Peninsula Autism Services & Support Limited

Udal Garth

Inspection report

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Date of inspection visit:
30 January 2016

Date of publication:
23 February 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Udal Garth on 30 January 2016. The inspection was announced, this was because the inspection visit took place at the weekend and we wanted to be sure people would be available to talk with us. The service was last inspected in May 2013, we had no concerns at that time.

Udal Garth provides care and accommodation for up to eight people who have a learning disability and associated conditions such as autism. At the time of the inspection eight people were living at the service. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Udal Garth is part of The Priory group, an organisation providing services to elderly people as well as people with a learning disability. The service is a modern property located in Torpoint. The premises were well maintained, pleasant and roomy. People had large bedrooms which had been decorated and furnished in line with their personal preferences. All the bedrooms were en-suite. There were plenty of shared areas where people could spend time together or alone as they chose. This included three activity huts in the gardens which were used for cooking, arts and crafts and relaxing.

The atmosphere at Udal Garth was relaxed and calm. Interactions between staff and people were friendly and supportive. Staff were aware of how people liked to be supported and what was important to and for people. One person chose to spend much of their time in their room. Staff described to us how they worked to protect them from the risk of becoming socially isolated.

People were able to access the local community and amenities easily as the town centre was within walking distance. People took part in a range of activities including using a local gym, taking part in music sessions and playing pool. Session plans were developed to guide staff on how to support people well when undertaking specific activities. These included information on how to help ensure people did not become anxious or distressed. Relatives told us their family members had full and active lives.

Recruitment practices helped ensure staff working in the home were fit and appropriate to work in the care sector. New staff were required to undertake a thorough induction when they started their employment. This included familiarisation with the service, training and shadowing more experienced staff members. Staff had received training in how to recognise and report abuse, and all were confident any concerns would be taken seriously by the registered manager.

There were sufficient numbers of suitably qualified staff to support people according to their assessed needs. Half of the staff team had been employed at the service for over two years and understood people's needs well. Staff told us they communicated well as a team and were well supported by a robust system of supervision, appraisal and staff meetings. All the relatives we spoke with were complimentary about the

staff team describing them as; "amazing" and "lovely."

The registered manager had a good understanding of the Mental Capacity Act and the correct procedures had been followed when people had been assessed as lacking capacity to make decisions. Staff supported people to make day to day decisions such as what to wear, when to go to bed and what to eat.

People were supported to visit external healthcare professionals when necessary. People's health was monitored appropriately and regular health checks and medicine reviews took place.

Staff demonstrated a shared approach to supporting people which valued small successes. They were committed to encouraging people to widen their horizons and were not discouraged when planned activities or routines did not go well.

There were effective quality assurance systems in place to monitor the standards of the care provided. People's opinions were sought out and recorded to help ensure they were taken into account when planning care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff had received safeguarding training and were confident about reporting any concerns.

There were sufficient numbers of suitably qualified staff to keep people safe.

People were protected by safe and robust recruitment practices.

Is the service effective?

Good

The service was effective. New employees completed an induction which included training and shadowing more experienced staff.

The service acted in accordance with the legal requirements of the Mental Capacity Act and associated Deprivation of Liberty Safeguards.

People had access to other healthcare professionals as necessary.

Is the service caring?

Good

The service was caring. Staff spoke about people with affection and regard for their well-being.

People were supported to develop independent living skills.

Staff recognised the value of family relationships and supported people to maintain them.

Is the service responsive?

Good

The service was responsive. Care plans were informative and updated regularly to reflect people's changing needs.

People had access to a range of meaningful activities and led full and busy lives.

There was a satisfactory complaints procedure in place.

Is the service well-led?

Good

The service was well-led. The staff team told us they were well supported by the registered manager.

There was a clear shared ethos within the staff team which recognised the value of small successes.

There was a robust system of quality assurance checks in place.

Udal Garth

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 January 2016 and was announced. The inspection was carried out by one inspector.

