

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	INS2-11724664521
*Location/organisation ID	1-275469986
Location name	Trelawney House

***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	Yes
Accuracy of the evidence	Section B	Yes/No
Additional or omitted information we should consider – ‘completeness’	Section C	Yes/No

Completed by name (see our privacy notice)	Devon and Cornwall Autistic Community Trust (Spectrum)
Position	
Date	10 December 2021

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
A1					
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A3					
A4					
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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		8	Whistle blow. It was agreed by adult social care safeguarding team that a further investigation was required into this alleged incident. This investigation has been undertaken and the facts are still yet to be determined. The individual highlighted by use of term 'agency staff' was removed immediately by the manager therefore removing the risk. We are concerned as to the continual use of 'agency' as these are long standing members of staff. The "agency" staff are long term members of the team and provide consistency in the way that they care for our service users. In other CQC reports for other providers within Cornwall that block book such team members, they have a rating of GOOD and this arrangement of staff is acceptable, we are concerned as to why the difference in the treatment of Spectrum, this is inconsistent judgement and ratings from CQC towards Spectrum.		

B2		8	<p>Our nominated individual is Spectrum's safeguarding lead and is clear that the instructions given to the manager was to submit the safeguarding referral. The facts will be established during the further investigation.</p> <p>The inspector claims that a safeguarding alert was sent to the nominated individual who did not forward it on however this matter has been raised in safeguarding where it was alleged that the manager was instructed by the NI not to submit the report. Given the NI was not at work when it was claimed he advised the manager not to send the alert this accusation cannot be substantiated. The claim in the draft report is a complete fabrication as managers are required to submit safeguarding alerts and not the NI. Spectrum would hope that this fabrication is an oversight by the inspector and not a reprisal against the NI who raised significant concerns on receipt of a whistle blow alleging hate crimes that had been reported to CQC that had not been passed on to the provider or Police at another Spectrum home. The NI alerted the Police who are carrying out a full investigation into racial and homophobic hate crimes and it transpired that CQC had received two whistle blows that they failed to pass on around hate crimes and the central call centre advised the NI on two occasions to carry out a freedom of information request which could have taken up to 60 days. A complaint has been lodged by Spectrum with CQC via our solicitors Ridouts.</p>		
B3		8	<p>DBS Referral. The information regarding the team member involved in the alleged incident was passed onto risk manager, Cornwall Council. There was no further risk posed due to the team member being removed from the service. Spectrum would not make a DBS referral without</p>		

			establishing the facts. Are the CQC expecting Spectrum not to observe Article 6 of the human rights act? The process is there to ensure no punishment without law.		
B4		8	Alleged door hold. There were no incidents recorded for this alleged restraint, Spectrum reviewed incident records and could find nothing relating to this alleged incident. An investigation was not completed at there is no incident sheets relating to an alleged door hold for this individual. This allegation is therefore unclear and should be removed.		
B5		9	Staffing and recruitment. We disagree with the inspectors' comments as we clearly demonstrated an over delivery of 400 hours. Over the 14-week period looked at commissioned hours were delivered consistently with only one week 10 hours short and one week 12.5 hours short commissioned hours due to the outgoing manager granting annual leave for team members to attend her leaving party. This is conduct by the manager as an issue which she obviously did not share with senior management as this would not be allowed, the manager needs to answer for this and safeguarding need to instruct her present employer to investigate.		
B6		9	Contingency. The inspector raised this on the feedback meeting where the registered and regional manager explained and could evidence the contingency was previously five, evidenced by the outgoing manager contingency plan. This information has been forwarded to the inspector. If these figures were expected on the last inspection, why are they being questioned now.		

B7		9	<p>Staffing arrangements at night. Spectrum has always ensured that 3 people are available to respond during the night if services users require additional support. There have been no major incidents during the overnight period that would indicate there is any risk or that there were not staff available at that time. Please see night logs Section C, which clearly indicate there were no major incidents overnight. (Spectrum will respond to any change in risk and will complete risk assessment and implement amelioration when a needed, Spectrum cannot respond to unreasonable accusations of risk which is not reasonably expected to happen, this is industry peer approach and Spectrum have met that.</p>		
B8		9-10	<p>Staffing. As already discussed with the inspector a number of team members have taken up alternative employment in hospitality and driving jobs as the payrate is more attractive than the £9.30 p/h that Cornwall council are currently paying Spectrum for care support workers but are paying other providers £9.50 or more which is disadvantaging the Charity. Spectrum planned in advance to ensure long term agency members are available to fill any gaps and these team members are long standing and will be with us for the foreseeable future. As above differential treatment, the risk of not using block booked staff who integrate on a daily basis in a team presents a far lower risk than not doing so, Spectrum would as with any other new staff team members expect people to get to know each person but all of these staff have induction training which is Spectrum specific, the trainer is familiar with all areas and relates the induction to the support areas staff are going to, Spectrum's actions in this regard are not unreasonable in a time when it is UK wide issue around recruitment, Spectrum know we are not alone as a provider in this way and we have taken</p>		

