

Spectrum (Devon and Cornwall Autistic Community Trust)

Trelawney House

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and 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 supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Trelawney House is a residential care home providing personal care for up to six people with a learning disability and/or autistic people. Five people were living in the service at the time of this inspection. It is part of the Spectrum (Devon and Cornwall Autistic Community Trust) group, a provider with 15 other similar services for adults across Cornwall. Trelawney House is in a rural location. The nearest town is Helston which is approximately four miles away without public transport links.

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

People, relatives and staff all reported improvements in the service's performance since the last inspection.

The service was not able to demonstrate how they were meeting some of the underpinning principles of the statutory guidance Right Support, Right Care, Right Culture.

Right support

The service remained short staffed and low staffing levels continued to restrict people's freedoms and choices. The provider had not safely managed risks in relation to the quality of care provided by tired staff. Staffing numbers on shift each day had improved and there were no incidents where staffing numbers had been unsafe in the month prior to our inspection. However, people's needs in relation to staffing were not fully met and reduced staffing levels continued to restrict freedoms and choices.

The provider had not ensured all necessary recruitment checks had been completed for agency staff working in the service.

We identified issues in relation to the use of personal protective equipment by some staff who were not wearing masks, this was reported to the manager and resolved.

Improvements had been made to some aspects of the service's environment and soiled carpeting had been replaced. However, faulty emergency lighting had not been promptly repaired, a number of double glassed window required replacement and an area of damp was present in one person's bedroom.

People were now protected from abuse at Trelawney House and no one was locked in their own rooms during this inspection. People told us they now felt safe in the service and no one had alleged incidents of abuse occurring in the service since the last inspection. The new manager understood how to report safeguarding concerns.

Right care

People's care plans were lengthy, and protocols used by staff did not consistently reflect guidance contained in care plans. This was raised with the manager on the first day and resolved by the second visit to the service during this inspection.

Issues in relation to the noise levels in the service during the day and at night had improved. People were more relaxed in the home and were now able to rest. This had impacted positively on their wellbeing. The person who had become withdrawn as a result of high noise levels were now comfortable accessing the service's communal areas.

People now had more control of their lives and this had positively impacted on their wellbeing. Access to the community had improved and people were now regularly supported to engage in a variety of activities they enjoyed.

Risks in relation to people's mobility were now managed appropriately. A person whose mobility was declining had moved into a ground floor flat. They were now able to access the service's communal areas and their bedroom interdependently when they wished. Appropriate support was provided to ensure the person's dignity was protected while accessing vehicles.

People were appropriately supported at mealtime and staff had the skills they needed to meet people needs. Medicines were managed safely. However, we have made a recommendation in relation to systems for administering as required medications.

Right culture

The culture of the service had significantly improved. Staff were well motivated and focused on supporting and enabling people to have choice and control over their lives. The manager was open and honest throughout the inspection and information request was provided promptly.

People were not always supported to have maximum choice and control of their lives and the service had not fully complied with reporting conditions made under the Deprivation of Liberty Safeguards. MCA assessments and best interest decisions remained generic rather than decision specific.

There was no registered manager in post. A new manager had been recruited since the last inspection. Staff and relatives were highly complementary of the manager's approach and professionals told us communication with the service had improved.

The provider's quality assurance systems had failed to ensure the service complied with the regulations. The manager had reintroduced the use of paper based daily care records as the provider's digital recording system was ineffective.

Incident recording had improved, and the manager had reviewed incident records to identify possible areas of learning or improvement.

Senior staff had begun additional training to support people to communicate effectively. Staff were now able to communicate effectively with people which enabled people to have more control over their lives.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update:

The last rating for this service was Inadequate (published 16 December 2021) and there were breaches of regulation. At this inspection we found some improvements had been made. However, the service's rating remains inadequate. A number of ongoing breaches of the regulations were identified at the inspection.

Why we inspected

This inspection was carried out to follow up on the findings of our previous inspection and to provide updated rating for the service.

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 monitor the service and will take further action if needed.

We have identified breaches in relation to need for consent, premises and equipment, governance, staffing and fit and proper persons employed at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is Inadequate and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions of the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not always well-led.

Details are in our well-led findings below.

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 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 three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Two inspectors were present in the service on each inspection day while one inspector and the Expert by Experience completed their work remotely.

