaints; however, a policy for responding to complaints was available.
- A relative told us they would know how to raise a concern or complaint and were confident it would be resolved.

End of life care and support

- There were end of life care plans in place for people.

Is the service well-led?

Our findings

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

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

Continuous learning and improving care

- An audit of the service had been completed by the provider in April 2021. The registered manager had worked on actioning the improvements identified and had requested that an up to date audit was now completed. The registered manager had developed an action plan which showed the areas they had identified for improvement. These were then shared with staff.
- However, these audits and action plans had not identified all the areas for improvement identified during this inspection. This had resulted in gaps relating to fire risks, staff recruitment and training.

The lack of robust governance systems meant people were at risk of receiving unsafe care. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider shared an updated audit of the service.
- The registered manager and staff had identified that the easy read quality assurance questions people were supported to answer did not always provide the level of information they wanted. They were looking at different ways to collect information that would indicate people's views of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had not ensured people were given choice about who lived with them in the service.
- The provider had not monitored the culture of the service to ensure staff consistently used respectful and person-centred language.

The provider had not taken sufficient action to monitor and improve the quality of the service. This contributed to the breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The staff team were keen to ensure people achieved good outcomes and understood how people's needs affected various areas of their lives. This helped them support people in a holistic way. A relative told us, "They've got a fabulous team."
- The registered manager told us they were passionate about the service and enjoyed working directly with the people and the staff team.
- People's care plans had been reviewed in the context of the Right support, right care, right culture

guidance to start identifying where further action needed to be taken to improve people's support or their care plans.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 was open and honest about which areas of the service required improvement.
- The registered manager was aware of the Right support, right care, right culture guidance and was taking action to help ensure it was understood and embedded in the staff team. This was being discussed at a team meeting on the day of the inspection.
- Notifications of significant events had been submitted to the commission, as required.

Working in partnership with others

- The registered manager and staff had worked with a range of professionals to help ensure people received support that met their needs.
- A relative described working together with the staff team to meet their family member's needs.
- A professional confirmed the manager and staff worked well with them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to implement a robust governance system. This left people at risk of receiving unsafe care.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured all staff were suitably qualified, competent and skilled.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure all risks were identified, assessed and mitigated.

The enforcement action we took:

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