			the actions which other providers have UK wide which is to act to minimise the level of risk presented by nationwide circumstances. This is reflected by industry bodies such as skills for care, spectrum has acted in a way to respond to risks not of its own making and will continue to do so.		
B9		10	Rota. The rotas were accidentally deleted from EasyLog, please see statement in Section C. Trelawney had three weeks of handwritten rotas and at the time of the inspection the Senior Support worker was writing the support grids. This was explained to the inspector at the time and should have been reflected in the final report. Staffing levels were achieved on the support grids. We disagree with the inspector's comment that there was no rota in place. Spectrum has received an extensive amount of scrutiny by many bodies, the comment by the inspector has ignored evidence presented to them and "cherry picked" as Spectrum has experienced with the inspectors at other locations.		
B10		10	Team members regularly pick up additional shifts, this is their choice to do so, and Pluto team members work up to 70 hours a week, as agreed with the local authority and a risk assessment is completed for any further hours worked. The UK wide recruitment care sector is relying on people to work longer hours due to the recruitment crisis, this is impacting hours and to insist that staff do not work extra hours would actually have a detrimental effect as they need to have extra income due to the rising pressure of the cost of living. Refusing any hours over 39 would increase the risk of much, lower numbers and many providers not being able to meet hours, the insistence of a rigid interpretation by the CQC who are not taking into account that working basic hours only would effectively push people and their families, including their children into poverty and		

			that providers should do this would increase the risks to many, many people. Working in the UK is no longer a guarantee of not being in poverty and along with the UK recruitment crisis would increase suffering and the availability of hours to provider safe support, the CQC insistence on this dogmatic approach will damage people and care, the extra hours and therefore income helps stabilise care delivery and is a lesser risk than insistence on rigid working patterns.		
B11		10	Medication cabinets have been purchased and waiting to be fitted to the walls in service users' rooms.		
B12		11	<p>SU mobility issues. We disagree with the inspectors' comments. The service user has not fallen down the stairs multiple times, incidents of falls are documented, and these are looked at by the PBS team.</p> <p>Work will begin in January 2022 to move the service user's bedroom downstairs.</p> <p>The use of the term multiple should be avoided, its leaves an impression of lack of awareness and care and could be seen as deliberately misleading to the reader of the report, a less emotive statement would be better. It also means no factual context has been put in the report and leaving the reader to react to an emotive statement is unacceptable, measures have been taken, monitoring does happen and we have been working with other professionals around this person with a longer term plan in place, this is not reflected in such an emotive statement, any negligence is not down to Spectrum as we have been openly working with the appropriate professionals to understand the persons needs</p>		

			and adapt, this has been held up by other professionals, any detriment is due to lack of responsiveness by others and Spectrum have sought to support the person in the absence of the professionals taking their responsibility.		
B13		12	Mobility Issues. The work that needs to be carried out in creating the bedroom downstairs is through Cornwall Council's Home Solutions team. This has been consistently followed up and we are awaiting date for the work to begin. Please further note that we have been advised that an assessment was carried out 5 years ago that indicated there could be a deterioration in this service user's mobility, this information was not passed on to us at the provider. We have raised the issues of this service user's mobility with the wider MDT stating she is experiencing pain whilst in her current vehicle, following numerous emails we still have not received a response to this, safeguarding is aware of this situation. I would further note there has been an increase from 3 days to 5 at her day service, this decision was taken without consultation which is causing the individual further pain and distress having to travel in an unsuitable vehicle. We do not believe we have breached regulation 17 given we have advised the MDT of the deteriorating health and the need of a specialist vehicle. The safeguarding risk manager James Sawford has added the concerns raised by Spectrum around failure by the LA not commission a wheelchair accessible vehicle after Principle Social worker, Confirmed he had passed these requests on to Head of Commissioning for working age adults at Cornwall Council, but had received no response.		
B14		13	Dols. Dorset DoLS Team have confirmed that the updated DoLS had not been sent to the home, nor the wider organisation but we believe the advocate had received a copy and the DoLS team issued an apology. We have not breached		