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. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both 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 not a registered manager in post. A new manager had been recruited and was temporarily providing leadership to the staff team. The new manager did not intend to become the registered manager of the service.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we reviewed all of the information we had received about the inspection 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. We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 17 May 2022 and ended on 25 May 2022. We visited the service location on 17 and 19 May 2022. During the inspection we met and spoke with everyone the service supports and observed the quality of interactions between people and their support staff. We also spoke with six members of staff and the manager. In addition, we gathered feedback on the service's current performance from three people's relatives and four professionals who worked with the service. We reviewed three people's care plans, staff recruitment and training records as well as the service's policies and procedures.

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 inadequate. At this inspection this key question has remained the same. This meant people were not safe and were at risk of avoidable harm.

Staffing and recruitment

- At this inspection we found the provider did not have robust systems in place to ensure all staff deployed in the service were suitable for employment in the care sector.
- Following the last inspection, the commission made a safeguarding alert about an incident of alleged abused involving a member of agency staff. Other bodies attempted to investigate this matter but were unable to establish the identity of the alleged abuser employed by the agency. This information had been shared with the provider prior to this inspection.
- We requested the recruitment information for all five members of agency staff working at Trelawney House. The information provided lacked full employment histories and included references from previous employers where dates did not match available staff employment histories. In addition, Disclosure and Barring Service (DBS) checks had not been completed by the agency for four of the five staff currently working at and living in the grounds of Trelawney House. The results of previous DBS checks completed by previous employers were available for all agency staff.
- The Agencies recruitment procedures were unsafe and the provider had not learnt from the previous incident involving unsafe recruitment practices.

The provider had failed to ensure all staff working in the service were fit and proper persons. This meant the provider was in breach of the requirements of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- One permanent staff member had been recruited for the service since the last inspection. All necessary pre employment checks had been completed for this staff member by the provider.

At our last inspection we found there were insufficient staff available to meet people's support needs. This was a breach of the requirements of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection although staffing level had improved there were still not enough staff available to fully meet people's support needs. This meant the service remained in breach of the regulations.

- The provider continued to experience significant challenges in relation to recruitment. In response to ongoing staff shortages, pay had been increased and previously withdrawn benefits reintroduced with the aim of making the provider more attractive to prospective staff. However, this had so far been ineffective. Relatives said, "They don't seem to be recruiting any permanent staff".
- At the time of our last inspection the provider had identified that a minimum of five staff were required to

ensure the safety of people living in Trelawney house. Since that inspection one person had moved out and at this inspection the provider's minimum safe staffing levels were four staff during the day and one waking and two sleeping staff at night.

- We reviewed staffing levels in the month prior to our inspection and found the service had not operated below these minimum safe staffing levels. However, they regularly fell below the levels identified as necessary to support people to live full and meaningful lives.
- The provider had identified that six staff members were required each day to enable people to engage with activities and access the community when they wished. Records showed these planned levels of support were infrequently provided.
- One person normally attended a day centre on weekdays, and this meant increased staffing levels were needed to meet people's needs at the weekend. However, rotas and staff allocations showed the service tended to have less staff available at the weekend. This meant people's choices and freedoms in relation to activities were more likely to be restricted at these times. Staff told us, "We say it should be six [Staff] in the morning and five in the afternoon as [person's name] staff member comes over when [they are at the day centre], when not at the Day centre we need seven but we are not there with that".
- The manager recognised further increases in staffing levels were necessary to fully meet people's support needs and enable them to access the community whenever they wished. The manager's comments included, "Staffing is better, not perfect. I could still do with some more, it is very difficult to recruit to this house because of where it is."
- Although people were receiving more hours of care the provider had not deployed staff to do so in a safe way. Agency staff working at Trelawney House were working excessive hours each week. Rotas showed these staff were routinely completing six 14 hour shifts each week with one day off. Where staff intended to work more than 70 hours a week a risk assessment had been completed by the manager. These risk assessments did not recognise the potential impact of long working hours on the quality of care provided by individual members of staff. Staff recognised long working hours could impact on the quality of support they provided and told us, "Tiredness can make you complacent."
- Following feedback changes were made to these risk assessments to recognise the potential impact on care quality of long working hours. However, we were not provided with any evidence of a plan to enable agency working hours to be reduced to reasonable levels.

