

Spectrum (Devon and Cornwall Autistic Community Trust)

Trelawney House

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 responsive?

Insufficient evidence to rate

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Trelawney House is a residential care home providing personal care to six people with a learning disability and/or autism. It is part of the Spectrum (Devon and Cornwall Autistic Community Trust) group, a provider with 15 other similar services across Cornwall. Trelawney House is in a rural location, the nearest town is Helston which is approximately four miles away.

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

The service had been understaffed. Staff had worked together to make sure people's opportunities to go out were not affected by the shortage of staff. This could mean them working long shifts or coming in early, staying on past their planned finish time or coming in on their day off. One member of staff told us; "There have been times when it's [staffing levels] not been met. We mainly cover it thanks to the team really." Records of what support each person received from staff showed people were not always provided with their commissioned one staff to one person support time. The provider had recently booked agency to support the service and they started working at Trelawney House the day after the inspection visit to try and address the immediate staff shortages.

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. This service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

One person's mobility had decreased, and they were no longer able to negotiate the stairs independently. Although there were plans to move their bedroom to the ground floor this was taking a long time which was further disabling the person.

Not enough had been done to protect people from risk when others were distressed and likely to act in a way which could harm themselves or others. Systems for identifying and reporting safeguarding incidents and other untoward events were not robust or consistently applied. A decision to restrict one person's freedom to move around the premises had not been taken in line with the best interest process.

People were supported to take their medicines as prescribed and, where appropriate, were involved in medicine reviews. There was no evidence people had been consulted about where their medicines were kept. We have made a recommendation about this in the report.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

There was a core staff team, many of who had worked at Trelawney House for some time. They knew people well and worked hard to support people according to their needs.

Communication tools were used to help inform people of any plans for the day and support their understanding. These were individualised to help ensure they were meaningful.

We requested further information to enable us to analyse how people were spending their time on a day to day basis. This had not been provided two weeks after the inspection visit. Therefore we are unable to make a judgement on whether people were receiving the support they needed to live their lives like any other citizen in line with the principles of Right Support, Right Care, Right Culture. The Responsive section of the report has not been rated.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 28 October 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found some improvements had been made and the provider was no longer in breach of regulation 12. However, further breaches were identified.

The service remains rated requires improvement. This will be the third consecutive inspection that the service has been rated requires improvement.

Why we inspected

We received concerns in relation to staffing and oversight of the service. As a result, we undertook a focused inspection to review the key questions of safe, effective, responsive and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key question of caring. We therefore did not inspect it. Ratings from previous comprehensive inspections for that key question were used in calculating the overall rating at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe, effective 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Trelawney House on our website at www.cqc.org.uk.

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, good governance and notifying CQC of significant events. You can read the end of this report for the action we took. This included serving a warning notice.

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 effective?

The service was not entirely effective.

Requires Improvement ●

Is the service responsive?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection.

Insufficient evidence to rate

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Trelawney House

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 completed by two inspectors.

Service and service type

Trelawney House 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. The registered manager had handed in their notice and was leaving the service two days after the 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 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 six people who used the service. We spoke with six members of staff including the registered manager, area manager and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and medication records. We looked at a staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including rotas and incident reports were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two relatives and a further four members of staff. We contacted two professionals with experience of the service.



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.

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

- Systems and processes to investigate any evidence of abuse, were not operated effectively or acted on immediately after an incident had taken place. For example, we identified an occasion when one person's actions had put another person at risk of physical harm. This had been recorded but subsequently not reported as a safeguarding.

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

- Following the inspection visit a safeguarding referral was submitted in respect of the incident to the local safeguarding team. This was progressed for further investigation.

Staffing and recruitment

- A concern had been raised that the service was short staffed. The rota for the week beginning 6th June 2021 showed there were 280 hours of vacancies during the day and one vacancy for a full-time night staff member. In addition, two members of staff were on holiday which made covering vacant shifts challenging.
- In order to meet people's commissioned hours there should have been eight staff on duty in the morning and seven in the afternoon. A contingency plan detailing the 'extreme emergency staffing level.' stated the minimum safe number of staff was four or five, a handwritten note on the plan said this needed to be updated to six. The registered manager told us; "It does need to be six, I would struggle in the day with six if I am honest."
- We analysed rotas from 10 May 2021 to 10 June 2021 and found the service had operated with six staff during the day on several occasions.
- One person needed support from two staff throughout the day. Records showed two staff were not always assigned to work with the person. Staff told us they tried to ensure the person had two to one support at key times of the day. This meant other people were not getting their support as commissioned during these times.
- Staff told us they did normally manage to cover gaps in the rota to ensure there were at least six staff on duty. However, this was due to staff working long shifts on a regular basis or coming in early or on their day off. Comments included; "It's covered because some staff are working longer than they want to", "It might look like we're gliding along but under the water we're paddling like hell" and "What will happen is staff will come in for an hour or so on their day off or come in early so people can get out." On the day of the inspection a member of staff came in on their day off to enable someone to be supported to go out for a

planned shopping trip.

