

Spectrum (Devon and Cornwall Autistic Community Trust)

The Beach

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Beach is a care home that provides support and personal care for up to 15 people with learning disabilities. At the time of our inspection the service was supporting 12 people.

The service is a two-story block of 10 flats located on Porth beach in Newquay.

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 guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

This focused inspection did not look at all aspects of the service. People lived in their own flats or with one flat mate and were supported to be as independent as possible and have control over their lives. People's dignity was respected, and staff encouraged and supported people to make decisions and choices about how they spent their time.

Prior to our inspection we received information of concern that staff were not using surgical face masks while supporting people during the Covid-19 pandemic. We found that staff were using surgical face masks in people's flats and while providing support and people understood why this was necessary. However, staff were not wearing masks in the service's office and in communal areas of the service when people were not present. This was contrary to guidance published by Public Health England and a breach of the regulations.

We raised this failing with the registered manager during the inspection and staff subsequently wore masks in all areas of the service.

The service was clean and there were additional cleaning procedures in place to limit infection control risks within the service. Covid-19 testing had been regularly completed and there were plans in place to enable people to be cared for in isolation should this become necessary.

Staff understood their role in protecting people from harm or possible abuse. Accidents and incidents had been investigated to identify areas of learning and prevent similar incidents from being repeated. Medicines were managed safely.

Staffing levels were sufficient to meet people needs and people told us, "I think there are plenty of staff." Restrictions to staff movements between services had been introduced in response to the pandemic. This

change had, impacted positively on both staff morale and the consistency of support people received.

The registered manager provided effective leadership to the service and performance audits were underway designed to drive improvements in the services' performance. WiFi internet access was now available throughout the service and the digital care planning system now enable staff to complete care records in all flats.

People and their relatives were complementary of the service and the staff team. Staff told us they felt well supported by the registered manager and records showed supervision meetings had been held regularly.

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

Rating at the last inspection

The last overall rating for this service was Good. (Report published 31 August 2018)

Why we inspected

We undertook this focused inspection in response to information of concern that we had received. This information indicated that staff were not following current government infection control guidance.

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 coronavirus and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the Safe section of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

The Beach

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

The Beach is a 'care home'. People in care homes receive accommodation and 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 is required to have a manager registered with the Care Quality Commission and there was a registered manager in post. 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 and feedback we had received on its' current performance. 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.

During the inspection

We met and spoke briefly with five people who used the service. We observed staff practices while they were supporting people in their own flats and in the service's communal lounge. We also spoke with four members of care staff and the registered manager.

We reviewed a range of records. This included three people's care plans, incident records, medication records and two staff members recruitment and training records. We asked the service to send us additional information via e-mail about Infection control practices, staff rotas, policies and procedures.

After the inspection

Following the inspection, we spoke with seven people's relatives via telephone about the service people received. We also reviewed the documents requested during the site visit and completed an analysis of staffing levels within the service in the month prior to our inspection.



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 deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

Preventing and controlling infection

- Prior to the inspection we received information of concern, that indicated staff had not consistently been using surgical face masks while supporting people during the Covid-19 pandemic.
- On our arrival at the service we found that current guidance, published by Public Health England, was not being consistently followed in all areas of the premises.
- Staff were following this published guidance while providing care and support to people. Surgical face masks were being worn by staff in all of the flats we visited. People understood why it was necessary for staff to wear masks and one person told us, "I have social stories and they help me understand why we have masks and need social distance."
- However, managers and care staff were not wearing surgical face masks in the office and in communal areas when people were not present. This was contrary to current published guidance.

The failure to follow published infection control guidance meant all necessary steps had not been taken to prevent the spread of infection within the service. This is a breach of the requirements of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We highlighted this failing with the registered manager during the inspection. Action was immediately taken and for the rest of the inspection staff correctly used surgical face masks in all areas of the service. Feedback from relatives indicated that staff were consistently using surgical face masks following our site visit.
- The service was clean and there were effective cleaning procedures in place designed to limit infection control risks. Personal Protective Equipment (PPE) was readily available and the provider had arrangements in place to supply additional PPE quickly if required.
- Visitors within the service were currently restricted but arrangements had been made to support people to meet with their relatives outdoors. Regular testing of people and staff had been completed and there were plans in place to enable people to be cared for in isolation should this become necessary.

Systems and processes to safeguard people from the risk of abuse

- People were comfortable in their flats and told us "It's good here." There was a good rapport between people and their support staff.
- Local safeguarding arrangements were well understood by staff and the registered manager. Staff were confident the registered manager would take action in response to any safety concern they reported.

Assessing risk, safety monitoring and management

- Risks were appropriately managed, and staff were provided with guidance on the action they must take to protect both people and themselves from identified areas of increased risk.
- Some people needed support from staff to help them manage their emotions or anxiety. Care plans provided staff with information on events likely to cause people anxiety and advice on how to provide support at these times. Staff told us they did not use physical restraint at The Beach and incident records confirmed this.
- Personal emergency evacuation plans had been developed for everyone who used the service. These documents detailed the level of support each person would require in the event of a fire or an emergency. Fire drills had been completed regularly to ensure people and staff understood how to respond to emergencies.
- The building's services and safety equipment were regularly inspected by suitably qualified contractors to ensure people's safety.

Learning lessons when things go wrong

- Accidents and incidents that occurred had been documented on the provider's digital care planning system. This information was shared with the registered manager and the provider's senior team and had been appropriately investigated.
- Where areas of learning were identified, this information was shared promptly with staff and changes made to how support was provided.

