

# Spectrum (Devon and Cornwall Autistic Community Trust)

## Heightlea

### Inspection report

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### Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	<b>Inadequate</b> ●
Is the service effective?	<b>Requires Improvement</b> ●
Is the service caring?	<b>Requires Improvement</b> ●
Is the service responsive?	<b>Requires Improvement</b> ●
Is the service well-led?	<b>Inadequate</b> ●

# 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 autistic people. It is part of the Spectrum (Devon and Cornwall Autistic Community Trust) group, a provider with several similar services across Cornwall. Heightlea is close to the city of Truro.

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

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.

### Right Support

The model of care did not maximise people's choice, control and independence. Staff told us they were committed to finding new activities and opportunities that met people's preferences. However, people received limited support to identify long term goals. This meant activities and how they spent their time were not always part of a clearly laid out plan to ensure they lived a meaningful life. How people spent their time was also sometimes limited by the number of staff or vehicles available.

People were not always supported to develop their independence or to increase the control they had over their own lives. People's care plans did not focus on people's strengths or identify areas where people wanted to develop skills.

People who experienced periods of distress had plans in place which ensured physical restraint was only used by staff if there was no alternative. However, there were several restrictions in place in the service that were not the least restrictive options or in people's best interests.

People had some choice about their living environment and were able to personalise their rooms. People were able to socialise in the living areas and enjoyed the privacy of their own rooms when they chose.

People were supported to use community health and social care services when needed.

Staff supported people safely with their medicines.

### Right care

The provider had not given sufficient support to the service. This meant staff did not always recognise poor care or take action to make appropriate changes. People did not always receive support that focused on their quality of life and followed best practice. There was an overly cautious culture in the service that did not enable people to take positive risks.

Information shared by the provider regarding people's finances showed the provider's systems were not robust and did not protect people adequately from the risk of financial abuse.

The service was understaffed and did not always provide the number of hours to each person they had been assessed as needing.

People received kind care from staff who valued their relationships with people.

People were able to communicate with staff and understand information given to them by staff who understood their individual communication needs.

#### Right culture

People did not lead fully inclusive or empowered lives. The ethos and culture of the service were paternalistic which limited the opportunities people were offered.

Staff knew and understood people well, however the provider had not ensured they had a good understanding of best practice models of care. This meant staff did not consistently support people's aspirations to live a quality life of their choosing.

There was a culture of improvement within the service; however staff did not always have the skills and knowledge to identify all areas for improvement.

People's views as well as the views of those who were important to them were respected and listened to.

People were not always 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 best practice.

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 19 February 2022) and there were breaches of regulation in staffing, good governance and safe care and treatment.

We specified a date by which the provider needed to meet the requirements of the regulations regarding good governance.

At an inspection in June 2021, due to concerns about staffing, we required the provider to share monthly reports detailing the numbers and training of staff in the service each day, including the number of management hours the registered manager completed. Concerns about staffing were again identified at the February 2022 inspection so the provider was required to continue sending monthly reports.

At this inspection we found the provider remained in breach of regulations.

The last two ratings for this service were requires improvement (published 15 November 2022 and 19 February 2022). The service has now deteriorated to inadequate and has therefore been rated below good for the last three consecutive inspections.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive 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 Heightlea on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

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.

We have identified breaches in relation to person centred care, safe care and treatment, ensuring all decisions are in people's best interests, staffing and governance of the service.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'.

Following this inspection the provider decided to transfer the service to another provider.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.  
Details are in our safe findings below.

**Inadequate** ●

### 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 not always caring.  
Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.  
Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.  
Details are in our well-led findings below.

**Inadequate** ●

# 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by an inspector and an inspection manager.

#### Service and service type

Heightlea is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Heightlea is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 14 June 2022 and we continued to request information from the service and

provider until 7 July 2022. We visited the service on 14 June 2022.

#### 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 (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke with each person. They could only tell us limited information about their experience of living at the service, so we also observed how staff interacted with them. We spoke with five staff, including the registered manager. We reviewed a range of records including information about how people spent their time and their medicines records, staff records and audits and checks of the service.