The provider had failed to ensure sufficient numbers of suitably experienced staff were deployed to meet people's recognised needs. This meant the provider was in breach of the requirements of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Spectrum has become dependent on one staffing agency to enable it to attempt to meet people's needs at Trelawney House. Five agency staff were based at Trelawney House at the time of this inspection to cover the ten full time vacancies at the service. Staff told us, "The agency staff kept us afloat and are now quite long term."

Systems and processes to safeguard people from the risk from abuse

At our last inspection we found the provider's systems and processes to protect people from abuse were not operated effectively. When abuse occurred, this had not been reported or investigated. In addition, during the previous inspection we identified one person was regularly locked in their own room without support from staff. 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.

At this inspection we found people had not been abused and that staff and the manager understood how to raise safety concerns. People were able to freely move around the service and no one was locked in their

room. This meant the service was no longer in breach of this regulation.

- People did not report any incidents of abuse during this inspection and told us they felt safe with the current staff team. One person told us, "All the [staff] now are nice. They have patience."
- Relatives said, "I feel it is safe" and staff were now confident that the people living in Trelawney House were safeguarded from abuse.
- People were able to move around the service freely during both of our visits to the service and we saw no evidence of people being locked in their rooms. Both visits were unannounced and on arrival on both occasions, people had been free to choose where to spend their time.
- Staff and the new manager had a good understanding of the local authorities safeguarding procedures and knew how to raise safety concerns. The manager was able to make safeguarding alerts independently and had appropriately informed the commission of safety incidents that had occurred.
- There were appropriate systems in the service to ensure monies held in the service were appropriately managed. At the time of the inspection Spectrum were acting as appointee for a number of people and had responsibility for managing all aspects of these people's finances. These responsibilities were subsequently taken on by Cornwall Council. This meant people's finances were overseen by an independent body which further protected people from any risk of financial abuse.

Assessing risk, safety monitoring and management

At the last inspection risks in relation to one person's mobility had not been appropriately managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection this situation had improved and the person whose mobility had declined had moved into a room on the ground floor. The service was no longer in breach of this regulation.

- Identified risks in relation to people's mobility needs had been appropriately managed. Staff supported people to mobilise safely around the service.
- Some people occasionally behaved in a way which put themselves or others at risk. Staff understood how to support people when they became upset or anxious. People's care plans included appropriate information on possible triggers for these behaviours and specific information on how to ensure people were safe when distressed or anxious.
- Staff understood how to support people when distressed and consistently reported it was not necessary to use physical restraint at Trelawney House.
- Each person had a plan in place detailing the level of support they would require in the event of an emergency evacuation of the building.

Using medicines safely

- Staff followed processes to assess and provide the support people needed to take their medicines. However, staff did not use body maps or topical medicines records to record how and where to apply creams or other external medicines.
- There was limited information for staff to make consistent decisions about when to give 'when required' medicines or to evaluate and record the outcome of taking a 'when required' medicine.

We recommend the provider should ensure that the process for administering 'when required' medicines meets the requirements in NICE guideline 'SC1 – managing medicines in care homes.'

- People were supported by staff who followed systems and processes to administer, record, store and

dispose of medicines safely. People's medicines were stored in their bedrooms and this had been risk assessed to make sure it was safe.

- Staff were trained and competent to support people to take their medicines safely. The manager had checked medicines and medicines records to ensure that people were receiving their medicines as prescribed.
- Staff referred people to healthcare professionals to review their medicines and to monitor the effects on their health and wellbeing.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

Preventing and controlling infection including the cleanliness of premises

- 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 somewhat assured that the provider was using PPE effectively and safely. We observed incidents where staff were not using face masks appropriately. This was raised with the manager and addressed.
- 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.
- The service was supporting people to have visitors in line with current guidance. People were regularly supported to visit relatives at home and relatives told us they were made to feel welcome while visiting Trelawney House.

Learning lessons when things go wrong

At the last inspection the provider did not have robust systems in place to ensure incidents were recorded and learning identified. This contributed to the breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found incidents had been documented and reviewed by the manager to identify any areas of possible improvement. This meant the service was no longer in breach of this part of the regulations. However, they remain in breach of regulation 17 overall. Please see the well-led section of this report.

- Incidents had been appropriately documented by staff and reviewed by the providers behaviour team and the service manager. Possible causes of incidents had been identified by staff and the manager had taken action, where possible, to prevent similar situations from reoccurring.

