

Spectrum (Devon and Cornwall Autistic Community Trust)

Chylidn

Inspection report

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Date of inspection visit:

10 March 2022

18 March 2022

Date of publication:

27 June 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

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.

About the service

Chylidn is a residential care home providing personal care and accommodation for up to five people with learning disabilities or autistic spectrum disorders. Five people were living at the service at the time of this inspection. Two people lived in self-contained flats and three people lived in the main house sharing the kitchen, dining room and lounge. The service is part of the Spectrum group who run similar services throughout Cornwall.

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

The service did not employ enough staff to meet people's support needs. Three agency staff had been allocated to support the service. Agency staff and a team of bank staff had been deployed to support the service, however the service regularly operated at or below emergency safe staffing levels at the weekend and in the evening.

Agency staff were routinely scheduled to work long shifts. Risk assessments had been completed to manage the risk of excessive working hours impacting on the accuracy of record keeping and staff wellbeing. These risk assessments did not recognise the impact of long working hours on the quality of care people received. One member of agency staff had worked a large number of consecutive, long care shift contrary to these risk assessments.

The provider had a team of bank staff who knew people well and were able to support them to access the community during weekdays. However, at weekends and in the evening the service often operated at minimum safe staffing levels which restricted people's freedoms and opportunities to go out at those times.

Staff and the acting manager understood local safeguarding procedures and whistle blowers had contacted the commission prior to the inspection to raise concerns about the impact of current low staffing levels on people's wellbeing.

People were supported to have choice and control of their lives and staff did support them in the least restrictive way possible and in their best interests.

The service was not able to demonstrate how they were meeting some of the underpinning principles of

Right support, right care, right culture.

Right support:

The model of care was designed to maximise people's choice, control and independence. However, low staffing levels meant people were not always able to engage with activities when they wished.

Right care:

Staff cared for the people they supported and acted to ensure their dignity and human rights were protected. Staff responded promptly and were proactive in preventing situations that impacted negatively on people's wellbeing.

Right culture:

There was a significant risk of closed cultures developing at Chylidn. During the inspection we identified numerous warning signs and indicators of closed cultures within the service operations. However, staff reported that they were well supported by their managers and audits had recognised that staffing levels had impacted on the service's performance.

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

Rating at last inspection

The last rating for this service was Good. (Report published 12 August 2019).

Why we inspected

We received concerns in relation to staffing levels and staffing working hours from whistle-blowers prior to this inspection. A decision was made for us to inspect and examine those risks and the overall performance of the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvement. Please see the Safe, Responsive and Well-led sections of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to Person Centred Care, Safe Care and Treatment and Staffing at this inspection.

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

We have made recommendations in relation to the medicine's competences, the storage of potentially confidential information and how to ensure staff understood people's communication preferences.

Follow up

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

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 effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Chylidn

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 over two days. Two inspectors were present in the service on each inspection day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service did have a manager registered with the Care Quality Commission. However, the registered manager had been promoted to become one of the provider's regional managers. An acting manager had been appointed at Chylidn and was currently running the service.

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. 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. We used all of this information to plan our inspection.

During the inspection

We met everyone who lived at the service and spoke briefly with people about the quality of care they received. We observed the care and support people received during both inspection visits to help us understand the experience of people who could not talk with us. We used our quality of life tool to investigate people's lived experience of care. We also spoke with eight members of staff, the acting manager and the provider's deputy head of operations. We reviewed a range of records. This included people's care records, medication records, staff rotas and the provider's policies and procedures.

We sought clarification from the provider to validate evidence found. We looked at incident reports, training data and quality assurance records. We gathered feedback on the service's performance from four people's relatives and spoke with the provider's regional manager.

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 now deteriorated to requires improvement. This meant people were not always safe and were at risk of avoidable harm.