Staffing and recruitment

- The services' recruitment practices were safe and all necessary pre employment checks had been completed to ensure prospective staff were suitable for employment in the care sector.
- On the day of our inspection the service had five vacancies. Four additional staff were in the induction training process and recruitment was planned to fill the remaining vacancy.
- Rotas and daily staff allocation records showed there were generally sufficient numbers of staff available to meet people's support needs. On the morning of our inspection the service was one staff member short as a result of unexpected sickness. The registered manager had contacted off duty staff and made arrangements for the service to be fully staffed in the afternoon. Records showed staff were flexible in responding to people's needs and had worked collaboratively with managers to ensure the service was safely staffed.
- People got on well with their support staff and told us, "I think there are plenty of staff."
- Staff told us that as a result of the Covid-19 pandemic they were no longer expected to work at other services for the provider. They reported this change had impacted positively both on staff morale and quality of support people received. Staff felt the increased consistency had resulted in a reduction in the number of, duration and intensity of incidents within the service. As staff had a better understanding of people's needs and preferences. Staff comments included, "Staff morale is better", "As a staff team we are closer and have got to know the people we support better" and "It is nice to know where I am going to work each day, it takes the pressure off."

Using medicines safely

- Medicines were managed, stored and administered safely. Records had been accurately maintained of the support provided with medicines and there were appropriate arrangements in place for the storage of medicines that required stricter controls.
- All staff received medicines training and there were appropriate systems and guidance in place in relation to the use of 'as required' medicines.
- Staff were working collaboratively with prescribers to, wherever possible, reduce the amounts of medication people received in accordance with the principles of STOMP (Stopping over medication of

people with a learning disability, autism or both).

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's management and providers systems did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care, understanding quality performance, risks and regulatory requirements

- As detailed in the safe section of this report, current published infection control guidance was not fully understood and adhered to by the registered manager and staff team.
- The providers' systems for distributing guidance and ensuring compliance were not fully effective. Staff were not wearing surgical face masks in the office and communal areas when people were not present. Although this failing had not caused harm at the time of our site visit people had been at increased risk.
- We raised our concern at the time of the inspection and action was taken immediately by the registered manager and staff team to address the issue.
- At our previous inspection there was no registered manager in post, supervision had not been regularly completed and the recently installed digital recording systems were not fully operational as a result of WiFi connectivity issues.
- At this inspection we found these issues had been resolved. A registered manager had been appointed in June 2019 and improvements had been made to the service's WiFi internet access. Staff had received regular supervision and annual performance appraisals were underway.
- The provider had quality assurance systems in place designed to drive improvements in performance. An audit was in the process of being completed by one of the providers' regional managers and records showed action had been taken to address and resolve issues identified during previous audits.

Managers and staff being clear about their roles

- Relatives were complementary of the service's registered manager and told us, "The manager has been lovely" and "[The registered manager] is very competent and very helpful, [the service] went through a rough patch but it is more stable now." People said, "[The registered manager] is lovely and [The deputy manager,] both lovely they are both kind".
- The roles and responsibility of the staff team, deputy manager and registered manager were well defined and understood by all. Each day staff were allocated to support specific individuals and people knew which staff had been allocated to support them on the day of our inspection.
- The registered manager was not included in the service's rota and was thus able to focus on the management and oversight of the service. Staff told us the registered manager was approachable and supportive.

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

outcomes for people

- People told us, "It's good here" and "They are looking after me. I love it here." While relatives said, "I find the staff very dedicated" and "There is always room for improvement but on the whole [My relative] is well looked after. [They are] always quite happy".
- There was a positive, warm and friendly atmosphere in the service and staff were focused on supporting people to be as independent as possible. Staff enjoyed their roles and said, "Working here is a breath of fresh air" and "I can't believe they pay me, it's the best thing I've done".
- People were supported and encouraged to access the local community and travel independently on public transport when Covid restrictions allowed.

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

- The service regularly and actively sought people's feedback on its' performance. A range of individualised surveys and tools had been developed to support people to provide this information. Recently received feedback had been consistently positive with people reporting, "I like the staff", "I can talk to [all the staff], they help me" and "[I have] no worries."
- A survey was being developed to gather the views of relatives and involved professionals on the service's current performance.
- The registered manager and staff team had a good understanding of equality issues and acted to ensure people and staff were protected from all forms of discrimination. Where staff had other caring responsibilities, they told us the registered manager had taken a flexible approach to shift allocations.

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

- Responsibilities under the duty of candour were fully understood by the registered manager and staff team. One person's relative did tell us, "If for instance [my relative] is hospitalised they tell me straight away" and records showed relative had been promptly informed of any accident or incident that occurred. However, relatives told us they often had to instigate communication with the service to receive updates on any change to people's support needs.
- One relative was concerned about how the service shared information with other professionals. As they felt there had been some restrictions on the quality of communication between the service and the local authority.
- WiFi internet access was available throughout the service and people had been supported to stay in contact with relatives and friends using video conferencing technologies during the pandemic.
- The registered manager and staff team were open and honest during the inspection process and acted promptly to address and resolve any issues identified.

Working in partnership with others

- Records showed the service had worked collaboratively with health professionals to ensure people's needs were recognised and any issues resolved.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The Provider had failed to ensure published infection control guidance was followed. This is a breach of the requirements of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>