Following the site visit we continued to request information from the service and the provider. We reviewed a range of records including people's care plans, the staff rotas, meeting minutes and people's financial records. We spoke to three people's relatives and a professional who knew 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 our last inspection we rated this key question inadequate. At this inspection the rating has remained inadequate. 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

At the last inspection we found the provider had not done all that was reasonably practicable to ensure the health and safety of service users. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Measures to keep people safe were not always adequate. Following our visit to the service, we received a report that one person had been in an accident in one of the provider's vehicles. A removable seat had not been secured in the vehicle properly before the person used it and during a journey, the seat fell out of position onto the floor, with the person still in it with their seat belt attached.
- Action to review and understand people's behaviour was not always done promptly. In May 2022, one person began using a behaviour to communicate. The service sought support from external professionals but were not supported by the provider's internal behavioural team whilst they waited for the response. At the time of the inspection on 14 June, the service had not received any internal advice to help the person stop putting themselves at risk by repeating the behaviour
- Regular checks of fire equipment and the fire alarm had been completed. However, the service did not have signs identifying where fire exits were, or any automatic door releases. We contacted the fire service about this.
- Records of training for three staff members indicated they had not completed fire training despite working in the service regularly.
- Staff completed temperature checks of the water, fridge and freezer. Action had been taken when the water temperatures were not within the required range; but records indicated action had not always been taken when the fridge or freezer temperatures were not within a safe range.

This is an ongoing breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were grab bags and PEEPS (personal emergency evacuation plans) available near exits for an emergency. However, these did not contain any contact numbers or details of people's medicines. The registered manager said they would put this in place.
- When staff understood the reason for someone's behaviour, they tried to provide support in a way that



reduced the anxiety, so the person was less likely to use their behaviour as a form of communication. The registered manager described a different way staff now talked to one person about time. This had helped the person feel less anxious about what time things would happen.

## Staffing and recruitment

At our last inspection we found staffing levels were not consistently met. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- The service was still not consistently providing the level of support to people it was commissioned to provide. Each of the five people living in the service required one to one support each day. However, on five days in April 2022 and seven days in May 2022, staffing was below this level all day. On seven days in April 2022 and on 15 days in May 2022 staffing was below this level for part of the day. This had a negative impact on people's right to live their life as they chose.
- The service was understaffed and did not always provide the number of hours to each person they had been assessed as needing. There were four staff vacancies at the service. Two of these vacancies were being covered by one member of agency staff. Existing permanent and bank staff were covering remaining shifts when possible.
- One agency staff member worked a significant number of hours each week. The registered manager completed a risk assessment stating the staff member could not work more than 84 hours per week and would have one full day off per week; however, we found occasions in April and May 2022 when the staff member had worked 13 and 14 days in a row. Working these excessive hours with limited opportunities for rest exposed both the staff member and the people they supported to significant risk of harm.

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

- The registered manager told us they had taken one person with them to a recruitment day and had let the provider know what sort of staff were suitable for the service; but apart from that, people were not involved in staff recruitment.
- Recruitment checks had been completed on new staff. One staff member had been recruited via a staffing agency. Their recruitment details did not include a full employment history, as required. The provider told us they were currently working with the agency to ensure all relevant information was sought and shared in the future.
- The manager at one person's voluntary placement said the person was always accompanied by consistent staff members and this helped the placement run smoothly.

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

- Three people relied on the provider to transfer their benefits into their personal accounts. Their benefits were paid fortnightly, but their bank statements showed their benefits were not transferred at fortnightly or consistent intervals. The lack of oversight from any other party indicated a closed culture and increased the risk of abuse.
- Following the inspection, the Department for Work and Pensions (DWP) transferred the responsibility for overseeing people's benefits and bank accounts to the local authority from the provider for all those supported by the provider because the DWP was dissatisfied by how people's personal money was being

managed. This meant the provider was no longer allowed to be responsible for managing people's benefits and finances.

- The provider had mismanaged people's money. Two vehicles had been leased for four people to use at the service. The fifth person had their own vehicle. Information from the provider stated that total charges for the two leased vehicles and the person's own vehicle were charged equally to the five people. This meant the person who owned and used their own car was also paying money towards the leased vehicle, used by others.

This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager understood the process of raising a safeguarding alert with the local authority if they needed to.

#### Using medicines safely

- Staff completed three assessments of their competency to administer and manage medicines when they started working at the service. The provider's policy stated that staff's competence should be re-assessed annually, but this had not been done.
- The observation form used to assess staff's competence in medicines management and administration did not provide any guidance about specifically what assessors should observe or check. This meant different staff acting as assessors might not have been consistent in the areas they observed and assessed.
- People's care plans detailed that staff needed to administer their medicines, but did not provide person centred detail about how, where or when they preferred their medicines to be administered.

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

- People's medicines were managed safely and were stored in their rooms, if that was their preference.
- Following the inspection, the provider shared a new detailed medicines competency assessment record they told us they would use in the future.