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

- On the week following the inspection six agency staff were due to start work at the service to address the staffing issues. At our next inspection we will check to see if the increase in staffing levels has been sustained.

Using medicines safely

- People received their medicines safely and as prescribed. MAR charts were completed to provide a clear record of when people had received their medicines.
- 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 privacy. We discussed this with the registered and area managers who agreed this was an area for improvement.

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

Assessing risk, safety monitoring and management

- Some people could behave in a way which put themselves or others at risk. Risk assessments were developed describing possible triggers and guiding staff on the actions they could take to support people when they were distressed.
- Personal emergency evacuation plans had been developed to guide first responders on the support people would need to leave the building in an emergency.

Preventing and controlling infection

At our last inspection the provider had failed to take appropriate steps to help protect people from the risks associated with COVID-19. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- 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

- Some people's behaviours and ways of expressing themselves could impact negatively on others. Staff recorded any incidents, and these were reviewed weekly by the Positive Behaviour Support leads.

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 deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's care and support was not always assessed and designed in a way which improved the quality and safety of the care provided. For example, one person's decreasing mobility had impacted on their ability to use the stairs independently. This meant they were no longer able to move between their bedroom and shared areas of the service without support from staff. The person repeatedly told us they wanted a bedroom downstairs. Although there were plans to move their bedroom to the ground floor this had been significantly delayed and had further disabled the person by limiting their autonomy.
- Although it had been identified that the person's autonomy and independence could be maintained if changes to their accommodation arrangements were put in place this had not been progressed since our previous inspection in September 2020. A relative told us this had been frustrating.

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

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). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Following an incident where one person had been at risk of harm we saw a note on an associated record

which stated; "Manager will update [name] My Plan to state that [name] should access the kitchen via the door by the laundry room, as opposed to walking through the lounge/ dining room area when it is reasonable to do so." This restriction to the person's ability to move around the service freely had not been taken in line with the best interest process and therefore the person had been unreasonably restricted.

This contributed to the breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people had DoLS in place with conditions attached. These involved the provision of activities outside of the service. The conditions had been suspended during lockdown and recently reintroduced. There were systems in place to record what activities had been offered.
- Best interest meetings had been held with the involvement of families and advocates where appropriate. One professional commented; "My opinion was sought for a best interest decision made by the home manager regarding use of a sensory room."

Staff support: induction, training, skills and experience

- New staff completed an induction and worked alongside more experienced staff until they were confident. Staff told us agency staff who started work at the service in the week following the inspection were shadowing more experienced staff before starting work independently.
- Staff had received regular supervision from the registered manager. This was an opportunity to raise any worries or suggestions.
- Training was regularly refreshed. Staff told us they had recently completed some face to face training at the organisation's main offices.
- Two Positive Behaviour Support leads were based at Trelawney House. They had received additional training to enable them to carry out this role.

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

- People were encouraged to make healthy eating choices and have a balanced diet.
- A relative told us staff supported their family member to make choices about what they ate. They explained this was particularly important to them as they were at risk of poor health due to weight loss.

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

- Areas of the service needed updating. For example, the carpets on the first-floor landing were heavily stained. This was noted at our previous inspection. The registered manager told us they had been unable to have the carpets replaced due to the lockdown restrictions, but the carpets had been ordered and would be fitted soon.
- Staff and relatives had made significant improvements to the garden providing a pleasant space for people to spend time and get some fresh air. A small summerhouse was being erected for one person to use. We heard staff talk to the person about the progress of the summerhouse and saw they were clearly pleased by this.

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

- People had regular medicine reviews. Where possible these were carried out with the involvement of the individual.
- People were supported to access other health care agencies as necessary. A relative told us staff were very quick to identify when their family member was unwell and would contact the GP straight away.
- Staff supported and encouraged people to lead active lives to help maintain a healthy weight. One person

had regularly attended fitness classes and swimming sessions which had been suspended due to lockdown restrictions. Staff had helped them find alternative ways of keeping fit.

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. We have not changed the rating of this key question.

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

- Care plans described people's needs and preferences and took account of any needs associated with their autism. Some staff had worked at the service for a long time and had a good understanding of people's needs.
- One person had a restraint reduction plan in place. Staff were using this to reduce the number of restrictions in place and give the person more choice and control in their daily lives. The registered manager, staff and a professional confirmed the person's quality of life was gradually improving since the implementation of the plan. The registered manager told us; "[Person's name] is amazing, she really is."
- Notice boards in a communal area were intended to be used to identify people's goals for the coming month and evidence what they had achieved. One person's board had photographs showing them taking part in various activities. The other boards had not been completed and the goals had not been updated since the previous month. We discussed this with the area manager who told us the photographs were ready to be added and this had been noted as a task to be completed.

