

Factual accuracy check form for the draft inspection report



Complete this form and return your submission to:

- email: HSCA_Compliance@cqc.org.uk or
- post: CQC HSCA Compliance, Citygate, Gallowgate, Newcastle upon Tyne, NE1 4PA

*Inspection number	INS2-11641271591
*Location/organisation ID	1-136037581
Location name	St Erme

***This is on your letter with the draft inspection report. You must record these details correctly so we can identify you and consider your comments**

What does your factual accuracy challenge relate to?	Use	Select section
Typographical/numerical errors	Section A	No
Accuracy of the evidence	Section B	Yes
Additional or omitted information we should consider – ‘completeness’	Section C	Yes/No

Completed by name (see our privacy notice)	Kerry Shears
Position	Regional Manager
Date	

CQC use only

Response prepared by name	
Position	
Date	

Response reviewed by name	
Position	
Date	

Section A: Typographical/numerical errors in the draft inspection report

What to list here

- typographical or numerical errors

How to complete this section

- list each error on a separate line
- if the same error is repeated, identify the first time it appears and add 'throughout the report'
- provide a brief explanation of the point you wish to make and specific reference to any supporting information

Point	Hospitals only: Location or core service	Page no	Correction	For CQC use	
				Decision Yes/No/Partial	Response
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If you wish to add more points and need extra rows, place the cursor outside of the righthand side of the last row and press enter.

Section B: Accuracy of the evidence in the draft inspection report

What to list here

- corrections to factually inaccurate evidence used in your inspection report
- this must relate to the position **at the time of your inspection**

How to complete this section

- list each correction point on a separate line
- provide a brief explanation of the point you wish to make and specific reference to any supporting information
- for each point, **you must specify exactly** where we can find the information that supports your correction

Point	Hospitals only: Location or core service	Page no	Correction	For CQC use	
				Decision Yes/No/Partial	Response
B1		2	We disagree with the inspectors' findings given the service manager has been in place since the 1 st November. Service manager has responsibility for The Lodge and St Michaels, she has considerable experience of working with these service users and is supported by an experienced senior support worker and PBS Leads to ensure smooth running of both houses. There will be a physical separation between the two buildings. The three properties are referred to at St Erme.		
B2		2	The plan to split the service has been hampered by COVID-19 but is well advanced.		
B3		2	St Erme is at the heart of the village close to both the church, school, and community centre. There has been a large amount of development within St Erme village which lends itself to a community feel. There are planned activities further afield with a large number of vehicles to cater for each individual. Each service user has a bespoke person-centred plan and detailed participation plan to ensure community engagement that meets the individual's needs. St Erme is ideally placed with large spacious grounds to ensure individuals require space and quiet to partake in vocalisation. This has been discussed at length with parents and significant others and they feel their loved one is in the right place to meet their needs.		

B4		2	<p>Right Support:</p> <p>Each individual service user has their own dedicated flat with en-suite facilities. The model of care at St Erme actively seeks to reduce the impact on the individual by ensuring they have sufficient space within their own apartments or within the grounds as this for many of the individuals is crucial for their wellbeing and given them the autonomy to manage their own behaviours. Many areas also have communal space where individuals can share time with their peers.</p>		
B5		2	<p>Right Care:</p> <p>Participation plans and activity planners are being used. These were adapted during the lock down period to comply with government guidance of not accessing the community due to the inherent risk. This has been further hampered by St Erme being in lockdown following COVID-19 outbreaks. There are also people who reside at St Erme who are classed as clinically vulnerable. It is unfortunate that in Cornwall there have been unprecedented high cases of COVID-19 during the summer period, autistic people are 6-times more likely to die from COVID-19 and it is incumbent on the provider to ensure the service users are not exposed to unnecessary risks. It is not reasonable for the CQC to judge the service in this way during such difficult circumstances.</p>		
B6		2	<p>Right Culture:</p> <p>There is a clear process in place where issues are identified where additional support may be needed. Action plans are implemented through a rag rating system where weekly meetings are held to enable the senior team to monitor progress and ensure actions are completed to rectify concerns quickly. Further closed culture audit and training are being developed to be rolled out across all Spectrum homes.</p>		