#### Preventing and controlling infection

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. During the inspection, the staff were no longer wearing masks as the provider had misunderstood changes in government guidance. Following the inspection, they told us staff were wearing masks again.
- We were assured that the provider was meeting shielding and social distancing rules.
- The provider was not planning to admit people to the service but understood how to do this safely if necessary.
- We were somewhat assured that the provider was using PPE effectively and safely. Changes were made to rectify a misunderstanding of the government guidance following the inspection.
- 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 somewhat assured that the provider's infection prevention and control policy was up to date. The provider had misunderstood changes to government guidance and changed their policy. We were told this was changed back promptly following the inspection.

The provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The registered manager described learning from a recent incident.
- Incidents were reviewed and discussed to try to identify areas where people's support might need changing.

# 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 requires improvement. The rating for this key question has remained 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 did not always receive support that focused on their quality of life and followed best practice. People had reward charts and restrictions in place to alter or control their behaviour, rather than clear plans detailing what steps staff needed to take to understand the behaviour and how to better meet the person's needs.
- Two people had reward charts in place. The use of rewards to modify behaviour was infantilising. The reward charts involved the people being given tokens by staff members if their behaviour complied with the expectations of the service. This produced an imbalance of power between the people and staff members. It was also a punitive approach as the tokens were restricted if the people's behaviour did not meet expectations.
- There was an overly cautious culture in the service that did not enable people to take positive risks. Some people had restrictions placed on them that were not always the least restrictive option. One person had their radio locked away because they liked to play it loudly and another person had their alcoholic drink stored in the office. A record was in place to review restrictive practices, but it had not been used effectively to review and reduce these restrictions. There was no evidence that these restrictions were a last resort and that other less restrictive options had previously been tried.
- At times staff restricted people's choices and options without clear evidence this was in the person's best interests. For example, one person enjoyed mixing different foods together. Staff were discouraging the person from doing this rather than taking time to understand what need the person was trying to meet.
- One person did not have their own bank account. This had denied them the right to manage and control their own money and placed them at risk of financial abuse. Their money was paid into the service's housekeeping account. They did not always use all the money they received each month and so did not withdraw the full amount. This meant some of their saved money was kept in the service's housekeeping account. They had not been supported to set up their own personal bank account and so continued to be reliant on staff withdrawing and keeping their money in a bank account that did not belong to them.

This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Skills teaching and individualised learning programmes were not part of the culture in the service. People's care plans did not focus on people's strengths or identify areas where people wanted to develop skills.
- Plans to help people achieve aspirations focused mostly on staff completing tasks rather than on how

people could be supported to complete or be involved in these tasks, whilst learning skills.

This contributed to a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's care plans contained assessments, such as communication, behaviour and sensory assessments. This information was used to inform the support people received, for example staff were supporting one person to attend a local football match before supporting them to attend a larger football match.  
Staff support: induction, training, skills and experience
- Systems to ensure staff had the appropriate skills and knowledge to support people in line with their needs were not robust. This meant staff did not always recognise poor care or take appropriate action to make changes.
- Staff were required by the provider to undertake assessments of their understanding of various aspects of the service, including the care and support each person required. Some staff who had worked in the service for several months had not completed all assessments. Other staff members had partially completed the assessments and others had completed the assessments, but these had not signed by the staff member or the assessor. This meant their competence and understanding of the service and the people they supported had not been assessed in line with the provider's procedure.
- The service was delivered for people with autism, however, according to the service's training records, four staff members who had worked at the service had not completed autism training. There was no evidence that staff continued to develop their understanding of autism and related best practice.
- Staff completed forms which recorded how people used their behaviour to communicate. The registered manager told us the forms were to record regular but low intensity behaviour. However, not all information recorded was relevant. For example, sometimes staff recorded something someone did to tell staff they wanted support with personal care. This showed staff did not have a comprehensive understanding of the reason for the form.

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

- A professional who worked at a voluntary placement with one person told us staff knew the person well and supported them effectively.
- There was evidence of ongoing supervision, appraisal and recognition of good practice.

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

- People were involved in choosing their food, shopping, and planning their meals; however apart from some dislikes, there was no information about their food or meal preferences in their care plans.
- Staff supported people to be involved in preparing and cooking their own meals; however detailed information about what support people required to prepare food, or what skills they wanted to develop to increase their independence was not included. Following the inspection, the provider told us care planning documentation was being revised and this information would be included in the future.
- Staff supported people to make mealtimes socially inclusive

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

- The communal areas of the service were being redecorated but the people living at the service had not been involved in choosing the colours. The registered manager told us people would be offered the choice to have their own rooms decorated and would be able to choose the colours they preferred.
- People had been supported to personalise their rooms, so they reflected their individual tastes.