			regulation 11 as this was an error on behalf of the Dorset DoLs Team. This is not the fault of the provider and this should be reflected in the final report.		
B15		13	Training. Please refer training matrix attached to the email in Section C		
B16		13	Assessments of people's capacity. The information does not provide clear guidance on what the inspector is expecting to find. In reviewing care documents we can clearly see BI decisions have been taken within a MDT group.		
B17		14	Food and drink record keeping. It was explained to the inspector that the record keeping has stopped as they did not show there were any links between behaviour and food. The inspector requested it be removed from the care plan, which has been completed. This has not caused any detriment to the individual and should not feature in the report, particularly as it was discussed in person.		
B18		14	Environment. The carpets were due to be replaced but this was postponed due to COVID-19. Carpets have now been replaced. December. A full cleaning schedule is in place which includes cleaning of all high contact points.		
B19					
B20		15	Service user locked in. Dorset DoLs Team have confirmed that the updated DoLS had not been sent to the home, nor the wider organisation but we believe the advocate had received a copy and the DoLS team issued an apology. We have not breached regulation 11 as this was an error on behalf of the Dorset DoLs Team. Please remove this statement from the report.		
B21		15-16	Staff turnover. As previously stated, team members left to take up other jobs in hospitality. Pluto team members have significant experience in care and undergo Spectrum training to ensure they understand the individuals they are supporting. Spectrum acted to ensure that under		

			delivery was addressed and included the staff into Spectrum processes, this minimised risk not increased it.		
B22		16	Dignity and independence. We do not agree with the inspectors' comments. The service ensures that there is a female member of staff who is available to complete the service user's personal care. This comment should therefore be removed from the final report.		
B23		16	Making drinks. The inspector's statement is a snapshot of the day and not reflective of the practise of the home.		
B24		16	Going out for lunch. On the 6 th October whilst the inspectors were carrying out their visit the home received an emergency call from day service saying a service user had collapsed. Two team members had to leave the service to support the service user to hospital. This was an unplanned and unforeseen event. I would further note that we are not commissioned to respond whilst the service user attends her day service. The inspector was cogent of the situation on the day. It did leave the house unexpectedly short to manage this medical emergency.		

B25		17	<p>Care Plans. The my plans are detailed due to the complexity of the service users that reside at Trelawney. All team members are instructed to read the care plans and this is discussed with them at regular intervals. Additional one page summary will be added. Spectrum provide support which recognises the impact of autism and supports through autism culture, this recognises the need, as autistic individuals reflect through areas such as autobiographies, People with learning disabilities can be supported this way but a learning disability only approach is not beneficial to those on the spectrum. This reflects in areas such as needing autism time to be able to cope with a neurotypical world of demands, executive function accommodations, sensory type diet all play a part in this, the theme that runs through Spectrum reports is that the inspector from CQC does not account for this. Spectrum supports people to work at their pace, one which does not introduce excessive demands which creates distress, the support is aimed at allowing people to develop confidence at their own pace and to control that pace, an example is that an individual may find it distressing and difficult to leave a home (in terms of movement disorder this is either ending or starting an activity) and this needs to be recognised and Spectrum continues to support the person as Spectrum believes that the person will reach a point where they feel able to go out more, this seems not to be accounted for.</p>		
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B26		17	Service user mobility. We have raised the issues of this service user's mobility with the wider MDT stating she is experiencing pain whilst in her current vehicle, following numerous emails we still have not received a response to this, safeguarding is aware of this situation. I would further note there has been an increase from 3 days to 5 at her day service, this decision was taken without consultation which is causing the individual further pain and distress having to travel in an unsuitable vehicle. We do not believe we have breached regulation 17 given we have advised the MDT of the deteriorating health and the need of a specialist vehicle. Spectrum has advised Cornwall council risk manager of the situation as this was due to be placed into safeguarding by the provider and he has advised he will review this.		
B27		17	Daily logs. We are sending these the MDT for one service user on weekly basis. Daily logs are now being completed and monitored by the acting manager.		
B28		18	Noise levels. A quiet lounge in the upstairs of the property is available for the service users to go to. As within any household individuals at times will disagree. The two individuals in question have also spent quality time together which clearly demonstrates their compatibility. We believe this was well managed by the time clearly indicated by the inspectors' comments. There is a clear support plan for events such as this.		

