

# Spectrum (Devon and Cornwall Autistic Community Trust)

## The Mowhay

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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

The Mowhay provides care and accommodation for up to five people who have autistic spectrum disorders. At the time of the inspection four people were living at the service. Two people had their own self-contained accommodation, one in a separate annexe and one in a basement flat. The other two people shared a kitchen and lounge in the main house. The service is part of the Spectrum group who run several similar services throughout Cornwall, for people living on the autistic spectrum.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People's support focused on them having control over their daily lives and opportunities to take part in everyday routines.

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

Processes to ensure people's safety were not always followed. When risks were identified, robust actions had not been taken to help protect people from the risk of abuse.

Systems for overseeing the service at all times were not robust. A member of the senior management team carried out audits of the service but this had not been completed since September 2017. The registered manager had been away from work for four weeks during April and May 2019. There was no deputy or senior support worker in post to manage the service in their absence. Records showed the regional manager had only visited once during this period. Notifications about significant events had not been submitted to the Care Quality Commission (CQC) as required by law.

On the day of the inspection people were busy and occupied, and everyone went out for part of the day on walks, shopping trips and to attend health appointments. People and staff told us there were plenty of opportunities for people to take part in hobbies and pastimes that interested them. People were encouraged to try new things and widen their experiences.

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. Any restrictive practices were regularly reviewed to ensure they remained the least restrictive option and were proportionate and necessary.

People were in control of their routines and day to day decisions. They told us they decided when to get up and go to bed and staff supported them to make decisions about how they spent their time.

Staff and relatives told us the staff team worked well together and communicated effectively. Care plans were regularly reviewed and updated and were an accurate reflection of people's needs.

The registered manager carried out checks on the service to help drive improvement. This included gathering the views of all stakeholders and regular audits.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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 6 June 2018).

#### Why we inspected

The inspection was prompted in part due to concerns received about the oversight of the service and how people were supported. A decision was made to bring forward our planned inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

We found no evidence during this inspection that people remained at risk of harm from this concern. The provider has told us of action they will be taking to help ensure notifications are submitted appropriately in future. Please see the well-led section of this full report.

## 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 effective.

Details are in our effective findings below.

**Good** ●

### 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** ●

# The Mowhay

## 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 one inspector

#### Service and service type

The Mowhay is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. 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 three people who used the service and five members of staff including the registered manager.

We reviewed a range of records. This included four people's care records and one person's medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including incident reports were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted the nominated individual for further information. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with three relatives and one more member of staff.

# 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.

Systems and processes to safeguard people from the risk of abuse

- Systems to protect people from risk were not sufficiently embedded or consistently followed. The inspection was carried out following concerns around two separate incidents received by the local authority which they shared with CQC. During the inspection we found evidence to show the registered manager had also been made aware of the allegations at the same time and reported this to senior management.
- No safeguarding alerts had been made by the provider to the local authority in response to the alleged incidents.
- Although the alleged abusers involved in one of the incidents had not worked at The Mowhay since, they had continued to work for Spectrum at other locations. We were told they had not lone worked, however lone working had not been indicated as a contributory factor in the original incident. Apart from this no actions were taken, by the provider, to protect people from the risk of abuse. Following the inspection we raised our concerns with the local authority.

Systems to protect people from the risk of abuse were either not in place or were not consistently applied. This placed people at risk of harm. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us that both members of staff, implicated in the allegation referred to above, had since left the organisation. A social worker had visited the alleged victim and had subsequently closed the safeguarding. However, we were concerned that they had not had access to all the information.
- An internal investigation had been completed into the second allegation which was later found to be unsubstantiated. Appropriate action was taken both during and following the investigation to ensure people's safety.
- New staff received training in safeguarding as part of their initial induction. This was refreshed regularly for all staff.

Assessing risk, safety monitoring and management

- Risk assessments had been developed to highlight when people were at risk and guide staff on the actions to take to mitigate the risk.
- Staff supported people to try new experiences while ensuring any related risks were identified and action taken to help reduce the risks.
- Utilities and equipment were regularly checked and serviced to make sure they were safe to use. Environmental risk assessments had been completed.

### Staffing and recruitment

- There were enough staff to support people's needs. Staff spent time with people helping them with tasks, going out on trips and supporting them to attend health appointments.
- Bank staff were sometimes used to support the core staff team. These were usually staff who were familiar with the service and people's needs.
- Recruitment processes were followed to check staff were suitable for the role. For example, references were followed up and criminal checks completed.