B7		8	<p>The House covering the 12 September 2021 to 2 October 2021. The CQC states that There were several occasions when there were only six members of staff on the rota. We identified some days when only five staff were on duty at certain times.</p> <p>We disagree with the inspector's findings, after a detailed analysis of the hours and hand scanning records over the period stated there were five occasions when there were 7 team members on shift due on the day sickness. There were no occasions where there were 6 members of staff and no days where there were 5 members of staff. On that basis, the draft report should be amended to reflect the true position.</p>		
B8		8	<p>The draft report states: Agency staff did not have all the necessary skills and training to deliver safe care.</p> <p>All team members (whether they are agency or not) have the necessary skills and training to deliver safe care. All team members at St Erme are trained to administer medication. Any new team members are medication trained within 2-weeks.</p> <p>This statement is demonstrably incorrect and so should be removed from the draft report.</p>		
B9		8	<p>We do not refer to Pluto Team members as agency staff, they are Spectrum team members. They should not be treated differently to any other team member. Many of these team members have over ten years' experience within different care settings including learning disabilities and autism. We take issue with the comments that agency staff only watch, as most of these team members have been working for Spectrum since May 2021 and have a good understanding of individuals they support. Could you please</p>		

			<p>provide the evidence to substantiate this allegation otherwise we can only view this as hearsay.</p> <p>This statement is based on the opinion of one staff member and the CQC has not provided any evidence which supports the belief that agency staff members are not meaningfully contributing to the operation of the service. This statement is not based on robust evidence and on that basis, it should be removed as it is damaging and prejudicial.</p>		
B10		8-9	<p>COVID-19 Outbreak. The pandemic has been unprecedented throughout the UK and the world. All care providers have faced challenges in staffing during covid-19 outbreaks in a house. We work closely with Cornwall Council and PHE when an outbreak occurs to minimise the risk to individuals recognising there will be staffing shortages from time to time given the number of team members who may be affected by COVID-19. All options were explored at this meeting, and we requested support from One Workforce which was not available. All individuals were kept informed. Please refer to letter sent to the CQC in Section C.</p>		
B11		9	<p>Could you please provide the evidence to substantiate the comments in respect of the statement that agency staff are returning home for Christmas, it appears to be hearsay rather than basis on fact. Nor does it have any bearing on this report, please remove.</p>		
B12		9	<p>Going out for a walk.</p> <p>We find the inspectors comments contradictory given there was on the day sickness and the member of staff acted in the best interests of the service user to take them out for a walk within St Erme grounds. There were no incidents which would have posed a risk. Staffing on the day was</p>		

			at the safe level. There is no evidence to support the CQC's implication that any service users' needs were not met at any point.		
B13		9	<p>It was agreed with the local authority that team members would work 70 hours per week unless additional hours were agreed by their manager and risk assessment completed. The inspector has not identified the specific individuals mentioned in the report so we are unable to provide a comprehensive response; however, the manager should have completed a comprehensive risk assessment.</p> <p>The inspector has not identified the permanent member of staff. Could you please provide the basis on which you have made this judgement, we are aware that many care providers are needing to work additional hours due to the recruitment crisis whether in a care or hospital setting, the same company who provide care and support for other providers in Cornwall, including adult social care are not being scrutinised in this way. We can only conclude we are being unfairly treated.</p>		
B14		9	<p>Inconsistent approaches:</p> <p>Team Members are encouraged to reflect upon practice and feedback about possible contributory factors to Incidents, whether in reality this was a contributory factor on the day will always be open to debate. If an inconsistency was ascertained to be a known contributory factor in that specific instance, then there is an opportunity to make note of this on the feedback sections on the form by the PBS Team and the Manager of the service and any other actions that may be required. Furthermore, flexibility is sometimes required and would actually be best practice at that moment, this is the technique of strategic capitulation, Definition,</p>		

			<p>Strategic capitulation involved giving in to the communicative message of the person's behavioural incident. That is, if you know what the message is from the behaviour, meeting the function of the message will result in the behaviour stopping (LaVigna and Willis, 2002; and Willis and LaVigna, 2004)</p> <p>This might be perceived by a third party as inconsistency but at that moment this is for the greater good of the individual, this is part of a suite of skills called counter intuitive strategies.</p>		
B15		10	<p>Incidents in September. The inspector's statement is ambiguous as it does not state which home or service user these alleged incidents refer to. Could you please provide more information in order for us to comprehensively respond. If this information cannot be provided and corroborated then the comment should be removed.</p>		
B16		10	<p>Infection Control.</p> <p>Most care providers have experienced outbreaks, all service users were kept safe during this time. The report is contradictory to other sections of report as your Inspector states that the CQC were assured all COVID-19 measures are in place.</p>		

