

# Peninsula Autism Services & Support Limited

## St Winnow

### Inspection report

37 Rocky Park Road  
Plymstock  
Plymouth  
Devon  
PL9 7DQ

Tel: 01752402300  
Website: [www.prioryadultcare.co.uk](http://www.prioryadultcare.co.uk)

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### 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 carried out an unannounced comprehensive inspection on 1 December 2018.

St Winnow provides care and accommodation for up to five people. On the day of our inspection there were five people living at the service. St Winnow provides care and support for people with a learning disability and associated conditions such as Autism and Asperger's.

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

We checked the service was working in line with 'Registering the right support', which makes sure services for people with a learning disability and/or autism receive services are developed in line with national policy - including the national plan, Building the right support - and best practice. For example, how the service ensured care was personalised, discharged if needed, people's independence was valued and links with their community.

At the last inspection on the 3 and 4 May 2016, the service was rated Good overall. However, it was rated Requires Improvement in Well Led. This was due to the service, at that time, though having a manager in post, they had not been registered with us. At this inspection we found that the manager was now registered. At this inspection we found the evidence continued to support the rating of Good overall and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good:

The service was now well led.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People lived in a service where the provider's values and vision were embedded into the service, staff and culture. Staff told us the registered manager and management team were very approachable, worked alongside them and made themselves available when needed. The provider had monitoring systems which enabled them to identify good practices and areas of improvement.

People lived in a service which had been designed and adapted to meet their needs. The service was

monitored by the provider to help ensure its ongoing quality and safety. The provider's governance framework, helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving.

People were not all able to fully verbalise their views therefore they were not all able to tell us verbally about all their experiences of living there. We spent short periods of time with people seeing how they spent their day and observing the interactions between people and the staff supporting them. However, two people when asked if they were happy living in St Winnow both said they were with one saying; Yes, I'm very happy here."

People remained safe at the service. People were protected from abuse as staff knew what action they needed to take if they suspected anyone was being abused, mistreated or neglected. The company ensured staff were recruited safely and checks carried out with the Disclosure and Barring Service ensured they were suitable to work with vulnerable adults. Staff confirmed there were sufficient numbers of staff to meet people's needs and help to keep them safe. Some people required one to one staffing and this was made available to help keep them safe.

People's risks were assessed, monitored and managed by staff to help ensure they remained safe. Staff assessed and understood risks associated with people's care and lifestyle. Risks were managed effectively to keep people safe whilst maintaining people's rights and independence.

People had their medicines managed safely as staff had completed regular training and competency checks were carried out to ensure their skills in relation to medicines were up to date and in line with best practice. People received their medicines in a way they chose and as prescribed.

People were supported by staff who had received training to meet their needs effectively. Staff meetings, one to one supervision of staff practice, and appraisals of performance were undertaken. Staff completed the Care Certificate (a nationally recognised training course for staff new to care). The Care Certificate training looked at and discussed the equality and diversity and the human right needs of people.

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

People's health was monitored by the staff and they had access to a variety of healthcare professionals. The registered manager worked closely with external health and social care professionals to help ensure a coordinated approach to people's care.

People's care and support was based on legislation and best practice guidelines; helping to ensure the best outcomes for people. People's legal rights were upheld and consent to care was sought as much as possible. Care records were person centred and held full details on how people liked their needs to be met; considering people's preferences and wishes. Overall, people's individual equality and diversity preferences were known and respected. Information recorded included people's previous medical and social history and people's cultural, religious and spiritual needs.

People were treated with kindness and compassion by the staff who valued them. Staff had built strong relationships with people who lived there. Staff respected people's privacy. People, or their representatives, were involved in decisions about the care and support people received.

The service remained responsive to people's individual needs and provided personalised care and support.

People's communication needs were known by staff. Staff had received training in how to support people with different communication needs. The provider had taken account of the Accessible Information Standard (AIS). The AIS is a requirement to help ensure people with a disability or sensory loss are given information they can understand, and the communication support they need.

Staff adapted their communication methods dependent upon people's needs, for example using simple questions. Information for people with cognitive difficulties and information about the service was available in an easy read version for those people who needed it.

People could make choices about their day to day lives. The provider had a complaints policy in place and it was available in an easy read version. Staff knew people well and used this to gauge how people were feeling.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service has improved to Good.