### Using medicines safely

- Medicines were safely obtained, stored, recorded, administered and disposed of.
- Medicines which were to be used as required were kept for occasional pain relief or to help people when they were distressed. There were clear protocols in place to guide staff on the actions to be followed if these medicines were needed. Records showed the protocols were followed.
- Medicine audits were carried out regularly so any errors could be quickly identified. Medicine records were filled out appropriately.

### Preventing and controlling infection

- The premises were clean and smelled fresh. People were supported to be involved in caring for their environment and keeping it well-maintained.
- Staff had access to protective equipment such as aprons and gloves to use when necessary.

### Learning lessons when things go wrong

- Accidents and incidents were recorded so any areas for improvement could be identified. The system in place enabled the registered manager to access an overview of events for each individual over a specific period of time.



# 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 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 outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Information about people's health, social and emotional needs was recorded and available for staff.
- Everyone's needs and preferences were considered as part of the pre-assessment process. The registered manager told us they needed to be confident that anyone moving into The Mowhay would get on well with other people living at the service.
- Staff received training in Positive Behavioural Support to enable them to deliver care in line with best practice.

Staff support: induction, training, skills and experience

- New employees completed an induction before starting work. This included training, learning about organisational values and working practices and a period of shadowing. Staff told us; "The trainers are both fantastic."
- New staff told us the induction had given them the skills they needed and the staff team had been supportive while they got know people.
- Relatives were complimentary about staff skills. One commented "Everything has to be meticulously planned and thought out. They seem to have that sewn up."
- There was a robust system in place to ensure staff skills and knowledge were regularly updated.
- Some staff had not had formal supervision for several months. This had been identified by the registered manager and plans were in place to bring all supervisions up to date.

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

- People had access to a healthy and varied diet. One person found it difficult to resist sweet food or 'treats.' They had agreed with staff to limit how often they ate these foods and had lost weight, partly as a result of this.
- People told us they were involved in planning menus and food preparation and enjoyed this. One person told us they particularly liked preparing fajitas.

Adapting service, design, decoration to meet people's needs

- The building had been divided up to suit everyone's needs. Two people had their own private and self contained accommodation. The other two people shared a kitchen and sitting area. A relative commented; "What we feel really strongly matters is the set up of it being an individual flat. It's what he needs."

- There was a large and pleasant garden and one person spent a lot of time bird watching. They told us they enjoyed watching the wildlife and had recently seen a deer in the garden.

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

- People were encouraged to attend regular health appointments, including well woman/man check-ups.
- One person disliked needles but required blood tests. Staff worked with other health care professionals to support the person effectively.

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 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. 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.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- When people lacked capacity, DoLS applications had been made appropriately. Any restrictive practices were reviewed to check they were still necessary and proportionate.
- Best interest meetings were organised when it was necessary for others to make decisions on people's behalf. These involved staff, external healthcare professionals and families.

# 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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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;

- Staff celebrated people's successes. One commented; "[Person's name] is enjoying and achieving far more than could have been predicted.
- The atmosphere was relaxed and staff and people spent time chatting and laughing together.
- People told us they liked the staff team. They told us who their key workers were and one person said they particularly liked a certain member of staff.
- Relatives told us staff were caring and supportive. One commented; "Staff need to be calm and quiet, that's what works, and [staff member] is that."

Respecting and promoting people's privacy, dignity and independence

- People's personal relationships with friends and families were respected. One person had found it difficult to recall what had happened during the week when speaking with their family on the telephone. Staff had provided a book for them to use to help prompt them recount their experiences.
- Care plans and other confidential information was kept in the office.
- Staff encouraged people to develop their independence and contribute to the running of the house. On the day of the inspection one person was supported to go out and purchase a yard brush so they could tidy up the outdoor area.

Supporting people to express their views and be involved in making decisions about their care

- People were in charge of their daily routines and able to make decisions about how their care was delivered. One person commented; "It's all going well."
- Questionnaires to gather people's views of the service were designed so they were meaningful for the specific individual. Text was simple and limited and photographs were used to help people make meaningful choices.
- Key workers carried out monthly reviews for each person where they spent time with people to identify if any changes were needed to improve people's experiences.
- Some people were able to take part in care plan reviews and had signed to say they agreed to various aspects of their care.