B29		18	<p>Communication training. The individuals living at Trelawney do not require Makaton training, but communication training has been delivered to the team which is bespoke to the individuals. Makaton should not be repeatedly mentioned as the communication method of preference, autism is a difficulty with both spoken and signed language, Makaton is one of many areas of seeking to improve communication with the most important part being supporting the person in their chosen and therefore person-centred communication style, to limit to a suggestion that Makaton is universal and therefore needed does not show an understanding of good communication and Makaton is not a panacea.</p>		
B30		19	<p>Access to the community. There is a bus stop in the village 200 yards away from the home. The individuals who reside at Trelawney require bespoke vehicle to support their travelling needs. Most of the individuals partake in local walks where they meet the neighbours. We disagree with the inspectors' comments given that the service users attend day services, work, home visits, fit to wiggle with other members of the community. There are regular meetings with MDT to discuss activities and progress. No concerns have been raised. Activities are sent to parents, Dols and social workers. Cornwall is a rural county, it has no large major population areas, the largest being around 22,000 people, the majority of the almost 600,000 people in Cornwall live happily within a rural and county side setting, it is the norm in Cornwall except it seems if you have a disability where the continued expectation is to live in a more urban location. This is a discrimination and an old-fashioned view about people, there is not a problem with people who have been in a rural county living in a rural setting.</p>		

B31		19	Complaints. We have reviewed the complaints book and can find no record of any complaint received on the 3 rd October 2021.		
B32		20	Safeguarding. It was agreed by adult social care safeguarding team that a further investigation was required into this alleged incident. This investigation has been undertaken and the facts are still yet to be determined. The individual highlighted by use of term 'agency staff' was removed immediately by the manager therefore removing the risk. A core element of any safeguarding in terms of good practice is that if an immediate risk is present it is dealt with and it was on this occasion.		
B33		20	DoLS response. The inspectors statement in inaccurate as this was responded to by Mark Coxwell on the 8 th October and the inspector confirmed he was happy with the response.. Please remove this statement from the report.		
B34		20	Daily logs. We are sending these the MDT for one service user on weekly basis. Daily logs are now being completed and monitored by the acting manager. There are regular MDT meetings to discuss all aspects of the individual's life including behaviours in an open and transparent way. Any requests for information have been responded to.		

B35		21	<p>There is a new acting manager in place supported by an experienced regional manager and is further supported by Head of Operations who is attending the service weekly, the external specialist and the senior team. Staff morale has improved significantly under the direction of the new manager. Spectrum identified and acted on what it identified as poor leadership, the manager had only been present a short time and all reasonable attempts to ensure the service was being led well were undertaken, when it was clear issues were increasing in leadership Spectrum acted and are following this through with an investigation and will complete a lesson learnt exercise.</p>		
B36		21	<p>In response to the support grids being altered we are unable to respond to this serious accusation given the inspector has taken away the original information from the home, without this information it is impossible to give a detailed response. We are concerned as to the use of the alterations; this could be interpreted as fraudulent activity. We would need to seek further legal advice in this regard. We also feel we have a duty and responsibility to ensure the outgoing registered manager is aware of this situation. Please provide us with all the documentation in order we can fully answer the queries, or remove form this report.</p>		
B37		21	<p>Regional Manager. New regional manager was allocated due to a balance of workload, since October 2021 and is spending considerable time supporting the acting manager. The changes in structure were promptly put in place due to the identified issues with the leadership.</p>		

B38		22	The safeguarding risk manager has confirmed that we work collaboratively and provide information. Could you please provide evidence where this has not been provided? Spectrum is reviewing its policy and identifying where the issue with reporting originated, Spectrum will ensure it promptly reports any issues and will conduct a lesson learnt exercise once the investigation establishes the facts. If this information cannot be provided by the CQC Then this reference should be removed from the final report.		
B39		22	Health professional comments. We find these comments to have no basis in evidential fact, there has been no evidence provided. These comments are hearsay and we do not believe we have received any complaints from health professionals regarding Trelawney. Health professionals are governed by codes of professional conduct and would be required to make a formal complaint in this situation. Not formal complaints have been received from any health care professional. Please provide the evidence. Unfortunately, the outgoing manager did not complete a statutory notification, this has now been rectified with additional guidance. I would further note that the mobility issues for this individual have been highlighted on numerous occasions but to date we have not had a response. This is an inherent risk.		
B40		22	Head injury. Service user had a fall in her room where she hit her head on the side of her dressing table, this was immediately responded to in the correct manner, an ambulance was called. She was taken to hospital with 2 team members, unfortunately there was wait of 6 hours due to staff shortages at the hospital.		

B41		22	Staff risk assessments. Only one member of staff had a risk assessment which was managed by HR. This did not pose a significant issue for rota planning and management. There were no issues raised with HR.		
B42		23	Holiday. It is managers discretion to honour annual leave, this is based on the service user needs.		

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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