B17		11	<p>Untoward incidents. We disagree with the Inspectors findings. We have written to the local authority to share our concerns regarding this individual's night-time and early morning behaviours and the inspector is cogent there is no autism specific care needs assessment for this individual. This information has been shared with adult social care and NHS Kernow and are waiting for Cornwall Council to arrange an MDT meeting to discuss his change in needs and the impact this is having on him and other individuals. This issue has been ongoing for some time and has been subject to solicitors' letters. The evidence is therefore questionable and currently in dispute and should be removed from the final report.</p>		
B18		11	<p>Medication. All team members have received training in administering medications</p>		
B19		13	<p>Food. Most of the apartments in The House have their own cooking and food storage facilities. The report does not state whether these had been checked. The three individuals that use the communal kitchen would choose their meals with their support worker. During the lockdown period the CEO called regularly to arrange food deliveries if required. There is also a regular food delivery from the CHAOS Group who we work with in the community, the dates of these deliveries in October were 5th, 15th and the 29th. These were additional to the usual food shop.</p> <p>This should be clarified in the final report.</p>		
B20		13	<p>Communication. We feel Spectrum has been disadvantaged and unable to respond to this comment as the inspector has not provided sufficient detail. How did the professional</p>		

			determine this information was deliberately omitted? Please provide the evidence to substantiate this allegation. If the evidence is not provided then the section should be removed in its entirety.		
B21		14	Environment. As the inspector is aware we have been in a pandemic since March 2020 and the government guidance was to restrict unnecessary visits. Spectrum suspended the routine maintenance schedule in March 2020 other than emergencies. Since this time all the flooring in both The House and The Lodge have been replaced along with the radiators. Decorations will take place shortly. I would further note that given the pandemic trades have been difficult to source and book and Spectrum's maintenance team are working extremely hard to deal with the backlog. The comment is unreasonable and disproportionate.		
B22		14	Right support, right care, right culture. We disagree with the inspectors findings given that much work has been undertaken in liaising with parents about the service provided at St Erme.		
B23		14	Care Plans. We disagree with the comments made by the inspector. All team members and bank staff have extensive knowledge of the people they support, with a willingness to expand on service users' knowledge and skills. This can clearly be evidenced,. All new team members attend a comprehensive induction at head office and undergo a full house induction. They shadow experienced team members		
B24		15	Incident switching on overhead light. The team member showed good reflective practice after the Incident in terms of what could be diverting and avoiding factors in the future and the fact that perhaps a phrase like "I need to turn the lights on, is that ok", could have been delivered earlier. Looking at the time it was becoming dusk, and the light levels would have been dropping and		

			lighting would have been needed by other residents sharing the Lounge at the time.		
B25		15	Cooking facilities. All apartments have adequate cooking facilities and workspace to prepare meals and individuals are also free to use the communal kitchen workspace to prepare their food if they choose. The individuals would always be supervised when preparing their meals due to their level of autism and the level of risk associated. The cooking facilities are fit for purpose and there is no legitimate criticism here. As such, the comment should be removed.		
B26		15	Garden. The enclave garden was specifically designed for this individual recognising his need for outside space. It is a person-centred space. The garden accommodates a bench, picnic tables and a bird bath so the individual can spend time looking at the birds that frequent the garden. There is a gate that leads to a larger garden. The individual also has access to the 6-acre site which includes a 2-acre wild meadow and wooded area. Our activity co-ordinator has planted some additional flowers and shrubs to enhance the garden. Please could you provide evidence as to how the inspector believes the garden does not meet the person's needs, as the best interest meeting only refers to the individual enjoying the garden. We are unsure what the inspector means by 'did not get much sun' as no garden enjoys sun 24 hours a day. This is a wholly unreasonable comment and completely contradicts the work that has gone into tailoring the garden to the needs to the individual.		