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 inadequate. At this inspection this key question has improved to requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider had failed to comply with two people's DoLS conditions. In addition, mental capacity assessments were of a generalised nature and not decision specific. This unnecessarily restricted people's freedoms and was a breach of regulation 11 (consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider had again failed to fully comply with one person's DoLS reporting conditions and mental capacity assessments remained generalised. This meant the service remains in breach of the requirements of this regulation.

- The provider had correctly identified that some people the service supported had restrictive care plans and lacked the mental capacity to make decisions in relation to where they lived. Appropriate applications had been made to the local authority for the authorisation of these restrictive practices. Conditions had been associated with one person's DoLS authorisation.
- At this inspection, we found no evidence the provider was providing care in breach of conditions associated with people's DoLS authorisations. This was a significant improvement since the last inspection.
- However, the provider had failed to comply with reporting conditions associated with one person DoLS authorisation. The service had failed to document each day, information about the person's engagement and participation in community activities.

- Some information had been submitted to the authorising authority in response to the condition, but the information provided was insufficiently detailed.
- At this inspection we again found that the provider's procedures for assessing people's capacity were not used in relation to specific decisions. Instead, assessments had been completed in relation to overarching processes. For example, the person's capacity to consent to the overall care plan had been assessed as opposed to in relation to the individual restrictions and controls contained within the care plan.
- A standard template had been used to document these processes and the information recorded was also generalised, high level and lacked clear evidence of attempts to involve and support the person to participate in decision making. This blanket approach to assessing people's ability to make specific decisions was contrary to the underlying principles of the MCA.

The provider had again failed to comply with DoLS conditions and to assess people's capacity in relation to specific decisions. This was a continued breach of the requirements of regulation 11 (consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following feedback, to the manager at the end of the first day of the inspection, additional recording systems were introduced to enable the information required by the person's DoLS condition to be captured and reported to the authorising authority.

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

At our last two inspection we found that carpets were soiled and that the premises had not been kept clean. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection the soiled carpets had been replaced and cleanliness had improved. However, we noted a number of additional issues in relation to maintenance of the environment, including damp in one person's bedroom, failed double glazing, faulty emergency lighting and unsuitable noisy flooring on stairs. This meant the service remains in breach of regulation 15.

- Documents available in the service identified that noise levels could impact on people's wellbeing. The stairs in the service had laminate floor coverings and were very loud when walked upon. This may impact on people's ability to sleep or relax. Staff told us, "We need a carpet on the stairs, it's a creaky old house".
- The service emergency lighting was faulty, seven different emergency lights were non-operational. These faults had first been identified in February 2022 but not resolved by the time of this inspection. In addition, necessary fire alarm zoning maps were not displayed next to the service's fire board.
- A large number of double-glazed windows in peoples' rooms and in communal spaces were blown and thus difficult to see through. In one person's bedroom there was a significant area of damp. These issues had been identified by audits but not resolved.
- Necessary periodic testing of the service's electrical circuits had not been completed.

The provider had failed to appropriately maintain the service and adapt it to people's recognised needs. This was a continued breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Following feedback at end of the inspection arrangements were made for the emergency lighting faults to be addressed.
- Some improvement had been made to the service's environment since our last inspection. Carpets in the corridor on the first floor had been replaced with laminate flooring that was easier to clean. Relatives

recognised improvements had been made to the service's environment and told us "There is new furniture in the main lounge which is looking more homely." And "The house always looks clean and smells nice, there have been new carpets and furniture".

- Bedrooms were decorated in accordance with people's individual preferences and interests.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
At the last inspection one person's mobility had significantly declined and they were no longer able to use the stairs independently. The provider had identified that this person needed a ground floor room in 2020 in order for them to maintain their independence and remain safe, but no action had been taken to address the situation. This had restricted the person's freedom and independence. This failing formed part of the breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the person with declining mobility had moved into a flat on the service's ground floor. This meant the person was able to be more independent and the service was no longer in breach of this part of the regulation.

- Following our last inspection, the person who lived in the service's ground floor accommodation had moved out. This had enabled the person with declining mobility to move into a self-contained flat on the ground floor. This move had positively impacted on the person's wellbeing. On both days of the inspection this person was able to mobilise independently between their flat and the communal lounge when they wished.
- The provider had systems available to assess and identify people's needs before they moved into Trelawney House. These processes had not been recently used as no one had been admitted into the service.