Staffing and recruitment

- Prior to the inspection the commission was contacted by a number of whistle blowers to raise concerns about current staffing levels at Chylidn. We found there were not enough staff to meet people's needs. On the first day of our inspection we found there were enough staff to keep people safe but not enough to enable them to go out when they chose.
- On the second day of the inspection the service was short staffed as three staff had been unexpectedly unwell including one member of staff who had tested positive for COVID-19. The manager and provider took action to ensure the service operated at above the emergency minimum safe staffing levels and inspection activities were briefly paused, when the service dropped below this level for a short period. Night staff had stayed on to enable arrangements to be made for additional staff to be transferred from other services operated by Spectrum.
- Rotas for the following weekend indicated that as a result of this staff sickness the service would be dangerously short staffed on Saturday. This information was shared with the local authority safeguarding team to enable external staffing support to be offered.
- The service's rota showed the service was designed to have a staff team consisting of a manager, two senior carers, and 15 full time and four part time care staff. The provider was experiencing significant challenges in relation to the recruitment and retention of staff. Rotas showed the permanent staff team at Chylidn currently consisted of an acting manager, a senior carer, who had resigned prior to the inspection, and two full time members of care staff. This meant there were 14 full time and four part time staff vacancies. The permanent staff team were able to provide less than a quarter of the support people required each week. Relatives told us, "There does seem to be high turnover of staff with some agency workers. The home is trying to recruit more, and new staff may make [my relative] anxious" and "[I am] very concerned about staff shortages".
- The service was supported by a team of nine bank staff on zero hours contracts. These staff knew people well and regularly worked weekday shifts to support people to go out. Staff told us, "We rely heavily on our bank staff" and "We only have three or four staff but we do have good bank staff. However, there are times when bank staff haven't been able to pick up and it has made the rota difficult".
- The provider was regularly using agency staff in an attempt to meet people's support needs. Three agency staff were supporting the service at the time of our inspection. They were routinely working long 14 hour shifts which inherently impacted on the quality of support provided.
- Rotas showed in the month prior to our inspection the service had routinely been understaffed. Low staffing levels restricted people's freedoms and impacted on the quality of activities outside the service people could attend.
- During the working week, support from the provider's bank staff team had generally ensured the service

operated at or above the emergency minimum safe staffing level of five. However, the service was often dangerously short staffed at weekends. Since the 6 February the service had operated at or below the emergency minimum staffing level for part of each day at the weekend. By regularly planning to operate at or below emergency minimum staffing levels at the weekend people were exposed to risk of harm and their freedoms restricted. Staff told us, "There have been weekends when we have not even left the house because we do not have the staff to do it".

- Staff and the acting manager recognised the service was short staffed. Staff comments included, "Recently, quite often, we do not have enough staff", "Usually we have five staff in the evening, sometimes four", "Are people safe? It depends, if we are running on four I do not think it is safe" and "On four in the evening it is quite hard, one with [a person in their own flat] and then three staff to manage four people with medicines (administration) as well. [Two people's names] often need more than one staff in the evening".
- Audits of missing daily care records had been completed by managers. These audits identified five occasions in February 2022 when daily care recorded were missing as no staff had been allocated to support individuals who required one to one support.

The provided has failed to ensure sufficient numbers of experienced staff were deployed to meet people's recognised needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were recruited safely. Necessary checks had been completed, before new staff started work, to ensure they were suitable for employment in the care sector. Two additional members of permanent staff had been recruited and joined the service prior to the second day of the inspection to complete shadowing shifts.

Assessing risk, safety monitoring and management

- Risk assessments had been completed identifying that agency staff should not work more than 84 hours per week and have a minimum of one day off each week. These assessments recognised that staff tiredness could impact on, the accuracy of record keeping, medication management and on the staff members psychological wellbeing. However, the risk assessments did not identify any risks in relation to the quality of support provided by tired staff, working excessive hours.
- These risk assessments had not been complied with. One staff member had worked twelve,14-hour day shifts in a row without a rest day. Working this number of hours significantly increased the risk staff becoming tired. This unnecessarily exposed both the staff member and people they supported to risk of harm.

The provider had failed to appropriately assess and mitigate the impacts of agency staff working excessive hours in the service. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they did not use physical restraint at Chylidn. Records showed and we observed that staff responded appropriately, in accordance with people's planned care, when individuals became upset or anxious.
- People's care plans included information about events and incidents likely to cause people anxiety and guidance for staff on how to support people to manage these situations. Staff were skilled at meeting these needs and acted proactively to prevent people from being exposed to situations likely to impact of their wellbeing.
- Firefighting equipment had been regularly serviced and necessary drills completed. Emergency plans were in place outlining the support people would require if the building needed to be evacuated. However, the

service's gas heating system had not been regularly serviced to ensure it was safe to use. The provider promptly addressed and resolved this issue.