B27		16	People's allocated rooms. The inspector would have been aware that the maintenance team were undertaking building work to provide additional storage for team member's belongings. This should have been reflected in the draft report. The team member's rucksack was placed on a plastic chair as a temporary measure as they could not access the office as work to extend the storage was being undertaken. Regarding the bowel chart, again the office could not be accessed due to the maintenance work, the team member was completing the chart and put it on the side of the fridge until such time they could access the office. All these works are now completed, and team members belongings are kept in the designated area. All personal paperwork is kept in the relevant files.		
B28		17	Person A & B. The individual's care plan is comprehensive and covers behaviours such as pacing and verbalisation. The pacing is self-stimulatory to calm. The individual will choose if they wish to engage with team members. The team members are skilled at recognising the individual's body language and if he wishes to engage or not. All team members have a good working knowledge of his needs. This was fully explained to the inspector on the day by a team member but also by the regional manager. As such, this information should be included in the final version of the report and the failure to do so is both unreasonable and misleading.		
B29		17-18	Access to the community. The inspector has not provided enough information on the individual or the home in order for us to fully respond.		

B30		18	Sound experiences. The individual staff member who supports with using percussion instruments has a particularly close and trusting relationship with him. The service user chooses to use this member of staff to do this chosen activity and will not uptake the activity with any other team member. On occasions the individual will either choose to partake or not and will push the instruments away if he does not want to participate in the activity. The team member is now back at work and will be reintroducing this activity.		
B31		18	Agency staff. All team members and bank staff have extensive knowledge of the people they support, with a willingness to expand on service users' knowledge and skills. This can clearly be evidenced, please see photographs attached in Section C.		
B32		18	Day in the Life. these clearly demonstrates the individuals at St Erme are engaging in the community and partaking in chosen activities. The statements in this section are demonstrably incorrect and should be removed.		
B33		18	Bike ride. The individual has been on bike rides but unfortunately had a minor accident and lost their confidence. The team members will be re-starting this activity at the individual's pace to gain confidence. In the meantime, he has chosen to go surfing.		

B34		18	<p>Back to bed. The individual concerned has been subject to legal letters and letters from Spectrum sharing concerns about the lack of care needs assessment to clearly identify his needs. We have shared the need for more support early morning and also his impact on other individuals who live in the home, this has also been subject to safeguarding. We have further discussed this with Cornwall Council to arrange an emergency meeting to discuss this person moving to a single person service to ensure his needs are better met. The individual shares 5th of a waking night but the charity is over supporting to keep him safe.</p>		
B35		19	<p>Relatives. Except for one parent who is now working collaboratively with the provider, all other parents have shared they are happy and content with the service provided and feel their views have been misrepresented in this report. These parents have written to the CQC to complain regarding the pervious inspection report, and we have been advised these have not been responded to. Parents have worked with us to review Right Support, Right Care, Right Culture and all feel that their loved ones are in the correct service which reflects their needs. Parents have also stated they feel the report does not reflect the care and support for the loved ones, nor has the pandemic and the high number of infections in Cornwall been considered.</p>		

B36		20	<p>Documentation. On the day of inspections 12th & 16th October, Service Manager, Senior and, Regional Manager were all present. No action report was left by the inspector. Head of Operations asked for a search of the offices in all three homes and no action plan was found. Deputy Head of Operations further asked for this at a meeting with CQC and Cornwall Council and this has not been received. Regarding the 16 documents requested on the 20th October. St Erme was in lockdown, CQC provided a list of questions which were duly answered by the Regional Manager and sent on 26th October 2021. Regarding information requested on the 15th, 20th and 25th October, we can find no requests for information. This should either be provided or the reference removed from the final report.</p>		
B37		20	<p>Staff unsupported., Regional Manager has taken over responsibility for St Erme. They have a wealth of experience at St Erme and knows the service users and staff team well. The team have expressed they feel confident in discussing matters with her. Service manager has also returned as Service Manager who also has a good knowledge of the services users and the teams. The CEO has also spent the last few months working alongside the team and managers and has spoken to many team members who all indicate they feel confident and comfortable about sharing concerns and feel well supported.</p>		

If you wish to add more points and need extra rows, place the cursor outside of the righthand side of the last row and press enter.

Section C: Additional or omitted information we should consider – ‘completeness’ in the draft report

What to list here

- additional information or information omitted from the draft report you think we should consider to inform our judgement of your service
- this must relate to the position **at the time of your inspection**

How to complete this section

- list each piece of information on a separate line
- provide a brief explanation of the point you wish to make and specific reference to any supporting information
- for each point, **you must specify exactly** where we can find the information that supports it

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