

Spectrum (Devon and Cornwall Autistic Community Trust)

The Mowhay

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

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

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.

Based on our review of safe, effective and well-led the service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right Support

People living at The Mowhay had different needs and required variable levels of support. Peoples experience of living at the service varied.

When some people experienced periods of distress there was a lack of guidance on how to support them to manage this.

The Mowhay was a pleasant, well-furnished and welcoming environment that met people's physical and sensory needs.

The registered manager and staff had recently started working with specialist external healthcare professionals to develop strategies for supporting people.

Staff encouraged and supported people to pursue their interests in their local area.

Right Care

There were enough staff to meet people's needs. Staff respected people's diverse needs and recognised their individuality.

Staff recorded when people had become distressed and put themselves at risk of harm. The information was collated by the organisations behavioural team but this had not led to practical guidance for staff to help them support people when they were distressed.

Staff continually assessed risks in the community to try and help people avoid situations which might lead to them becoming distressed.

Right Culture

Some people were at risk of harm because effective strategies had not been developed to support them when they were anxious.

People were supported by staff who knew them well and put their needs first. People were at ease in their environment. They approached staff freely and there was a relaxed and friendly atmosphere.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 4 September 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found some improvements had been made and the provider was no longer in breach of the regulations identified at the last inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

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.

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.

We have identified a breach of the regulations in relation to supporting people to stay safe.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from 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 effective?

The service was effective.
Details are in our safe findings below.

Good ●

Is the service well-led?

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

Requires Improvement ●

The Mowhay

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Two Inspectors carried out the inspection.

Service and service type

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The Mowhay is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the four people who used the service and three relatives about their experience of the care provided.

We spoke with five members of staff including the registered manager.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with five members of staff and five professionals who had worked with the service.



Is the service safe?

Our findings

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to embed systems to protect people from the risk of abuse. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were protected from the risk of abuse. Safeguarding information was available to people and staff. A noticeboard near the front door was used to display relevant information.
- Staff received training in safeguarding during their induction and this was regularly refreshed. They were able to describe the process for raising concerns and were confident these would be dealt with.
- The registered manager described the organisational processes for raising any safeguarding concerns.
- People named members of staff they would go to if they were worried. One commented. "Staff know me well, especially [name], she's known me a long time. I'd talk to her if I was worried."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- People were not always supported effectively when they were anxious and distressed.
- Some people found it difficult to manage their anxieties and needed support from staff. For example, one person's anxieties had increased in the months preceding the inspection, at least in part due to building work taking place close to their accommodation. This was a known trigger for them and the increase in risky behaviours was predictable.
- Incident reports and staff and relative feedback had identified a need to further develop strategies for supporting the person when they were anxious and putting themselves and others at risk. For example, in several incident reports, under the heading, 'What can be done to reduce such incidents in the future' staff had recorded; 'Better coping mechanisms' and 'input from the behavioural team.' A relative told us; "We have been asking Spectrum to help [name] with new coping strategies with [name]'s anxiety for years and [name] hasn't been given any, despite being open to help and asking for it."
- Although incident reports and records of the persons emotional well-being were reviewed and analysed by the provider's behavioural team there was no evidence to show this had translated into practical advice and guidance for staff. Staff told us they worked together as a team but had limited direct input from the organisations behavioural team. Comments included; "We have had little advice from our behaviour team" and "There is not much guidance from the behavioural team. These are complex people and there doesn't seem to be any input from Spectrum, it's left to us to come up with things and put our heads together. If there was a behavioural specialist come in it would be good for us and [name]."
- At the time of the inspection the building work had been completed and staff said the number of incidents

of distressed behaviours were decreasing. However, we were concerned there may be further occasions when the person will need staff to understand how to help them manage their emotions.

- An external professional commented on a perceived lack of drive to put in measures to support people when they were particularly anxious. They commented; "It doesn't feel as if they are fully committed. More could be done around [person's] autism."
- Staff were required to regularly check the temperature of tap water. Although the checks were completed no action was taken when the temperature fell outside the accepted range.
- Fire safety checks were carried out and people had Personal Emergency Evacuation Plans. There was no grab bag available to support safe evacuation in an emergency.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had started working more closely with external healthcare professionals to explore new ways of supporting the person when they were anxious.
- Some people required less support with managing anxieties. There was guidance in place for staff on how to support these people when they left the service to help ensure they were able to be part of the community. One person told us; "I have a busy life."
- Staff continually assessed risk in the community to try and help one person to avoid situations they might find stressful. One commented; "We take note on the way to work, look for any road works, anything that might cause problems."

Staffing and recruitment

- The service had enough staff, including for one-to-one support so people could take part in their individual interests and attend arranged appointments.
- Due to local staffing shortages agency staff were working at the service. These were staff who worked at the service regularly and had been given time to read people's care plans and get to know how best to support them.
- The registered manager told us staff shifts were flexible to ensure there were enough staff available to support people to follow their hobbies and interests when they wanted. People told us they were able to take part in activities they enjoyed.
- Staff recruitment checks had been completed to check newly appointed staff were suitable for the role.