Systems and processes to safeguard people from the risk of abuse

- The acting manager and staff team had a good understanding of local safeguarding procedures. Information about how to make a safeguarding alert to the local authority was available to all staff and the acting manager had recently appropriately raised a safety concern.
- Staff had appropriately made whistleblowing reports to the commission prior to the inspection detailing the risk and impact of current low staffing levels on people's wellbeing.
- There were appropriate systems in place to support people with their financial affairs. People's daily money was stored securely when not required. Receipts were maintained of day-to-day purchases made.
- Relatives were confident people were safe at Chylidn and staff told us, "People are very, very safe".

Learning lessons when things go wrong

- Accidents and incidents had been appropriately documented. Where incidents had occurred, details had been shared with the provider and reviewed. There were systems in place to give additional guidance and support to the staff team if required.
- The staff team had identified learning and changes in people's support needs. As a result, they varied their approaches to offering support. Where new techniques worked well, these were adopted and if unsuccessful other techniques were tried until a successful approach was identified.

Using medicines safely

- Medicine administration records (MAR) had been fully completed and showed people had received their medicines as prescribed. Staff had received training in medicines management, however, their competence with medicines had not been assessed.

We recommend the provider seeks guidance from appropriate experts on system to monitor staff competence in relation to the management of people's medicines.

- People's medicines were managed safely, and people were appropriately involved in ensuring they received the correct medicines. There were suitable systems in place for ordering, receiving, storing and disposal of medicines.
- Two people's medicines were stored in their own rooms in accordance with current best practice.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- 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 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. Relative told us, "We do lateral flow tests in the porch before we go in".

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.

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

Staff support: induction, training, skills and experience

- The service's training matrix showed most staff training had been regularly updated and refreshed to ensure staff had the skills necessary to meet people's needs.
- Recently recruited staff were complimentary of the induction training they had received when they joined Spectrum. Their comments included, "[I had a] brilliant induction. The training was really informative. Delivered in a way which you look forward to going." The acting manager informed us agency staff were now also receiving induction training from the provider.
- Agency staff said they were confident in their ability to meet people's support needs. They told us, "I did a shadow shift to understand about people and know how they behave" and "I went for training at Spectrum's head office, second day at work, third day at training." The permanent staff team were complimentary of the current group of agency staff and said, "The agency we have at the minute are fantastic".
- Where it had been identified that particular members of staff did not have the skills or attributes necessary to meet people's needs action had been taken. These staff had been redeployed to other service's operated by the provider.
- Staff said they felt well supported. Records showed formal staff supervision meetings had been held irregularly. This issue is discussed further in the well led section of this report.

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

- People had choice and control over what they ate. Staff had worked collaboratively with people to help them recognise the importance of eating healthily. Staff had identified that one person was more likely to enjoy their food if they were involved in its planning and preparation. This person's key worker had developed picture-based menus to encourage them to engage with cooking.
- Staff understood people's food preferences and dietary needs. The kitchen was well stocked, and people were involved in planning, shopping for and preparing their own meals. Relatives told us, "[My relative] is encouraged to help in the kitchen", "They make the food together with healthy choices" and "[Person's name] will go shopping and pick up what [they] wants. [My relative] likes food and is not over-weight".
- People were supported to drink regularly and encouraged to prepare drinks prior to going out to ensure they remained hydrated while away from the service.

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

- The service was maintained to a reasonable standard. People's bedroom had been individually decorated in accordance with their preferences.
- The service's communal spaces provided enough seating to enable people to spend time together if they

wished.

- The flooring in one area of the dining room was damaged, difficult to clean and in need of repair or replacement.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The provider had identified that restrictions in place to ensure people's safety, prevented people who lacked capacity from leaving the service. Necessary applications had been made to the local authority for authorisation of these restrictive practices under the deprivation of liberty safeguards.
- The service's acting manager understood the requirements of the MCA. People's capacity to make decisions had been assessed and there were processes in place to ensure decisions were made in people's best interests.
- Staff supported and encouraged people to make choices and their decisions were, where possible, respected.

