

# Spectrum (Devon and Cornwall Autistic Community Trust)

## Heightlea

### 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

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

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

There were not enough staff available to ensure there were always sufficient staff to support people in line with their commissioned needs. In order to maintain safe staffing levels, the registered manager was regularly covering support shifts. They told us they sometimes found it difficult to take time away from work because of the need to cover shifts. Following the inspection the registered manager told us senior management had arranged for two additional staff members to support the service on a temporary basis starting the following week. At our next inspection we will check this improvement to staffing levels has been sustained.

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

### Right support:

- Staff worked to support people in line with their preferences. This was sometimes difficult to achieve when staffing levels dropped below those identified as necessary to meet people's needs.

### Right care:

- Staff demonstrated a person-centred approach to care and support. People were treated as individuals, their communication styles were respected and staff understood what worked well for them. Some language used in records was paternalistic in style. Language is important as it can have an 'othering' effect or infantilise people.

### Right culture:

- Most of the staff working at Heightlea had been working at the service a long time and knew people well. They were used to supporting people to go out and have a full life. During lockdown they had been pro-active in supporting people to maintain their interests in-house.

People received their medicines as prescribed. Staff had completed the relevant training. Arrangements for

the storage of medicines did not support people to become more independent in this area and we have made a recommendation about this in the report.

Risks were clearly identified and staff had guidance on how to mitigate known risks. The guidance provided was not always the least restrictive option and we have made a recommendation about this in the report.

Staff knew how people liked to spend their time and what their interests were. They had identified ways for people to continue doing the things they enjoyed during lockdown restrictions.

One person used some basic sign language to support their communication. Staff had not received training for this and we have made a recommendation in the report.

The registered manager was line managed by an area manager who they told us they found approachable and supportive. However, the registered manager was aware the area manager was busy and they were reluctant to make further demands on their time. They had no other sources of support and sometimes found this difficult.

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 4 May 2018).

#### Why we inspected

We received concerns in relation to staffing. 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 improvements. 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 staffing and governance.

We imposed conditions requiring the provider to submit monthly reports in relation to staffing arrangements at the service.

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 entirely safe.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

**Good** ●

### Is the service well-led?

The service was not well-led.

**Requires Improvement** ●

# Heightlea

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Heightlea is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We met with the five people living at Heightlea. We spoke with the registered manager and four members of staff.

We reviewed a range of records. This included rotas, two people's care records, medication records and incident reports. We looked at one staff file in relation to recruitment.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the organisations infection control policy. We spoke with 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 requires improvement. At this inspection this key question has remained the same. 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

- The inspection was prompted following concerns about staffing levels in several Spectrum locations including Heightlea.
- The service was often staffed below the level identified as necessary to meet people's needs. Records updated 1 June 2021 showed four staff had been identified as the emergency staffing minimum required to ensure people were safe.
- We looked at the rotas for June 2021 and other evidence supplied by the provider. There were only 17 days when the service had been staffed at or above emergency levels for the whole day. On 12 days during June the service had not had more than three staff on duty at any time during the day. On the 18 and 20 of June there had only been two staff on duty for one half of the day, this included the registered manager.
- Records showed the registered manager was frequently working care shifts in order to maintain staffing levels. On the 23, 24 and 25 June they were included on the rota all day. Had they not worked on the afternoon of the 23 June or on the 24 June there would have been only two staff present in the service.
- An incident report showed one person had become distressed when the day had not gone ahead as planned. Although staff had been able to calm the situation the incident report stated they were not able to arrange an outing in line with the person's preferences. The report read; "Unfortunately we are unable to arrange this given the current staffing levels."
- Staff confirmed staffing had been difficult in recent weeks. Comments included; "Staffing is a shame. Historically it's always been peaks and troughs, shame they [Spectrum] couldn't retain staff. We are 12 staff, only two on leave can throw you."

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

- Following the inspection visit the registered manager told us senior management had made arrangements for a further two members of staff to work at the service on a temporary basis.
- People were recruited safely. Pre-employment checks were completed prior to new staff starting work.

### Assessing risk, safety monitoring and management

- An incident report referred to an occasion when one person had acted in a way which was unsafe. We were concerned that the subsequent guidance for staff on the action to take to minimise the risk of a repeat occurrence was not the least restrictive option available.



We recommend the provider reviews their practice in relation to identifying the least restrictive options for people.

- There were risk assessments in place which identified when people might be at risk of harm. Staff were guided on the actions they should take to mitigate known risks.
- Risks associated with the environment were monitored. Fire equipment was regularly checked and serviced.
- Personal Emergency Evacuation Plans had been developed for each person living at Heightlea so first responders would know the support people required to leave the building in the event of an emergency.