Staff support, training, skills and experience

At our last inspection training had not been regularly updated to ensure staff had the skills necessary to meet people's needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection records showed staff had completed additional training to provide them with the skills necessary to meet people needs.

- Staff were sufficiently skilled to meet people's needs and the service's training matrix showed most staff had now completed all training identified as necessary by the provider.
- The manager had introduced processes to identify when staff training required updating and was supporting staff to complete these updates. Staff told us, "We have been doing grey matter training".
- Agency staff were complimentary of the training they had received from the provider and these staff had been included on the service's training matrix. This meant the manager was able to monitor all staff training needs.
- New systems had been introduced to ensure staff received regular supervision. Senior carers had been appointed, each of whom was responsible for supporting a group of staff. Staff told us they felt well supported.
- Team meetings had occurred regularly and staff told us, "We have had some team meetings, they are useful to bring up issues and hear opinions."

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

At our last inspection we found staff had not supported people to eat and drink in accordance with their recognised care needs. This was a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found people's hydration and nutritional needs were being met. Necessary support was provided at mealtimes and the service was no longer in breach of this regulation.

- Staff supported people appropriately and in accordance with their recognised needs at mealtimes. Everyone who lived in the service was supported and encouraged to participate in appropriately structured mealtimes' and meals were prepared in accordance with people wishes and preferences. For breakfast on the first day on the inspection people choose different options, one person had porridge, another muesli and a third person had pancakes.
- At our last inspection one person had become withdrawn and did not eat their lunch because of a lack of support from staff. At this inspection this person was effectively supported by staff at mealtimes and ate well.
- Staff described how the positive changes in the service were enabling people to become more independent. One staff member told us proudly, "[Person's name] does [their] own breakfast now from start to finish".
- People were encouraged to drink regularly throughout the inspection and to participate in preparing drinks.

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

- Where concerns had been identified in relation to people's health, prompt and appropriate referrals had been made for professional support.
- People had been supported to access routine medical appointments and the manager was making arrangements to enable people to access dental services.
- Hospital passports were available for each person detailing their communication needs and any additional support required in the event of a hospital admission.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At the last inspection we found noise levels at night prevented people from having adequate sleep, people's dignity had not always been respected and the high turnover of staff meant people's needs were not fully understood. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found noise levels at night had reduced, people were treated with dignity and that, although staffing turnover remained an issue, staff now had a better understanding of people's individual needs. This meant the service was no longer in breach of regulation 9.

- We arrived at the service unannounced, before 07:00 and found the service was quiet. One person had chosen to get up early and was being supported by staff to quietly listen to the radio in the communal lounge on our arrival.
- People and relatives consistently reported people were now better able to rest at night. One person told us, "I had a good night's sleep" and staff said, "People are sleeping better." Care records showed noise levels at night had reduced.
- One person had moved out of the service following our last inspection and this had allowed another person to move into a self-contained flat. These changes had resulted in a significant reduction in noise levels at night. Relatives told us people were now able to sleep and that this had resulted in improvements in people's health and wellbeing.
- People were comfortable and relaxed in their home. We observed numerous positive, caring and supportive interaction between people and their support staff. People told us, "[The staff] are lovely", "The staff are good" and "All the staff now are good. They have patience".
- People were free to move around the service and were able to spend time on their own if they wished. The atmosphere on both inspection days was positive and relaxed. Relative told us, "[My relative] is getting on brilliantly with the staff, [Trelawney House] is the only [place] that has fully understood [My relatives] needs."
- People were confident to approach staff for support and we observed people playing jokes and laughing with their support staff. One person said, "[The staff] are all good. [Staff member's name] is an absolutely awesome keyworker."
- Staff responded with individualised approaches to people's specific needs. Where people were struggling with particular tasks, appropriate reassurance and support was provided promptly. Staff were motivated to help people to live active, full lives and told us, "It brings tears to my eyes we have come on so far" and "It is a welcoming and friendly place". In relation to one person's morning routine staff said, "If you get it right it is

the making of the day".

- At this inspection we noted that previously challenging transitions between activities and when people returned to the service were well managed by the staff team.