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

- People were supported to use health and care services when required. Staff had worked collaboratively with health professionals to develop appropriate systems to help people have vaccinations and other necessary health procedures.
- Staff supported and encouraged people to manage their oral hygiene.
- Hospital passports were available for everyone who used the service detailing the care and support each person would need, in the event of a hospital admission.

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

- Although there were no vacancies at Chylidn at the time of the inspection. There were processes in place to assess and identify people's individual needs before they move into the service.

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.

The last time we inspected this key question it was rated as Good. At this inspection this key question has remained the same. 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

- Relatives were complimentary of the staff team and the quality of care they provided. Relatives comments included, "They have a happy family style and do a marvellous job", "[The staff] are lovely staff and have a general interest in [My relative]", "They are a great staff team and lovely people" and "Staff work very hard and we do not want the place to close down".
- Staff enjoyed spending time with the people they supported and spoke of people warmly and with compassion. One staff member told us, "They are wonderful people". One person had developed an extended greeting routine that they used to welcome staff they knew well to the service each day. Staff and the person clearly enjoyed and valued these interactions.
- Established staff knew people well and had a detailed understanding of their individual likes and preferences, and endeavoured to support people in accordance with these wishes. New staff were supported by existing staff to quickly gain an understanding of people's individual needs. One agency staff member told us, "It is all about patients. I am now more comfortable around them and they are more comfortable with me".
- People were treated equally and fairly by the staff team who were proactive in supporting people's wellbeing. Where staffing levels impacted on people's opportunities to leave the service, the staff team worked together to limit the impact of any restrictions on specific individuals. Staff told us, "Usually we try to get everyone out".

Respecting and promoting people's privacy, dignity and independence

- Staff treated people as individuals and tailored their approaches to people's individual needs and preferences. People were supported and encouraged to be do things for themselves and to take on responsibility for tasks and chores within the service. During the inspection people were supported to complete cleaning tasks, do laundry and participate in the preparation of drinks and meals.
- Staff respected people's privacy and ensured their dignity was maintained. During both days of the inspection people were dressed appropriately in clean clothes.
- Notice boards in the service's communal areas celebrated people's achievements and included information about their progress towards goals. However, in addition these boards included some information that could be considered confidential.

We recommend the provider reviews how information is displayed in communal areas to ensure confidential personal information is appropriately protected.

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

- People were encouraged to express their views and participate in decision making. When agreed plans were changed or postponed this was explained and people were given time to process information before alternatives were presented.
- During the first day of our inspection one person choose to spend most of the day in the lounge watching television. Staff offered choice to one person discreetly by taking games and puzzles from a cupboard to offer opportunities for the person to engage. The person replaced these items and continued to watch their programme. Their choice was respected.
- Questionnaires in adapted formats were used each month to gather people's feedback on the service's performance and to identify any new goals or objective people wished to achieve.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant services were not always planned or delivered in ways that met people's needs.

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

- Care records showed, there were some restrictions to people's ability to go out as a result of low staffing levels. During the day staffing levels tended to be sufficient to support people to leave the service. However, in the evening and at weekends people's choices were significantly restricted as there were insufficient staff available to support people outside of the service.
- Staff recognised that current staffing levels were impacting on people's freedom of choice and the quality of activities they were able to do. Staff comments included, "When on five staff in the day, we have to have a good plan and manage the handover to sometimes get one hour at change over to get people out", "We can juggle [people] but they are not getting their hours", "People's opportunities to go out are impacted [by staffing levels]" and "The problem is that people may only be going out for a little walk not for a decent walk or to do what they want. The logs don't give enough [detail] to see that people are not getting the funded hours most days".
- One person's relative was concerned by the impact low staffing levels were having on people's ability to exercise. They told us, "[My relative] gets 2:1 outside and 1:1 support inside but the good staff are leaving. This means that [my relative] is not going out, doing activities, [instead they are] left alone in [their] room".
- One person completed their own plan of activities each day, which enabled them to exercise control of their life. Where staffing levels impacted or caused risk of impact on these plans this caused the person significant anxiety. On the first day of our inspection this person repeatedly sought confirmation from staff that other staff would return in time, from supporting other people, to enable them to go out as planned.