Before the inspection we reviewed previous inspection reports and other information we held about the home including any notifications. A notification is information about important events which the service is required to send us by law. The registered manager had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

People living at Udal Garth had limited verbal communication. We spent time with people and observed their interactions with staff. We spoke with the registered manager, three care workers and two visiting relatives. Following the inspection visit we contacted a further three relatives to hear their views of the service.

We looked at care records for three individuals, people's Medicine Administration Records (MAR), staff rotas, three staff files and other records relating to the running of the service.

Good

Is the service safe?

Our findings

People living at Udal Garth had limited verbal communication. We spent time talking with one person and observed staff interactions with people. The friendly conversations and positive interactions between staff and people indicated they felt safe and at ease in their home and with staff supporting them. Relatives told us they believed their family members to be safe. One commented; "[Person's name] is always happy to come back when they've been with us for a few days. They actually put up a photograph of Udal Garth and point at it to check they're coming back!" Another said; "This is where [person's name] belongs."

Care plans contained information to guide staff as to the actions to take to help minimise risks to people. The risk assessments covered areas such as finances and the environment. In addition some people had 'session plans' in place. These were detailed descriptions of specific activities individuals took part in. They included information and guidance for staff on how to support the person in the activity and action to take if the person became anxious or distressed. One session plan had been developed for someone who enjoyed walking but became anxious if the route varied. The plan had a map on it with the route clearly marked and had been laminated to weather proof it. Staff told us they were continually assessing risk and learning how better to support people by identifying what worked well and what did not.

Some people could become distressed and agitated at times. The care plans identified what was likely to trigger anxiety and how staff would recognise it. For example one person could become distressed by certain TV shows or the noise of the vacuum cleaner. Care plans contained descriptions of facial expressions and behaviours which could alert staff to an increase in the person's anxiety levels. There was guidance on how staff could support and reassure the person in these circumstances. Following any incident of behaviours triggered by anxiety an incident form was completed to record the circumstances. Incident forms were regularly reviewed to help identify any trends or patterns.

There were sufficient numbers of staff to meet people's assessed needs and help ensure their safety. On the day of the inspection visit people were supported to go out on planned activities and take part in daily chores and routines. Rotas for the previous three weeks showed the minimum staffing levels were consistently met. Relatives told us there were enough staff to support their family member. The registered manager told us they had been short staffed but had recently recruited three new members of staff and were awaiting pre-employment checks. This would mean the service would be overstaffed by ten per cent which would help ensure safe staffing levels could be maintained even when some staff were absent. Staff told us they had not needed to use agency staff and worked well together to ensure people received the right support. There were systems in place to alert the registered manager if any member of staff worked over an average of 48 hours per week during a four week period. This meant people were protected from the risk of being supported by staff who were likely to be tired. The registered manager told us it was a stable staff team with approximately 50% of them having worked at the service for over two years. They told us: "It's very important we recruit the right team."

Recruitment processes were robust; all appropriate pre-employment checks were completed before new employees began work. For example Disclosure and Barring checks were completed and references were

followed up. This meant people were protected from the risk of being supported by staff who did not have the appropriate skills or knowledge.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff told us if they had any concerns they would report them to the registered manager and were confident they would be followed up appropriately. They were aware of the management hierarchy and how they would escalate concerns if necessary, both within and outside of the organisation. There were safeguarding and whistle blowing policies in place which contained information about how to recognise and report abuse. Staff were issued with key fobs with a printed message; "When you see something wrong speak out" and the number of a dedicated confidential 24 hour helpline.

People's medicines were managed safely and stored securely. The amount of medicines held in stock tallied with the amount recorded on medicine administration records (MAR). MARs were completed consistently and in line with current guidance. Creams and liquid medicines were dated on opening; this meant staff would be aware when the medicines were at risk of becoming ineffective or contaminated. At the time of the inspection there were no medicines being used which required refrigeration. However, a dedicated fridge was available if needed. Senior care workers had responsibility for administering medicines and all had received appropriate training. Following a recent medicines error action had been taken to put further safeguards into place when people were away from the service overnight.