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

- People were now routinely involved in planning activities and deciding how to spend their time. On both inspection days people had planned to go out at various times in the day for shopping trips and to access local leisure facilities. One person had planned to visit a local tourist attraction on the second day of our inspection. A second person, hearing the planning for this trip decided they would also like to go, and this was arranged.
- Staff described the positive impact this increased control over their lives had on people's wellbeing. One staff member told us, "We now let [person's name] pick, [they] are more easy going, it has completely changed the person, so much happier. [The person] gets out and about and loves walks now." A second staff member said in relation to another person, "[The person] can do what [they] like, it is a big change".
- One staff member described the transformative impact one person's increased choice and control had on their wellbeing. They explained the person's communication had increased, that they had become more independent and were clearly happier than they were at the time of our last inspection.

Respecting and promoting people's privacy, dignity and independence

- At this inspection people's privacy and dignity was respected by staff. People's preferences in relation to the gender of their support staff were respected. People were able to be in charge of their own routines in the morning.
- People had keys to their own room and were able to lock their doors when they wished. Staff knocked before entering people's room and requests to wait or "come back in a minute" were respected.
- At this inspection we saw people were supported to do things for themselves and to participate in household chores and other daily tasks.

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 requires improvement. At this inspection this key question has remained requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Planning personalised care

At our last inspection we found specific guidance in relation to one person's mobility needs and vehicles had not been followed. This had impacted on their wellbeing and was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection this person was appropriately supported to access the service's vehicle with dignity. This meant the service was no longer in breach of this regulation.

- During both days of the inspection, we observed this person being supported by staff to get into and out of the service's car. A portable step was provided, and staff safely supported the person during transfers and ensured their dignity was protected. Relatives told us there had been no further occasions when the person had used unsuitable vehicles and that the organisation was making arrangements for a vehicle to be converted to meet the person's specific needs.

At our last inspection we found care records were lengthy, complex documents which staff did not fully understand and that daily care records had not been accurately maintained. This formed part of a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found daily care records had been accurately completed and, although care plans remained lengthy, staff had a better understanding of people's needs. This meant that although the service is no longer in breach of the regulations, further improvements in relation to care plans are required.

- Care plans were available for everyone the service supported. The new manager recognised people's care plans were long, complex and difficult for new staff to quickly navigate. The service's senior carers had been tasked to review and update people's care plans and were in the process of completing this task at the time of our inspection.

- The updated care plans gave staff a better understanding of people's current support needs. However, on the first day of the inspection we identified that one person's care plan that had not yet been updated and contained a number of contradictory protocols not reflected in the rest of their care plan.

- This issue was reported to the acting manager and senior carer responsible. By the second day of the inspection this contradictory guidance had been updated to ensure staff consistently provided support as detailed in the person's care plan.

- Most staff knew people well and had a good understanding of their individual support needs. They recognised further improvements were needed in relation to care planning and told us these documents

"needed simplifying" and "The care plans are very detailed and offer good guidance but as they are so detailed it takes a while to absorb all the information". This was particularly relevant because of the high turnover of staff.

- Some of the language used in care plans and daily care records did not effectively describe what had happened. For example, the term "Off baseline" was used to describe people when they became angry, anxious, excited, upset or frustrated. This meant it was difficult to identify people's emotional state when reviewing the information. This language use is not in line with best practice.

We recommend the provider seeks guidance from external sources on the appropriate use of language in care records.

- The provider used a digital record keeping system to document the support people had received. Staff and the manager were unable to review this information in chronological order once it had been entered and this had made it very difficult to identify developing patterns in people's behaviours or occasions where daily care records had been missed.

- The new manager had re-introduced the use of paper based daily care records. Regular audits of the digital system had been completed and where information was missing this had been transferred from the written records. In addition, weekly reports to people's relatives had been introduced which detailed the activities people had engaged in. These actions meant there had been an improvement in the quality and accuracy of care records within the service.

Supporting people to develop and maintain relationships to avoid social isolation

At our last inspection we found noise levels in the service were impacting on people's wellbeing and people's behaviours were adversely impacting on others. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found these issues had significantly improved and noise levels in the service had reduced. This meant the service was no longer in breach of this regulation.

- Noise levels during both days of this inspection were lower than those previously observed. The two people who had not been getting on at the last inspection were now comfortable and relaxed in each other's company. During the first day of the inspection one person actively engaged in offering support and reassurance to the other person. Staff described how this relationship had evolved positively and told us, "It is so much quieter and people are happier."