People were not consistently receiving person centred care. Their ability to leave the service at the weekend and in the evenings was unnecessarily restricted. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During both days of the inspection people were supported to engage in activities within the service and to go out and also to exercise.
- Most relatives were happy people were able to do a range of activities both within the service and in the community. They told us, "They will do life skills with [my relative] but it is dependent on [the person's] mood. [They] like washing the car and going bowling." And, "My relative likes to walk, bike rides, sailing, fit to wriggle and artwork. There is a movie and disco nights. I have no complaints." And, "They take [My relative] on trips out".
- On the second day of our inspection low staffing levels, as a result of unexpected staff absence, impacted

on this person's wellbeing. The acting manager responded promptly and appropriately to the person's concern. Arrangements were made to enable the person to achieve their planned goals for the day but with some reordering of specific activities. The person was grateful for this support which helped ease their anxiety.

- Staff had supported people to identify goals and ambitions. People were encouraged to achieve these aims and their successes recognised and celebrated. At the time of the inspection staff were in the process of arranging for one person to re-start a voluntary work placement. Staff said this would, "help promote [the person's] independence".
- People were supported and encouraged to maintain their relationships and social networks. People's relatives told us, "[My relative] calls me every week on the phone to have a chat" and "We talk to [our relative] via skype twice a week".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans included information about people's communication needs and preferences. However, where people were known to react strongly to specific types of communication, this information was not sufficiently highlighted, to ensure new staff would understand the possible impact if these types of communication were used.

We recommend the provider seeks guidance from reputable sources on how to ensure people's specific communication needs are clearly identified and highlighted to staff.

- Staff were able to communicate effectively with people and used individualised approaches to enable people to make decisions and exercise control over their lives. Staff were able to describe people's individual approaches to communication to inspectors with details of how specific phrases and gesture should be interpreted.

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

- There were care plans available for each person which provided guidance for staff on how to meet people's specific needs. These documents provided staff with sufficient detailed guidance. Staff told us these documents were useful and accurate. One agency staff member stated, "I have worked with [person's name] and have read their care plan, I follow the same procedure as permanent staff and it works."
- Staff supported and encouraged people to manage their own oral care needs.
- People were able to exercise some control and make decisions about how they spent their time within the service. Staff offered choices subtly and respected people's decisions.

Improving care quality in response to complaints or concerns

- There were systems in place to ensure complaints received were investigated and resolved. Relatives understood how to raise complaints and were confident issues they raised would be investigated.
- At the time of our inspection some relatives had expressed concern about how people would be supported to go on holiday during the summer. Staff and relatives had raised these issues with the provider. The provider's deputy head of operations was aware of these concerns and intended to work with relatives to meet this recognised support need.



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 Good. At this inspection this key question has now deteriorated to requires improvement. 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.

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

- As detailed in the safe and responsive sections of this report, low staffing levels impacted on people's quality of life. The provider's current on-call arrangements were not effective in ensuring sufficient numbers of staff were available to enable people to live unrestricted lives. One staff member told us, "If we are on five [staff] and I phone on-call, they say we are struggling everywhere so they cannot help us" and, "I do not feel supported, if you phone on-call they don't answer or say they can't help you. There is never any scope to move staff anywhere".
- On the second day of the inspection staffing levels became unsafe because of on the day sickness including as a result of a COVID-19 outbreak amongst the staff team. The provider took action to address this situation and two staff were diverted to Chylidn from other services. However, staff told us this response and the additional staff support provided on the second day of the inspection was unusual.
- Spectrum and the wider care sector were experiencing significant challenges in staff recruitment at the time of this inspection. In recent months Spectrum had been unable to recruit staff to replace those who had resigned. As detailed in the safe section of this report agency staff were now regularly working at Chylidn. Permanent staff and people's relatives were concerned current high levels of staff turnover was impacting on people's wellbeing. Comment received included, "The lack of consistency of agency is not good for [people], working two or three weeks and then leaving, it is not good. I don't know what the solution is." And, "There has been a high turnover of agency staff, which is frustrating when we have put effort into sharing information and coaching them." Relatives told us, "There does seem to be high turnover of staff with some agency workers."
- In response to identified challenges with staff recruitment and retention the provider had increased pay and reintroduced some previously withdrawn staff benefits.
- Record showed staff had not received regular formal supervision. This meant opportunities to review practice, share learning and identify development goals were limited. Staff competence in relation to medicine management had not been assessed.
- Staff reported they did not feel valued or appreciated by Spectrum's senior leadership. Staff comments included, "There is a lack of support from senior management at [the head office]", "It would be nice if you felt you were valued. Not by Spectrum" and "Pay has been increased slightly and staff meals [are coming back]. It's not about the pay, it's about staff enjoying work, but at the moment it's stressful."
- There was a risk of a closed culture developing at Chylidn. Many of the inherent risk factors and warning signs associated with closed cultures were present at Chylidn. These included, people's high level of