Good

Is the service effective?

Our findings

People received care and support from staff who knew them well and had the knowledge and skills to meet their needs. When people needed assistance staff responded quickly and confidently. They were able to tell us in detail about people's care needs and the best way to support them. A relative commented; "They have all the tools and skills to deal with [person's name]."

New staff were required to undertake an induction process consisting of a mix of training and shadowing and observing more experienced staff. The induction process had recently been updated to include the new Care Certificate. This is a national qualification designed to give those working in the care sector a broad knowledge of good working practices.

Training identified as necessary for the service was updated regularly. Staff told us they were happy with the amount of training they received and believed it equipped them to do their jobs effectively. Relatives said they found staff to be competent.

Staff received regular supervision and appraisals. These were an opportunity to discuss any working practice issues and identify training needs. Staff told us they felt well supported and able to approach the registered manager at any time if they had any concerns. "I have got a good rapport with [registered manager] and can approach him with confidence."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS authorisations were in place for six people and applications had been submitted for the remaining two. There were no conditions attached to the DoLS. Related records showed the correct procedures had been followed. Mental capacity assessments and best interest meetings had taken place and were recorded as required. The registered manager had a good understanding of the legislation.

Staff demonstrated a good understanding of the principles underpinning the Mental Capacity Act. They described to us how they made sure people consented to care and support. One commented; "I always assume people have capacity unless it's documented otherwise."

People had a well-balanced and varied diet. Staff worked with people to encourage them to try new foods. We saw one person was involved in preparing lunch and enjoyed the activity. Staff understood any risks

associated with eating. For example one person had been identified as being at risk of choking. There were guidelines in place to minimise the risk and staff were able to describe to us how they supported the person in this area. Staff supporting the person during mealtimes were required to have up to date first aid training. Training records showed all staff were up to date in this area.

People were supported to access other health care professionals as necessary, for example GP's, opticians and dentists. Health action plans had been developed and these contained information about past appointments and any action taken as a result. We saw evidence that people's medicines were reviewed regularly.

The interior of the building was well maintained and decorated. Bedrooms were decorated to suit people's personal taste and were spacious, light and airy. All bedrooms were en-suite. There was a shared living room and dining area. In the garden there were three activity huts which provided additional quiet areas for people to use. One contained kitchen equipment and appliances and was used for baking sessions. Another was used for arts and crafts and the third was used as a quiet area or somewhere for people to play loud music.

Good

Is the service caring?

Our findings

We observed staff interacting with people and noted the care and support they provided. People were treated kindly and sensitively by the staff team. People's privacy and dignity was respected. Staff knocked on people's doors and made sure they were happy for them to enter before going in. We saw staff help people to adjust their clothing to maintain their dignity at all times. Relatives told us they were happy with the service provided. One said; "The way they respond to [person's name] is outstanding. Calm, wonderful and consistent."

The atmosphere at Udal Garth was relaxed and calm. The registered manager told us they tried to maintain a low arousal atmosphere as this benefitted people's emotional well-being. They told us: "We try and keep everything settled." People came and spent time sitting and chatting with staff. At other times of the day we saw people choosing to spend time with staff looking at magazines and doing puzzles or listening to music on their own in their room. We heard staff laughing and joking with people and encouraging them to talk with us.

People had limited verbal skills and the registered manager described people's preferred method of communication to us. One person used some basic signs to support their communication. Others used objects of reference and body language. Care plans contained communication dictionaries which outlined how best to support people in this area. One person particularly enjoyed intensive interaction and would initiate this themselves. Intensive interaction is a practical approach to interacting with people with a learning disability who do not find it easy communicating or being social. We saw a member of staff briefly engaging with the person in this way and saw they clearly enjoyed it. Staff had not received training in this area but the registered manager had researched the technique.