There was now an experienced manager in post who was registered with the CQC.

# St Winnow

## 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 checked 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.

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

The inspection was undertaken by one inspector on 1 December 2018 and was unannounced.

Before the inspection we reviewed information, we held about the service. We reviewed notifications of incidents the provider had sent to us since the last inspection. A notification is information about important events, which the service is required to send us by law.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make.

Some people living in St Winnow had limited communication. Therefore, they were unable to tell us about all their experiences of the services. During our inspection we spent a small amount time with people, due to people's needs, observing daily routines and interactions between people and staff supporting them. This helped us gain a better understanding of people and the care they received at the service. We meet and spoke to four people during our visit.

We were supported by the deputy manager throughout the inspection and the Operations Manager visited the service during our inspection. We spoke with two relatives and to five members of staff. We looked at records relating to people's care and the running of the home. These included three peoples' care and support plans and records relating to medicine administration and finance records. We also looked at quality monitoring of the service.

Following the inspection, we spoke with the registered manager. We also received feedback from two professionals via email. We had asked them about their views and experiences of the service. Their feedback can be found throughout the inspection report.

## Is the service safe?

### Our findings

The service continued to provide safe care. People were not all able to fully express themselves verbally. However, we observed people body language and interactions and this told us people felt safe and comfortable with the staff supporting them. Staff agreed that people were safe with one saying; "We make sure together that people are kept safe and well." One person said; "I'm very safe and happy here." A relative said; "I can sleep at night knowing she is safe and happy."

People were protected from abuse as staff confirmed they had completed safeguarding training and knew what action they needed to take if they suspected a person was being abused, mistreated or neglected. Staff were very confident the registered manager would also take action. Staff knew how to raise an alert by contacting the local authority safeguarding team should they need to in the absence of the registered manager.

People, some who required one to one support, had sufficient numbers of staff to support them. We saw staff supporting people, meeting their needs and spending time socialising with them. Staff had checks carried out with the Disclosure and Barring Service and recruitment procedures were safe. This helped ensure staff were suitable to work with vulnerable adults.

People did not face discrimination or harassment. People's individual equality and diversity was respected because staff had completed training and put their learning into practice. Staff confirmed they had covered equality and diversity and human rights training as part of their ongoing training.

People had the risks associated with their care assessed, monitored and managed by staff to ensure their safety. Records held completed risk assessments to help ensure people received the care and support required to minimise any risk to themselves and others. People had clear guidelines in place for staff to help manage any identified risks. People who required it had risk assessments in place regarding their behaviour, which could be seen as challenging to others or themselves. Staff understood and were aware of people's individual needs and the strategies and protocols in place helped staff manage people's behaviours.

People's finances were kept safe. People had appointees to manage their money where needed, including family members or advocates. The provider had systems to audit all accidents and incidents which occurred and acted to minimise further risks to people. The provider learnt from incidents and used them to improve practice.

People received their medicines safely. Staff had been trained appropriately and confirmed they understood the importance of the safe administration and management of medicines. People's prescribed medicines on an 'as required' basis had instructions to show staff when these medicines should be offered to people. Records showed that these medicines were not routinely given to people but were only administered in accordance with the instructions in place. These protocols helped keep people safe.

People lived in an environment which the provider had assessed to ensure it was safe and secure. The fire

system was checked with weekly fire tests carried out. People had individual personal emergency evacuation procedures in place (PEEPs). These detailed how staff needed to support people in the event of a fire or emergency to keep people safe. People were protected from the spread of infections. Staff understood what action to take to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people.

## Is the service effective?

### Our findings

The service continued to provide effective care and support to people. Staff were observed to be competent in their roles. They also had a good knowledge of the people they supported which meant they could effectively meet their needs.

People were supported by staff who had completed training to meet their needs effectively. The provider had ensured staff undertook training they had deemed as 'mandatory'. Staff new to the health and social care sector completed the Care Certificate and this covered equality and diversity and human rights training. Staff completed an induction which also introduced them to the provider's ethos, policies and procedures. Staff felt supported, received regular supervision and attended team meetings to keep them updated with current good practice models and guidance for caring for people.

People's care files held information on how each person communicated with others. Files documented how staff could effectively support individuals. People had a "Hospital Passport" in place which would be taken to hospital in an emergency and provided details about people's health care needs and how people communicated.