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

- Staff worked with professionals from other organisations to help ensure opportunities people took part in were successful.
- People had good access to healthcare and were supported to live healthier lives. A relative confirmed staff were prompt at contacting appropriate healthcare professionals when needed.
- People's health needs were described in their care plans along with the support they required to stay healthy.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Some mental capacity assessments were in place; however some decisions had been made on people's behalf without an assessment of their capacity to make their own decision; or a record of why the decisions made were in their best interests.
- Several restrictions were in place in the service but no record that the people involved could not make these decisions; or records to show the restrictions were in their best interests.
- People's benefits had been used to pay for vehicles the provider had leased on their behalf. The charges to people included a fee for a tracking device on each vehicle, related to the vehicle insurance. There were no records of people's consent or why the decisions for people to pay for these things were in their best interests.
- The provider had not ensured senior staff had a comprehensive understanding of the MCA. They did not understand the need for best interests' decisions to be completed regarding the costs people were charged for the vehicles they used.

This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider told us the frequency of MCA refresher training for staff had been increased.

- Staff sought consent from people before providing care.
- The service had applied appropriately for DoLS for people. One person's DoLS authorisation included several recommendations to the service. The registered manager told us these had been met.

# 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 has changed to requires improvement: This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Staff did not always promote people's independence. When people went to the shops, staff generally took money out of the person's cash box which was kept in the office, and then held the money for them until they wanted to pay for something. People's care plans guided staff to do this.
- People's care plans did not detail how staff could support them to increase their independence.
- The service had identified that one person could be supported to take more control regarding their own money. However, for the other people, there were no plans in place to support them to have greater autonomy over their money.

This was part of a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider told us care planning documentation was being revised and this information would be included in the future.

- Staff knew when people needed their space and privacy and respected this.
- People received kind and compassionate care from staff.

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

- People's care and support was not designed holistically around each person.
- People were supported to make day to day decisions about how they spent their time but were provided with limited opportunities to be involved in making meaningful decisions about their future.
- People had individualised tools to help them communicate. Their care plans detailed how to recognise if someone was not happy with something. This helped reduce the likelihood the person would need to use their behaviour to communicate.
- Staff were patient and engaged people in daily tasks and activities.
- When people had received the right support to communicate their views, these had been respected. One person's care plan recorded that they still had some concerns about the pandemic, so staff would review college and work opportunities with them again in a couple of months.

Ensuring people are well treated and supported; respecting equality and diversity

- A relative told us staff were caring and knew their family member well.
- Staff's knowledge of people helped them provide for people's preferences. Three people regularly

attended a place of worship. The provider's PIR added, "They are well known to the people at the church and are part of the congregation. They meet for tea and biscuits afterwards and have a chat with others."

- One person had an advocate who visited them regularly.
- Staff treated people well and during the inspection people were at ease and happy. A relative confirmed their family member was happy and settled at the service.
- Staff showed they valued people by staff treating them with respect and showing a genuine interest in their well-being.



# 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 requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

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

At our last inspection we found staffing levels had impacted on people's opportunities. This contributed to a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made but further improvements were still required.

- Activities and how people spent their time were not always part of a holistic plan to ensure they lived a meaningful life.
- People did not have complete freedom of choice and control over what they did and their opportunities to make spontaneous decisions about how they spent their time were limited. Staff tried to ensure people were able to do the things they liked and chose; however, one staff member told us it was difficult to juggle people's activities and needs when they were short staffed. People's records showed that at times, people had become upset because they were unable to spend their time how they wanted to due to a lack of staff or vehicles.
- People did not lead fully inclusive or empowered lives. Records of how people spent their time showed that where people went was often dependent on what other people were doing that day. For example, people would often go to drop another person and their staff member off at an activity and then continue on to a different location. They would then have to return at the correct time to pick up the person and staff member they had dropped off. This did not show people's care was personalised and designed around the individual.

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

- Relatives told us their family members were busy and spent their time doing a variety of different things.
- People's care plans included information about how people liked to spend their time.
- Staff told us one person had calculated how many cinema trips they had missed during the pandemic and that with the support of staff and their family, once they were able to visit the cinema again, they had made up for all the missed visits.
- People were able to stay in regular contact with friends and family via telephone, video calls and regular visits. The registered manager told us that during the pandemic the staff team had managed to get in touch with the family member of one person, who they had not previously had regular contact with. They were now in regular contact and hoping to meet up.