One person preferred to spend time alone in their own room. However staff told us they recognised the risk of the person becoming isolated and encouraged them to join the others for meals and activities from time to time. They also encouraged them to take trips out into the local community. They told us these trips were often just short car journeys but they believed it was important to keep trying to gradually increase the length and number of them. Another person, who had previously enjoyed walking, had become reluctant to leave the car. The registered manager told us staff were working with the person to overcome this and they had recently been getting out and walking a short distance. They said; "It's only a couple of hundred yards but we're getting there slowly." This demonstrated the service continually worked to improve people's life experiences.

Care plans contained positive information about people and recognised their individual positive characteristics. There was also information about people's cultural backgrounds and any associated traditions. Staff recognised the importance of family relationships and supported people to maintain them. Staff spoke with families regularly to help ensure they were kept up to date with any developments or changes in routines. Relatives were able to visit at any time and staff supported people to visit their family at home. Relatives told us they were able to spend time alone with their family member if they wished.

Information about people's personal histories was recorded although this lacked detail. It is important this kind of information is recorded as otherwise it can be lost. It can also help staff to gain an understanding of the events which have helped the person become who they are today.

People were supported to develop independent living skills and take part in daily household chores. One person was being encouraged to become involved in doing their laundry. Records showed progress was slow but positive and staff were persistent and encouraging in their efforts. A relative told us staff worked to improve their family member independence.

Good

Is the service responsive?

Our findings

People were supported by staff who knew them well and understood their needs. For example, it was important to one person that they had access to regular drinks. However this could be detrimental to their long term health. The service had worked with external health care professionals to develop a strategy to support the person. They had drinks at regular intervals which had been agreed by all as sufficient to meet the person's needs without negatively impacting on their health. Their health was regularly monitored and the system reviewed periodically. We observed staff supporting the person to get drinks and reassuring them that they were being prepared. A relative told us; "They keep to [person's name] routine and that helps her."

People took part in a range of activities and made use of local amenities. For example two people used a local music club, one used the local gym and another attended a swimming group at a nearby leisure centre. One person told us how they enjoyed visiting local pubs for a drink and a game of pool. In addition people were supported to attend one off events such as theatre trips and disco's. When these trips out were not successful staff made sure they learned from the experience so they were more likely to have a good experience the next time they tried it. For example, at a recent theatre trip one person had become anxious due to having to keep getting up to let other members of the audience get to their seats. This had resulted in them having to leave. Staff had identified that in future it was important to book seats in the front row to avoid a reoccurrence.

As well as leisure activities people were being supported to access the local community on shopping trips and to use local services. The shops were within walking distance and so people were able to access them easily and were not dependent on having staff support from qualified drivers. During the inspection people left to visit the shops for personal shopping at various times.

One person had only lived at Udal Garth for a year. Due to the circumstances leading up to the move there had not been much time to manage the transition. However the registered manager told us the person had fitted into the group well and now required less support than previously. We met with the person who indicated to us that they were happy at the service. We observed them laughing and joking with staff. We spoke with a relative who told us the transition had been well managed. They said; "They found out first what was important to him and made sure it was all in place. I was a bit worried but it went much better than I expected."

Care plans contained information about people's preferences, and support needs. They were clearly laid out and organised. A member of staff commented; "They are easy to read and find stuff. There's not too much." There were sometimes gaps in the information. For example, as previously mentioned the registered manager had told us how one person had become reluctant to leave the car and go for walks. This was not referred to in the care plan which stated they enjoyed walks at a particular area where they; "feel secure enough to leave the car and go for a short walk." This meant staff might not know how to support the person in this activity.

People's care plans were regularly reviewed. Where possible people and their families were involved in reviews. One relative said; "They keep us informed of everything." Another told us; "They are always very honest with me." Care needs were discussed at staff meetings to help ensure all staff were up to date with any changing needs.