Staff demonstrated they knew how people communicated and encouraged choice whenever possible in their everyday lives. Pictorial images were displayed, for example on daily activities boards, to help ensure it was in a suitable format for everyone. Staff had also completed Makaton (a form of sign language) training. This demonstrated the provider had taken account of the Accessible Information Standard (AIS). The AIS is a requirement to help make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

People were supported to eat a healthy and nutritious diet and encouraged to drink enough to keep them hydrated. People identified at risk due to their weight or choking had been referred to appropriate health care professionals. For example, speech and language therapists. The advice received was clearly documented and staff clearly understood the risks to people. Staff followed the advice given and offered suitable food choices to individuals.

People were encouraged to remain fit and healthy, for example people were supported with activities to remain active. For example, by going for walks. People's health was monitored to help ensure they were seen by appropriate healthcare professionals so their ongoing health and wellbeing was assured. People's care records detailed that a variety of external healthcare professionals were involved in their care.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Staff had completed training about the MCA and knew how to support people who lacked the capacity to make decisions for themselves. Staff encouraged and supported people to make day to day decisions.

Where decisions had been made in a person's best interests these were fully recorded in care plans. Records showed independent advocates and healthcare professionals had also been involved in making decisions. This showed the provider was following the legislation to make sure people's legal rights were protected.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had a policy and procedure to support people in this area. The provider had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe.

People were supported to make as many decisions and choices of their own as they were able. Though people were not always able to give their verbal consent to care, staff were heard to verbally ask people for their consent prior to supporting them, for example before assisting them with their personal care. Staff waited until people had responded using body language, for example, either by smiling or going with the staff member to the bathroom. People lived in a service which had been designed and adapted to meet their needs.

## Is the service caring?

### Our findings

People were provided care by staff who valued them. People appeared happy, comfortable and relaxed with the staff supporting them. There was a calm atmosphere in the service. Two people when asked said they were happy living in the service with one saying; "Staff look after me well."

People were supported by staff who were both kind and caring and we observed and heard staff treating people with patience and compassion. People were seen chatting with staff and the conversations were positive. Staff were attentive to people's needs and understood when people needed reassurance and guidance.

Staff showed concern for people's wellbeing. People with any long-term health conditions had this information clearly documented. Protocols were in place to assist staff in caring for people and meeting their health needs.

People's needs were reviewed and when needed, updated. People had decisions about their care made with their involvement if possible, their relatives or representatives. These reviews involved staff who knew the person well and were involved in their care. People had access to independent advocacy services, and were supported to access these when required. This helped ensure the views and needs of the person concerned were documented and considered when care was planned.

Staff knew people very well and understood people's verbal or nonverbal communication. Staff could explain how people communicated or used symbols to show if they were happy, sad, or angry. The PIR documents; "Potentially discovering new and better forms of communication for certain people who are non-verbal will enhance their care received as they could potentially be better understood."

The values of the organisation were recorded on their website; "We develop self-esteem and the skills our residents need to live as independently as possible, working towards a level of independence which fits with their confidence and aspirations." These values helped to ensure the staff team demonstrated genuine care and affection for people. This was evidenced through our conversations with the staff. People received their care from experienced staff members. This helped ensure people's behavioural needs were met and gave staff a better understanding of people's communication needs. It supported relationships to be developed with people so they felt they mattered.

People's independence was respected. For example, staff encouraged people who were able to, to participate in everyday household tasks. People were supported by staff at people's own pace. Staff were seen to be patient and gave people plenty of time while supporting them. Staff understood people's individual needs and how to meet those needs. They knew about people's lifestyle choices and how to continue to promote people's independence.

People's privacy and dignity was promoted. Staff knocked on people's doors prior to entering their rooms. Staff used their knowledge of equality, diversity and human rights to help support people with their privacy and dignity in a person-centred way. People were not discriminated against in respect of their sexuality.

## Is the service responsive?

### Our findings

The service continued to be responsive. People received supported from a team of staff who were responsive to their needs. People's care records were person-centred and held details about people's social and medical history. These plans were personalised and informed staff how each person preferred their care and support needs delivered. People's daily routines were documented and understood by staff. A relative said how the activities their relative did had increased and they are very pleased with what they were now engaging with. This included cooking with other people in the service.