# 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 outstanding. At this inspection this key question was rated as 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

- Care plans recorded people's needs and preferences. These were regularly updated to help ensure they accurately reflected people's situation.
- Daily records were kept to document the care and support people had received and information about their physical and emotional well-being.
- Staff communicated well and shared information appropriately about any changes in people's needs.
- Relatives told us they were involved in care planning reviews on a regular basis.

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 service identified people's information and communication needs during their initial assessment before moving into the service. People's communication needs were recorded and highlighted in care plans.
- Communication preferences were shared appropriately with others. For example, hospital passports, developed to share with hospital staff, contained this information. One person had detailed information recorded to take to the dentist when they had check ups. This clearly outlined how information should be shared with the person.

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 take up hobbies and attend clubs which suited their interests. One person showed us bunting they were making and told us about a sponsored event they were taking part in.
- This person particularly enjoyed socialising and staff supported them to develop their social network and meet a wide variety of people.
- Another person had been on a short break and a second, slightly longer one was planned. Staff told us the person had thoroughly enjoyed the holiday and they were gradually building up the length of time they could spend away. They commented; "[Person's name] has done really well."
- Spectrum had other similar services in the local area. People were encouraged to socialise together and maintain friendships.

Improving care quality in response to complaints or concerns

- People told us they would speak with staff about any concerns they might have.
- Relatives told us they would be confident to raise a complaint if necessary. The registered manager spoke with families regularly and encouraged them to discuss concerns.

End of life care and support

- No-one was receiving end of life care. The registered manager told us this was an area they had considered and discussed with their line manager. When people had voiced a preference, their wishes for funeral arrangements were recorded.

# 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

- The provider had failed to notify CQC of the safeguarding concerns referred to in the safe section of this report.

The failure to inform CQC of significant events in line with their legal responsibilities was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- People were not protected by effective quality assurance arrangements. Systems to ensure clear oversight of the service at all times were not robust. There was no deputy manager or senior support worker role at the service. The registered manager had been away from the service for 28 days during April and May 2019.
- During this period the provider had failed to have clear oversight of the service and clear management arrangements to support the service in the absence of the manager. This may have contributed to the failure to progress the safeguarding concern. Staff told us, and records showed, the regional manager had only visited the service once during this time. Staff told us it had sometimes been stressful and the lack of leadership had occasionally caused friction between staff members.
- A relative commented; "It was like walking into a different house, [family members name] could not cope. When there's no leadership some of them [staff] are not very self-motivated." Another stated; "It was not quite as organised, there was no-one under [registered manager] to take over. Things that were going to be done didn't get done."
- The provider had failed to effectively monitor the service. The most recent provider audit had been completed in September 2017.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure effective oversight of the service at all times. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had named key workers to oversee their care and support. A relative told us who their family

member's key worker was and confirmed they kept them up to date with any changes.

- The registered manager told us they tried to ensure they had a day a week set aside for managerial duties.

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

- Staff told us they were a close and supportive team. A new member of staff said they had been encouraged to ask questions by more experienced staff. They told us; "[Staff members names] are great, really helpful."
- The registered manager had returned to work full time. Staff told us they were visible in the service and worked pro-actively with staff and people living at The Mowhay.
- The registered manager had completed managers training in safeguarding and the MCA and DoLS.

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 and regional manager had spoken with the person involved in the alleged safeguarding incident.

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

- The registered manager told us house meetings had been tried but were unsuccessful. As an alternative they spoke with people individually to gather their views of the service. People were asked what they wanted to achieve and action plans put in place to support them to meet their goals.
- Staff meetings were held regularly and were an opportunity to share ideas about how to develop and improve people's experiences.

Continuous learning and improving care

- Regular management meetings were held to support shared learning and share information about the organisation.
- Following the inspection we contacted the nominated individual to request further information in respect of the safeguardings. They told us of action they were taking to help ensure notifications were submitted appropriately in the future.

Working in partnership with others

- The service communicated with commissioners and DoLS teams appropriately about people's care packages.
- Not all information relevant to the safeguarding allegations had been shared with the local authority.

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 18 Registration Regulations 2009 Notifications of other incidents  The registered person did not notify the Commission without delay of allegations of abuse in relation to service users.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  Systems and processes were not established and operated effectively to prevent abuse of service users. Systems and processes were not established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse. 13 (2)(3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance was not consistently effective. Systems did not enable the registered provider to monitor and assess and improve the quality of the service delivery. 17(2)(a)(b)