#### Using medicines safely

- At our previous inspection we found systems for recording what medicine people had taken were not robust and we made a recommendation.
- At this inspection we found records were clear and completed in line with good practice guidelines.
- Staff received training in the administration of medicines, and this was underpinned by regular competency checks.
- Medicines were kept in a locked cabinet in the staff office. No-one had been asked if they would like to have their medicines kept in their room which would afford them greater privacy and independence and be a more person-centred approach.

We recommend the provider seek advice and guidance on supporting people to be independent as possible in relation to their medicine management.

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

- The registered manager explained how safeguarding concerns were escalated through the organisation.
- Staff were aware of the processes to follow if they suspected people were at risk of abuse. They knew how to escalate their concerns if they felt they were not being taken seriously.
- People were relaxed around staff and were clearly used to moving around the service freely and approaching staff for information and chats as they wanted to.
- Relatives said they were confident their family members were well cared for and safe. They told us the group had lived together for a significant time and were comfortable with each other.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- 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 now 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

- Care plans had been developed which included information about people's likes and dislikes and how they preferred to be supported.
- There was evidence people and their families were involved in care plan reviews. Relatives confirmed they were invited to annual review meetings.

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.

- The registered manager described people's communication preferences in detail. Communication care plans had been developed so staff unfamiliar with people's preferences had access to the relevant information.
- When it was important for people, they were given time and space to process information.
- One person used some Makaton signs to support their own communication. Their care plan stated: "[Person] understands and communicates better with a combination of Makaton and speech." Staff had not received training in Makaton. One commented; "He's taught us some, we're not very good at Makaton."

We recommend the provider seek advice and guidance about the provision of training for communicating with people using Makaton.

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 living at Heightlea had varied interests and staff were accustomed to supporting them to follow their interests in the local community. When COVID-19 restrictions had limited how often people could go out, staff had been pro-active in helping to ensure people remained active and maintained their interests.
- For example, prior to the pandemic people had regularly attended a local disco. Staff had arranged twice weekly karaoke sessions at Heightlea to make up for this.
- A relative had written in a quality assurance questionnaire; "[Person's name] was kept active and engaged in-house (during lockdown). Staff were creative in finding enjoyable regular activities."
- Staff knew people well and supported them to further develop their interests. For example, one person had recently been supported to enrol on a local college course.

- Staff told us people went out in pairs or small groups more frequently than they were used to because of the staffing levels.

#### Improving care quality in response to complaints or concerns

- There were no complaints on-going at the time of the inspection. Relatives told us they had not had reason to complain but would be confident doing so if necessary.
- Easy read information on how to raise a complaint was included in service user guides. However, this information was not easily available to people. Staff told us they knew people well and would be aware if they were unhappy.

# 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; Continuous learning and improving care

- Oversight of the service had not been effective. Although senior management had been made aware of the staffing situation no action had been taken to address this.
- The registered manager was line managed by an area manager who they said they found approachable and supportive. However, they were aware the area manager was busy and were reluctant to make further demands on their time. They had no other sources of support and sometimes found this difficult.
- There was no deputy manager or senior support worker role. The registered manager told us they would value this additional support. There were no arrangements in place to facilitate any meetings between registered managers where they could share learning and ideas.
- People were asked their opinion of the service using an easy read questionnaire. One person had repeatedly given negative responses to the questionnaire. Staff told us they believed this was because the person disliked doing the questionnaire. No action had been taken in response to the negative feedback or to change how the person's views were gathered.

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

- Audits were completed by the registered manager who then submitted monthly reports to the area manager.
- There was a Positive Behaviour Support (PBS) lead staff member based at Heightlea. Their role was to act as a channel between the service and the behavioural team. They attended PBS team meetings to share any learning.
- The registered manager was aware of the Right Support, Right Care, Right Culture legislation.

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

- Staff were enthusiastic and told us they enjoyed supporting people to get out and take part in their interests and hobbies. There was a relaxed atmosphere and people were clearly comfortable with staff.
- Staff told us they supported people to identify their goals and then helped them work towards achieving them.

- Some of the language used in records was paternalistic and not reflective of the kind of language most people would use. People's personal money was referred to as 'pocket money.' Visits to the family home were called 'parental leave.'

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

- Staff meetings were held which gave staff an opportunity to discuss any problems and raise suggestions.
- Relatives told us the registered manager communicated well with them and was honest and open.

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  Systems to assess, monitor and improve the quality and safety of the services were not effective.

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 18 HSCA RA Regulations 2014 Staffing  There were not sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed.

### **The enforcement action we took:**

We imposed positive conditions.