The provider worked to help ensure people's views were identified and taken into account when planning care. One person planned their own activities and chores for the week. They used pictures and symbols which they attached to a weekly planner. 'Your Voice' meetings with individuals were held to gather people's views. These were recorded in dedicated books and also showed examples of when activities had worked and what had gone well. There was a clear record of how people had responded to the care and support provided. This demonstrated the service was able to develop methods to gather people's views and take them into account when making decisions about their care. Not all the entries were dated so it was difficult to evidence how recent some of the information was.

There was a satisfactory complaints policy in place which gave the details of relevant contacts and outlined the time scale within which people should have their complaint responded to. The policy contained information about the Duty of Candour and expectation that when things went wrong there should be an acknowledgement and apology. There was an easy read version of the policy available if required. Easy read information uses simple limited text supplemented with pictures to facilitate understanding. Relatives told us they would be confident to raise any worries they had with the registered manager. One family had been concerned about one aspect of their relatives support. They had discussed this with staff and the registered manager and the issue had been resolved. They told us; "It wasn't really a complaint but they listened and things changed."

Good

Is the service well-led?

Our findings

There were clear lines of responsibility and accountability in place. The registered manager was supported by a deputy manager whose time was split between the office and supporting people. There was a team leader and four senior support workers. These had responsibility for running the shift, organising any finances for people and administering medicines. There was also a keyworker system in place with each person having one or two keyworkers. Keyworkers have oversight of people's care planning and organise any external appointments.

The registered manager told us they felt well supported and were kept up to date with any changes via a system of emails and regular meetings. They received regular supervision and attended monthly managers meetings. They also attended quarterly safety, quality and compliance meetings ran by the organisation. In addition there were regular visits which focused on specific aspects of the service for example, health and safety and Positive Behaviour Support (PBS). The regional manager also visited the service regularly. The registered manager commented; "There's lots of people around me if I need them. I truly believe, if I was struggling, there would be lots [of people] to pull on."

The registered manager told us they had a good understanding of the day to day running of the service. Staff confirmed the registered manager was available to them for support and advice if they needed it. One told us; "It's a good team and we bring any problems up straight away rather than bottle it up." We identified a shared ethos and approach to support among the staff team and in examples of support we found. We heard repeated references to; "taking things slowly" and "small steps." Staff recognised small successes and were not discouraged when planned activities or routines did not go well. One told us; "It's enabling people to do things we all take for granted. It might just be going into a shop and paying for something." A relative said: "They're always trying new things."

Information was used to aid learning and drive improvement across the service. Learning logs and incident sheets were consistently completed. Incident sheets were analysed on a monthly basis in order to highlight any trends or patterns.

Staff felt well supported and considered the service to be well managed. They told us they communicated well as a team and frequently discussed amongst themselves how best to support people. Regular staff meetings were held to provide an opportunity for open discussion. A relative commented; "The manager has a very good attitude and the staff work well together. They treat everyone as an individual."

Udal Garth had been bought by The Priory Group in 2011 and policies and procedures brought into line with the organisation. Staff told us they did not feel part of a bigger organisation, one commented; "When it was bought it was no different, nothing really changed." Another said; "You have to remind yourself you're part of a big company." In order to address this senior management had introduced a number of initiatives. These included employee engagement surveys and a 'Your Say' staff forum. A representative from the staff team attended the regional forum and a representative from each regional group attended the national forum. The registered manager commented; "A grumble is only ever three meetings away from the managing

director." The chief executive officer held quarterly conference calls which all staff had access to. These always ended with a Q and A open session. A member of the board visited the service annually. A member of staff said; "They're trying to change things, they send out memos and we see faces."

Environmental safety checks were up to date, for example electrical and fire checks. An external organisation carried out six monthly Legionella checks. The service employed a maintenance worker who carried out regular checks to maintain the safety of the premises and addressed any small defects. Larger defects were reported to the organisations maintenance team. The registered manger told us all issues were attended to promptly.