dependence on staff for basic needs, high turnover of staff, consistent staff shortages, excessive working hours, lack of effective supervision and support for staff. However, both prior to and following the inspection staff had raised whistleblowing concerns about the impact of staffing shortages on people's wellbeing. This demonstrated the staff team were focused on people's wellbeing and understood the importance of reporting concerns where they believed this was necessary.

The providers systems had failed to ensure compliance with the regulation. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a registered manager at Chylidn. However, the registered manager was also one of the provider's regional managers with additional responsibilities for overseeing and supporting a number of services. At the time of this inspection they had been absent from the service for a period as a result of ill health. An acting manager had been appointed with the intention of applying to become Chylidn's registered manager. This would enable the current registered manager to focus exclusively on their regional management responsibilities.
- The responsibilities of the acting manager were well understood by the staff team and the manager at Chylidn was supposed to be supernumerary in order to lead the service delivery and quality. However, low staffing levels meant the acting manager was routinely providing care and support. This meant they were unable to focus on their leadership responsibilities which had impacted on their ability to provide formal supervision to the staff team.
- Staff were consistently complimentary of both the acting manager and the registered manager. Staff comments included, "The acting manager and registered manager are absolutely fantastic, they support the team, they support the people, they are just great" and "I know I can always go to [the acting manager] and [they] will try to solve the problem". Relatives were also complimentary of the service's leadership and their comments included, "Both [the registered manager] and now [acting manager] are very nice and on top of the job".
- During the registered manager's absence additional leadership support had been provided to the service. Staff told us the provider's deputy head of operations had visited recently. They also attended the service on the first day of the inspection to support the acting manager. The acting manager told us they felt well supported.
- Audits had been completed to monitor the service's performance and identify areas for improvement. These audits recognised that low staffing levels and the high number of vacancies in the staff team had impacted on the quality of support people received. Action had been taken in response to this finding. The provider had identified that Chylidn was a priority location for the allocation of any new staff recruited and two new staff joined the service during the inspection process.
- The provider used a digital system for staff to record details of the care and support each person received each day. This system did not enable staff or managers in the service to view information or daily care records in chronological order. This meant it was difficult for managers to identify missing care records. The acting manager had completed audits of care records, where gaps and missing records were identified, this had been raised with the staff involved in an attempt improve the accuracy of the records.

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

- Feedback on the service performance was sought annually from relatives via a questionnaire, recent response had been generally positive, and one relative told us, "We provide annual feedback and have complete questionnaires with positive feedback. We can express our views".

- Monthly questionnaires in accessible formats were regularly updated to enable people to provide feedback on their experiences within the service.
- Staff ensured people were protected from discrimination and were willing to challenge senior managers where they felt decisions made by the provider were impacting adversely on people's quality of life.

Working in partnership with others

- People had been supported to access external health care appointments and guidance provided by professionals had been acted upon.

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 acting manager understood of their responsibilities under the Duty of Candour. Staff had kept relatives informed of any changes in people's needs or incidents that had occurred.
- Previously staff had provided photo-based newsletter for people's families detailing the activities people had engaged with and information about how people had spent their time. Recent low staffing levels had prevented the production of these documents. Relative told us, "Communication from Spectrum is poor but [my relatives] key worker is fabulous".

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care People were not consistently receiving person centred care. Their ability to access the community at the weekend and in the evening was unnecessarily restricted.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to appropriately assess and mitigate the impacts and risks associated with agency staff working excessive hours in the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The providers systems had failed to ensure compliance with the requirement of the regulations.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to appropriately assess and mitigate the impacts of agency staff working excessive hours in the service.