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

- People did not always receive person centred care. Items that belonged to them were sometimes stored in the office or locked away. For example, one person's bottle of wine, a key to unlock a cupboard that contained another person's radio, and people's money was kept in cash boxes in the office. People had not been consulted about whether they were happy with this arrangement.
- Records showed that on one occasion, one person had accompanied staff to take another staff member to work at a different Spectrum service in the car people were paying for. This showed the service was not focused on meeting people's individual preferences and decisions but had prioritised the needs of the provider.
- People enjoyed the things they spent their time doing; however, there was little evidence staff had used person-centred planning tools and approaches to understand what a meaningful life looked like for each person. This meant people's choices were limited to things they already knew, and opportunities staff sought to offer people reflected only their prior knowledge of what the person liked.

This contributed to the breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider told us care planning documentation was being revised and this information would be included in the future.

- Following the inspection, the registered manager told us they now planned to provide the person with smaller bottles of wine, that would not be locked away. This would give them greater freedom whilst also minimising any health associated risks.
- A professional who worked with one person at a voluntary placement told us staff had been involved in planning the person's return to their voluntary placement, so that it was successful.
- One person's care plan reminded staff that the person was a 'free-spirited artistic individual' who had their own way of doing things. This helped ensure the person could enjoy their college course in a way that suited them.

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.

- Staff ensured people had access to information in appropriate formats which included easy read, written or pictorial versions. Staff also created social stories to help people understand things that were happening.
- People had individual communication plans that detailed people's preferred methods of communication, including the approach to use for different situations.
- Staff had a good understanding of individual communication needs. They knew how to facilitate communication and when people were trying to tell them something.

Improving care quality in response to complaints or concerns

- The registered manager investigated and responded to complaints and ensured any changes or learning were shared with the staff team.
- A relative told us they would be happy raising any concerns with the registered manager or staff.
- Staff provided opportunities for people to give feedback so they could ensure the service worked well for

them.

# 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 requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At this inspection we checked if the provider had met the requirements of the warning notice we previously served in relation to the governance of the service. We found the required improvements had not been made.

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

At the last inspection we found the provider had failed to continually assess, monitor and drive improvement in the quality and safety of the services provided. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Our findings from the other key questions showed the provider's governance processes were ineffective and had not resulted in people consistently receiving good quality care and support based on best practice.
- The providers systems and processes to assess, monitor and improve the quality and safety of the service were not operating effectively. The registered manager completed a monthly checklist to advise the provider of outstanding actions needed at the service. However, the checklist did not always reflect correct information about the service. Due to a lack of oversight of the service, the provider had not identified the checklist was incorrect.
- The registered manager completed monthly checks of people's expenditure to help ensure staff were handling people's money safely. However, the provider did not check these were correct as all receipts stayed in the service.
- An environmental assessment of the service to check if it met the needs of autistic people had not been used to good effect. One question answered that as people received one to one support from staff, their needs would be met if they wanted to leave the service. This was not reflective of the current staffing levels at the service and was therefore incorrect. During the inspection, two people did not have one to one support, they were sharing one staff member. The rota showed this happened regularly and meant the people would not always be able to leave the service with one to one support as the assessment suggested.
- Action had not always been taken promptly to assess or improve people's lives. The same assessment noted, "To further support our understanding of the residents' sensory needs we will complete an outline of the sensory behavioural scale for each individual." This had not been completed.

- There were several warning signs of a closed culture in the service; such as the use of potentially punitive approaches, restrictions being used without an assessment of need and blanket restrictions in place that were not necessarily the least restrictive. There was no system in place to monitor the service to help ensure a closed culture had not developed.
- Information we requested from the provider about the management of people's benefits and finances was not all provided.

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

Following the inspection, the provider told us governance processes were being revised. They also told us care planning documentation was being revised.