People's care plans also documented and took account of people's wishes and preferences as well as any cultural, religious and spiritual needs. Staff monitored and responded to any changes in people's needs. Staff told us how they encouraged people to make choices as much as they could. Staff showed some people visual items to help them make choices. The PIR records; "Your Voice meetings are key in monitoring the effectiveness of the different aspects of support and service being provided, from the perspective of the service user."

People's care plans contained information to assist staff to provide care and included information on people's likes and dislikes. In addition to full care plans there were brief one-page profiles of people, particularly about people's care, communication and behaviour needs. This information showed the service had liaised with other agencies to support people and enabled the staff to respond appropriately to people's needs. Staff had a good knowledge about people and could tell us how they responded to people and supported them in different situations. Staff knew how to respond appropriately to people's needs.

We saw people and staff being treated fairly and equally. The provider had policies and procedures in place to ensure they met their responsibilities under the Equality Act. The PIR records; "To ensure staff understand human rights principles, all staff engage with the e-learning."

People received personalised care. People's communication needs were effectively assessed and met by staff. Staff told us how they adapted their approach to help ensure people received this individualised support. For example, using sign language or visual choices. This helped ensure people could choose and make choices.

A complaints procedure was available and in an easy read version. This showed us the provider would act and review the policy to ensure it was in line with the Accessible Information Standard (AIS). Not all people currently living in the St Winnow would fully understand the procedure due to the level of their learning disability. However, staff told us that due to some people's nonverbal communication, they worked closely with them and monitored any changes in behaviour. They would then act to try and find out what was wrong and address this. People also had advocates appointed to ensure people who were unable to effectively communicate, had their voices heard.

People had a weekly activity plan in place. Many people needed additional staff support to occupy and plan their day. Staff said people were offered opportunities to go out daily. People took part in a wide range of

social activities. People's family/friends were encouraged to visit and speak by telephone. Staff recognised the importance of people's relationships with their family and friends and promoted and supported these contacts when appropriate.

## Is the service well-led?

### Our findings

The service was now well-led. At the last inspection on the 3 and 4 May 2016, we rated Well Led as Requires Improvement. This was due to the service, at that time, though having a manager in post, they had not been registered with us. At this inspection we found that the manager was now registered.

People lived in a service whereby the provider's caring values were embedded into the leadership, culture and staff practice. Relative's and the staff spoke highly of the registered manager. Relatives both said; "Always kept informed." Staff commented; "The home is well run' and "They are a really good manager. Has brought load of ideas and made the home 'homely'" Another staff, when asked if the registered manager was supportive said; "Very much so! Also, a decent person and a great manager."

The provider's PIR records; "All staff are aware of and agree with the set values which outline the expectations of staff in their actions and behaviours towards everyone who uses the service and each other to promote and put into practice values such as compassion, dignity and equality." The provider ensured these visions were embedded into the culture and practice within the service and incorporated into staff training. Because of this, people looked happy, content and well cared for.

The registered manager was respected by the staff team and said they were very approachable and offered support and guidance whenever they needed it. The registered manager was open and transparent and was very committed to the service and the staff, but mostly to the people who lived there. People benefited from having a registered manager who worked with external agencies in an open and transparent way and there were mostly positive relationships fostered. However, one professional commented that communication wasn't always the best. The registered manager said they would look at how communication with professionals could be improved. Staff were motivated and hardworking. They shared the philosophy of the management team. Shift handovers, supervision, appraisals and meetings were an opportunity to look at and improve current practice. Staff spoke positively about the management team.

Staff spoke fondly of the people they cared for and stated they were happy working for the provider but mostly with the people they supported. Management monitored the culture, quality and safety of the service by visiting to speak with people and staff to make sure they were happy.

People lived in a service which was continuously and positively adapting to changes in practice and legislation. For example, the management team were aware of the Care Quality Commission's Key Lines of Enquiry (KLOEs), and were looking at how the Accessible Information Standard would benefit the service and the people who lived in it. This was to ensure the service fully met people's information and communication needs, in line with current regulation and related guidance.

The provider's governance framework, helped monitor the management and leadership as well as the ongoing quality and safety of the care people were receiving. For example, systems and process were in place to check accidents and incidents, the environment, care planning and nutrition audits. These helped to promptly highlight when improvements were required.

The registered provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.