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.

- Information in care plans described the support people needed with their communication.
- Communication tools were used to help people understand and process information. For example, a social story had been developed for one person to help them process information about the registered manager leaving. Another person had a symbol strip outside their room to help them understand what was going to happen during the day.

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

- The service was located in a rural location with limited public transport links meaning people relied on staff to drive them to access local facilities such as shops, cafes and leisure centres.
- Staff told us they worked as a team to make sure people were able to leave the service for trips out and a change of scenery despite the challenges of low staff numbers.
- One person worked three days a week at a nearby garden centre. They told us they thoroughly enjoyed this. It was clear they were a sociable person and took great pleasure from this social network.

- We requested further records from the provider to enable us to evidence that people were being supported to live full and meaningful lives in line with the principles of Right Support, Right Care, Right Culture. This had not been received two weeks after the inspection visit. Therefore we do not have the information required to make a judgement on this key question.

Improving care quality in response to complaints or concerns

- There were no complaints at the time of the inspection. A relative told us they had not needed to make a complaint about the service but would not hesitate to do so if necessary. They said; "It would not come to that, I raise things straight away if there is a concern and it's dealt with."

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 requires improvement. At this inspection this key question has remained the same. 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The providers systems for reporting safeguarding incidents in a timely manner was not effective. Following reports of possible safeguarding incidents members of Spectrum senior management team held a 'threshold meeting' to establish whether the incident needed to be raised as a safeguarding alert to external agencies.
- The registered manager had told us of an incident they had wanted to raise as a safeguarding but, after a discussion at a threshold meeting, this was not reported to either the local safeguarding team or CQC (see Safe). Following the inspection, a member of the senior management team informed us, and the local safeguarding team, that this had not gone forward as a safeguarding after a review of the information by the registered manager. However, following the inspection visit it was reported as a safeguarding alert.
- We were concerned the systems in place were not robust enough to ensure safeguarding incidents were appropriately and consistently reported in a timely manner.
- As described in the safe section of this report, arrangements had been put in place to address staff shortages. This involved employing agency workers from outside Cornwall and supporting them with temporary accommodation. While this dealt with the immediate issue of the number of staff available throughout each day, it does not address the sustainability of the situation and the long-term staffing arrangements.
- We requested documentation be sent to us for review following the inspection, including incident reports and daily notes. This would have allowed us to analyse the number and nature of incidents and how people were spending their time. The information had not been received two weeks after the inspection when this report was drafted and therefore we have been unable to reach judgements on these issues.

This means the service remains in breach of regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were told of an incident in September 2020 when one person had fallen downstairs and sustained a head injury which required medical treatment. CQC had not been notified of this accident or of the incident the registered manager had identified as safeguarding.

This was a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009:

Continuous learning and improving care

- At an inspection in July 2019 we found staffing levels were unsafe. At the last inspection in September 2020 we found improvements had been made. However, at this inspection we have again identified a breach of the regulations in respect of staffing levels. This shows the improvements put in place have not been sustained. Furthermore, during the past 12 months other services owned and managed by Spectrum have been found in breach of the regulations due to staffing issues.

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

- Although there were staffing problems there remained a core group of staff who knew people well and understood how to support them well.
- Staff told us they considered the service to be well organised and managed at Trelawney House. They said they considered themselves part of a team. Comments included; "It feels like a good team" and "The team come together really well."
- People were asked for their views using communication tools where appropriate and useful.
- An external professional told us; "[Person's name] has a good relationship with staff and that is evident. I have seen good interactions and jokes between them."

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

- Relatives told us they had a good working relationship with the service and the registered manager kept them fully informed when things went wrong.

Working in partnership with others

- Professionals told us their working relationship with the service had improved in recent months. Comments included; "It [working relationship] has improved, they are now adopting advice regarding communication and looking at reducing restrictions."

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 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered person must notify the Commission without delay of the incidents specified in paragraph (2) which occur whilst services are being provided in the carrying on of a regulated activity, or as a consequence of the carrying on of a regulated activity.</p>
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>Systems and processes were not established and operated effectively to prevent abuse of service users.</p> <p>Systems and processes were not established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse.</p> <p>A service user must not be deprived of their liberty for the purpose of receiving care or treatment without lawful authority. 2, 3, 5</p>

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 17 HSCA RA Regulations 2014 Good governance Systems or processes must enable the registered person, in particular, to 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); 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. 2(1)(a)(b)

The enforcement action we took:

We served a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed. 1.

The enforcement action we took:

We served a warning notice.