Continuous learning and improving care

- There was limited evidence of the provider's ability to drive improvement at the service. At an inspection in June 2021 we imposed conditions on the provider's registration to report to us on a monthly basis about staffing levels. This enforcement action is intended to drive improvement at the service; however, at the last inspection (November 2021) and this inspection, we had ongoing concerns about staffing. This meant this was the third consecutive time the service had been in breach of the regulations in relation to staffing.
- At the last inspection we served a warning notice for failures in governance; however, at this inspection we had ongoing concerns and found the warning notice had not been met.
- The provider had failed to use the findings from our previous inspections to drive improvements. The service has now been rated below Good since May 2018 but the provider has not made the required improvements to the service.
- The registered manager was keen to improve the service but had not received the outcome of a provider level audit of the service. This meant the registered manager had not received the correct support, advice and guidance to identify and implement best practice and the required improvements. A staff member told us, "It is very disheartening when we get a poor rating because we try our best, but we get requires improvement because of the lack of support from head office. They never come in and see."
- Staff knew people well, however the provider had not ensured they had a good understanding of best practice models of care. This meant staff did not consistently support people's aspirations to live a quality life of their choosing.
- The ethos and culture of the service were paternalistic which limited the opportunities people were offered. At the last inspection we were told the provider was developing their auditing system to ensure it was aligned to the principles of Right support, right care, right culture. These had not been effective as aspects of the service still did not reflect these principles.

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

- The registered manager and staff had made some changes to the service following the last inspection. For example, most people now kept their medicines in their own room. Also, following a previous inspection, two staff members had attended a course to learn 'key-signs' a form of sign language one person used; they were now sharing these signs with the rest of the staff team.

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

- The provider's systems and processes had not identified that the model of care provided at Heightlea did not reflect best practice. This meant people's lives and opportunities were limited.
- The provider had not ensured the service consistently achieved good outcomes for people in all areas of

their lives. How people spent their time was still at times, dictated by staffing levels and vehicles available and, as a result, was not always person centred.

- The provider had not monitored the culture in the service to ensure it was truly inclusive and empowered people to develop and flourish. People enjoyed their day to day activities and pastimes but there was no evidence of people being supported to describe or explore what a meaningful life meant for them or to make plans on how to reach their goals and aspirations.
- There was an overly restrictive culture in the service which meant people did not always have free access to key aspects of their lives. Restrictions were placed on people that had not been assessed as necessary or the least restrictive option.

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

- The registered manager knew people well, was approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. A relative told us, "[Registered manager] is the rock of the service. We have a very high opinion of them."
- The registered manager encouraged staff to reflect on and challenge the way they supported people and welcomed new ideas.
- Staff were committed to reviewing people's care and support on an ongoing basis to ensure it continued to reflect people's needs and wishes as they changed over time. A relative told us they were happy with the service provided to their family member adding, "We think [registered manager] and the team do a really good job."
- Staff valued their relationships with the people they supported. When we asked staff to describe achievements of the service, they were keen to describe what each individual had achieved; this included college courses, one off trips such as going to watch Abba, as well as supporting people back into work placements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff told us they were well supported by the registered manager but not by the provider. Comments included, "I feel valued by the manager, but I don't from head office" and "We do everything we can but it's with the head office where the issue is."
- Staff meetings were held to enable staff to receive any changes to ways of working as well as to discuss any ideas or suggestions they had.
- Staff regularly discussed people's needs and any way they could improve people's outcomes. Staff were able to raise suggestions, and these were listened to and tried, where possible.
- The registered manager recognised and celebrated the efforts put in by staff. Recently they had shared information with the provider about the level of support a staff member had provided to someone when they were ill. The provider thanked the staff member and gave them a reward.
- A relative told us they communicated with the registered manager and staff regularly and were kept up to date with their relative's life. Staff also involved them in discussions about possible further opportunities for their relative.

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 service apologised to people, and those important to them, when things went wrong, applying duty of candour where appropriate.

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 9 HSCA RA Regulations 2014 Person-centred care  The provider had not ensured the service reflected best practice in providing person centred care for people.

### The enforcement action we took:

Following this inspection the provider decided to transfer the service to another provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider had not ensured records people's capacity to make certain decisions had been assessed; or that there was evidence decisions made on people's behalf were in their best interests.

### The enforcement action we took:

Following this inspection the provider decided to transfer the service to another provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider's systems had failed to identify and act on all risks to people.

### The enforcement action we took:

Following this inspection the provider decided to transfer the service to another provider.

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  The provider had not protected people from the improper use of restrictions. They had not ensured systems to manage people's money protected them from the risk of abuse.

**The enforcement action we took:**

Following this inspection the provider decided to transfer the service to another 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 support the service to make all the required improvements. Systems and processes used in the service had not ensured all areas for improvement had been identified or acted upon.

**The enforcement action we took:**

Following this inspection the provider decided to transfer the service to another provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had failed to ensure the service was able to consistently meet commissioned staffing levels.

**The enforcement action we took:**

Following this inspection the provider decided to transfer the service to another provider.