- The person who had become withdrawn in response to previous noise levels was now comfortable using the service's communal spaces. On both days of the inspection this person was relaxed and confident while enjoying spending time in the lounge and garden. Staff described the positive impact the development of a structured morning routine had on this person's wellbeing and willingness to participate in activities.

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.

At our last inspection staff did not have the skills to communicate effectively with individuals who used signs to aid their communication. This failing formed part of the breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found three senior staff had begun training in the use of signs to aid communication and that staff had worked with people and relatives to gain a better understanding of how people used signs to communicate. This meant the service was no longer in breach of this regulation.

- During this inspection, we saw staff using signs and gestures effectively to support people's communication. The manager and two senior carers were in the process of completing training in key word signing with support from Speech and Language Therapists. This training was being cascaded and explained to other staff.
- Care plans included information and guidance about people's communication preferences. A variety of tools were now used routinely to support people's communication and aid planning and decision making.
- One person's care plan had been updated with support from the person and their relatives. It now included a photo-based dictionary of signs, performed by the person, to help staff identify and recognise particular signs and understand their meanings. Staff told us their increased use of signs had impacted positively on other aspects of this person's communication. With pleasure, staff explained how this person's speech was returning and how this enabled the person to have greater control of their life.
- Staff used different approaches dependent on people specific needs and preferences. We observed staff offering choices and giving people time to process information before they made individual decisions. These approaches enabled people to make meaningful decisions about how and when support was provided.

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 people spent most of their time in the service with limited opportunities to go out or to access the community. These issues had been caused by a combination of low staffing levels, limited availability of drivers and the service's rural location.

At this inspection, we found people were now being regularly supported to go out and to access the community.

- On both days of our inspection people left the service to engage with activities in the community. People were supported to attend day centres and voluntary work placements regularly, in accordance with their preferences. Records showed everyone the service supported was now regularly being supported to access the community.
- One person, who had become withdrawn at the time of our last inspection, was planning a summer holiday to a holiday park. Staff were encouraging and supporting this person to visit local attractions to help them rebuild their stamina to maximise the benefit and enjoyment of their holiday.
- People's increased engagement in community activities had also impacted positively on staff morale. Staff enjoyed supporting people to access the community and told us, "Now we are getting out most days" and "It is enjoyable as you get out and about."
- Staff recognised the improved staffing levels had impacted positively on people's freedom but acknowledged there were still occasions when people's freedoms were restricted. Staff told us, "We need to have the 2:1 hours, otherwise we are confined to base."
- Although staffing was more limited at the weekend this had not always prevented people from going out and a relative told us, "[My relative] has been going out at weekends as well and has visited us."
- People were supported to engage in a range of activities within the service. During the inspection people engaged with activities including; gardening, dancing, creating a scrap book and basket making. One member of agency staff had found two bikes in the shed and was planning servicing them to enable people to go out for a local ride.

Improving care quality in response to complaints or concerns

- The manager had introduced appropriate systems for the recording and investigation of any complaints or concerns received. Relatives told us they now felt more confident any issues they reported would be investigated.

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 Inadequate. At this inspection this key question has remained the same. This meant the service was inconsistently managed. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At the previous inspection, the provider's acting manager had failed to effectively lead the staff team and inconsistencies in information provided by the acting manager prevented concerns about staffing arrangements from being fully investigated. This meant the service was in breach of regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection a new manager had been appointed. They provided effective leadership to the staff team and were honest throughout the inspection process. However, the new manager did not intend to become the service's registered manager. This meant there was ongoing risk of management instability at the service and improvements may not be sustained. The service remains in breach of regulation 17.