Using medicines safely

- Medicines were managed safely and people received their medicines as prescribed. The service had recently moved to an electronic Medicine Administration Record (MAR) system. This meant the records were clear and supported effective auditing.
- When people required medicines to help manage their anxieties or distress this was recorded on MARs and in daily logs. The information included details about why the medicine was administered and whether it had been effective.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant most people's outcomes were good, and people's feedback confirmed this.

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

- The provider had assessed people's needs but care delivery did not always meet their needs. Although comprehensive records in relation to people's behaviours had been collated these had not been effectively used to improve outcomes for people.
- Relatives said they had raised concerns about the likely impact on their family member if anyone else went to live at The Mowhay. The registered manager reassured us they would take everybody's needs into account before admitting any new people into the service.
- Some people had identified goals they wanted to work towards. Staff supported and encouraged them.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training to help them develop the relevant skills and knowledge. Newly employed staff and agency staff completed an induction and a period of shadowing before they started to support people independently. This included training in autism and positive behaviour support. Staff told us this gave them confidence when they started to work with individuals.
- Staff received formal supervision from the registered manager. Although this had not been taking place as regularly as planned, staff told us they were well supported and able to ask for advice and guidance when they needed it.

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

- People had enough to eat and drink but the provider did not always take timely action to support people with their nutrition. One person had put on weight and recent health indicators had highlighted areas of concern. Information in the care plan directed staff to be aware of portion control. There was no further guidance on monitoring the person's weight or how to support the person in this area.
- People's preferences were known and recorded. Staff were able to tell us what each individual liked to eat and the support they needed to plan and prepare meals.
- One person described how staff supported them and encouraged them to have a healthy and balanced diet. They commented; "I like fish and chips but it's not good to have it too often."

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

- The environment was homely, well-furnished and well maintained. There was a large garden and people enjoyed watching the wildlife.
- The accommodation had been arranged so two people were able to have their own separate kitchen and living room. This suited both people. One of them discussed with us how they preferred to live on their own and would find it difficult to share living areas with the other people living at The Mowhay.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to attend regular health appointments and routine health checks. One person found medical appointments difficult. The registered manager had made arrangements to stagger appointments so they were easier for the person to cope with.
- External professionals told us the registered manager and core staff were working collaboratively with them to improve people's experiences.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported in line with the principles of the MCA. DoLS applications were submitted appropriately. New restrictions had recently been introduced for one person and the DoLS team had been updated accordingly.
- Best interest meetings were held when people were deemed as not having capacity to make decisions themselves. These involved professionals and people who knew the person well.
- Professional advocates had been used on occasion to help ensure people's wishes were at the forefront.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to notify CQC of significant events. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- CQC had received notifications in line with the regulations. There was no evidence any significant events had not been escalated to the relevant agencies.

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

At our last inspection the provider had failed to embed systems and effective oversight of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 but we have recommended further work be developed in this area.

- Information gathered by the service and provider was not consistently used to improve people's experiences. Information about any incidents and periods of distress were recorded and shared with the organisations behavioural team, so they could support the team to identify further support needs and action any required changes. This was collated so any patterns could be identified. As outlined in the safe section of this report, relatives and staff told us they felt they received little practical support and advice from the behavioural support team.
- Information was recorded in daily logs about how people had spent their time and what worked well for them. There was no evidence the information was then used to improve people's experiences.
- Relatives were not assured information was used to develop new strategies for supporting people. One commented, "They deal with it the way they've always dealt with it."

We recommend the provider seeks advice and support from reputable sources about monitoring the quality of service delivery and its impact on people's experiences.

- The registered manager told us they had recently received information about closed cultures and this was an area of interest for them. Manager meeting minutes showed the subject had been discussed to alert them to the indicators of closed cultures and the risk of them developing.
- Audits into other areas of the service were completed. For example, medicine administration records were regularly reviewed and action taken when areas for improvement were identified.

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

- The registered manager had a clear set of responsibilities within the service. Any concerns were escalated to senior management.
- The registered manager told us they felt well supported by the organisation. A member of the senior management team met with them regularly. Manager meetings were facilitated by the senior management team to keep managers up to date with any organisational changes.
- Staff told us they were well supported by the registered manager who they described as; 'approachable and fair.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives told us communication with the service had improved in recent months. The registered manager and key workers spoke regularly with relatives. However, some relatives told us they were not confident they were always made aware when things went wrong.

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

- People were clearly at ease with the registered manager and staff. They frequently engaged in conversation and discussions about plans for the day.
- People were able to speak with staff privately if they had any concerns. One told us, "I don't have meetings (with staff) but I don't need them. If I have problems I go straight to [registered manager or staff member]." There were arrangements in place for one person to have a specific time set aside each day when they could talk about their worries.

Working in partnership with others

- Professionals told us communication with the registered manager was generally good and they responded to requests for information. They were less positive about the communication with senior management. One commented; "I emailed a couple of times but didn't get a response. I wasn't very impressed."
- The registered manager had started to work with the local learning disability team to try and identify further strategies for supporting the person when they were distressed. A representative from the learning disability team commented; "[Registered manager] is so thoughtful about [person's name]."

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 effectively assess the risks to the health and safety of service users and do all that is reasonably practicable to mitigate any such risks.</p>