- We were not reassured about the long-term management arrangements at the service. The new manager had not applied to become the service's registered manager and told us they had been recruited by the provider to manage another type of service and would not be applying for registration at Trelawney House. This meant there was a risk of further management instability at the service. The provider did not have a plan in place to mitigate this risk.
- Staff were highly complementary of the new manager's leadership. They told us, "[New manager's name] is a proper manager and has just turned everything around. It is a pleasure working here at the moment.", "I think [the new manager] is brilliant and has really turned things around, we have a senior team now and they are very good and we are going out a lot more which is better." And "[The new manager] is brilliant, just what we needed, a proper people person."
- The new manager was open and honest throughout the inspection process. Where possible, they provided accurate and timely responses to questions raised during the inspection process. Where issues and concerns were identified during the inspection, prompt action was taken to make improvements to the service's performance by the manager and staff team. Professionals recognised the new manager had a positive impact of the service's performance. They told us, "Since [manager's name] has taken on the team lead role things have improved."
- Since the last inspection two senior carers and positive behaviour support leads had been appointed. This meant there were now appropriate leadership structures within the service and the manager had been able to delegate some roles and responsibilities to these senior staff. Staff had a good understating of the duties and responsibilities of these leaders within the staff team. Staff recognised the improved leadership arrangements had impacted positively on people's wellbeing and staff morale. One staff member told us,

"We were all thinking about quitting at the last inspection. It is so much better now. The care did not go down, but morale was down. It is a million times better now".

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

Continuous learning and improving care; Working in partnership with others

At the last inspection, the provider had failed to make necessary safeguarding referrals when abuse had been reported by staff, DoLS condition had not been complied with, necessary notifications had not been submitted to CQC and staffing levels were unsafe. The providers quality assurance system had failed to identify and address these failing prior to the inspection. This meant the provider was in breach of the requirements of regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider had addressed some of these issues; Necessary safeguarding alerts had been made and notifications submitted to the commission as required. However, the provider's systems had again failed to ensure DoLS conditions were complied with and the service remained understaffed. This meant that although the service's performance had improved in some areas, governance systems remained ineffective. This is a repeated breach of the regulations.

- There remained a disconnect between the provider and the service. Staff now felt well supported by their manager but questioned the role of the provider's senior management in supporting the service. One staff member said, "The team supporting each other, I would say that is the only support we have had." While relatives told us, "I think head office are a bit slow to improve things but with regards the actual house we are really pleased. I think they do not always get enough input from head office."
- The provider's quality assurance systems had not ensured the service achieved full compliance with the regulations as detailed in the safe and effective sections of this report.
- The provider had not checked recruitment practices at an agency they used extensively. As detailed in the safe section of this report, the staffing agency had not fully completed pre-employment checks. This had not been identified by Spectrum.
- The provider's systems had failed to identify that the information necessary to achieve compliance with one person's DoLS condition was not being recorded.
- An external auditor had visited the service to assess its performance prior to the inspection. However, the results of this audit had not been shared with the manager prior to our inspection. This meant they did not have the necessary information to drive improvements.

The providers system had failed to ensure compliance with the regulations and there was no registered manager in post. This meant the provider remains in breach of the requirements of regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People, their relatives and the staff team all recognised significant improvements had been made since our last inspection. Staff told us, "It's better, since the last visit there had been a vast improvement", "I have been looking forward to you guys coming, to see we have been working hard here to turn it around", "Massive improvement, there is more to be done but we are getting there" and "We are proud of the improvement we are making."
- Relatives said, "It has, without a doubt, got better" and provided examples of how the changes within the

service had impacted positively on people's quality of life.

- At this inspection outcomes for people had improved. People were able to access the community more frequently and were more comfortable, relaxed and confident within the service.

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 manager and staff team openly shared information with people's relatives. Each person's relative now received a picture based weekly report which included details of what people had been up to and the activities they had engaged with.
- Relatives were confident they had a good understanding of what was happening in the service and information had been provided when requested to enable relatives to monitor the support people received. One person's relative told us, "Nothing is hidden, nothing is covered up."
- The new manager reported they had been well supported by the provider and that the provider's regional manager was available to answer questions and had worked in the service regularly.
- The manager had recognised the provider's digital recording system was ineffective as it was not possible for daily care records to be viewed chronologically. This meant it was very difficult to identify missing information or gain a detailed understanding of the care people had received each day. As a result, the manager had reintroduced paper based daily care records. This had led to an improvement in the accuracy of information available within the service.

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

- Staff and the manager valued people as individuals and recognised and celebrated people's individual achievements.
- People were involved in decision making in the service and their choices were respected. There were systems in place to enable people to provide feedback on the service's performance.
- Staff told us the manager valued their input and opinions in relation to people's changing needs. One staff member told us, "Team meetings are useful, you can bring up issues, hear opinions, staff speak up, we see good change and great ideas. That is what a new team can bring."