

Peninsula Autism Services & Support Limited

Udal Garth

Inspection report

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Date of inspection visit:
03 April 2018

Date of publication:
14 May 2018

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

The inspection took place on 3 April 2018 and was announced. On the day of the inspection 7 people lived in the home. Udal Garth is a 'care home'. 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.

Udal Garth accommodates up to eight people with learning disabilities and/or autism in one adapted building. The care service reflected the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People were safe living at Udal Garth. They were supported by staff who received the right training to meet their needs, who had been recruited safely and who understood how to protect them from abuse. 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 were empowered to make choices about their lives including how they spent their days. Staff understood people's communication methods and ensured people's wishes were listened to and acted upon. Staff sought consent before providing care and ensured people's privacy and dignity were respected. People chose what they ate and drank and were supported to maintain a healthy diet.

People were supported by staff who treated them with affection and compassion. People's records detailed how they wanted to be supported, what their aims for the future were and how staff could help reduce any risks to them. People were supported to remain healthy and saw healthcare professionals when they needed or wanted to; they also received their medicines as prescribed.

People lived in a service that was well led. The registered manager and staff ensured they were up to date with best practice and used this knowledge, along with quality monitoring activities, to improve the service. Staff told us they felt supported and listened to and their wellbeing was considered. The provider also monitored the quality of the service and checked action was being taken where gaps had been identified

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

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.

The inspection took place on 3 April and was announced. We announced the inspection in case visiting unannounced caused anxiety to the people living at Udal Garth. The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of similar services.

Prior to the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which 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. We also reviewed notifications. Notifications are specific events registered people have to tell us about by law.

During the inspection we spoke with two people. Most people who lived at Udal Garth were unable to communicate verbally with us, so we spent time in communal areas, observing how people interacted with staff and how they were cared for and supported. We reviewed three people's records in detail. We also spoke with eight staff members and reviewed two personnel records and the training records for all staff. Other records we reviewed included the records held within the service to show how the registered manager and provider reviewed the quality of the service. This included a range of audits, minutes of meetings and policies and procedures.

Following the inspection also spoke with three relatives of people who use the service.

Is the service safe?

Our findings

The service remained safe.

People told us they felt safe living at Udal Garth. Comments included, "I am very safe here and if I feel worried I can talk to any of the staff." Staff understood what was important to each individual to feel safe, especially for those people living with autism. One person explained, "They [staff] check that the alarm bells and door bells are working at set times as I get anxious about whether they work or not."

People were protected against the risks of potential abuse by staff who regularly updated their safeguarding knowledge and were confident raising concerns about people's safety. Information was also available to people in an accessible format about how they could keep themselves safe.

People were supported by suitable staff who had been recruited safely and involved the views of people they would be supporting. One person explained, "We meet new carers and if we don't want to be with them we don't have to." There were sufficient numbers of staff on duty to keep people safe and meet their needs.

People were enabled and encouraged to take risks to maintain their independence and develop their skills. Meetings were focused on supporting people to take positive risks. The PIR stated the aim was to help people develop as individuals and feel part of the wider community. For example, one person had not previously done their own shopping but staff felt the person would benefit from this experience and skill. The risks were clearly assessed and action taken to reduce them as far as possible. As the person's skills increased, the risk assessment was changed to give the person more control and a sense of achievement. The registered manager said the person enjoyed these shopping trips.

Most people were supported to manage their money. Risk assessments were in place but did not detail the level of support each person required and their preferences for how this was provided. Staff knew how people liked to be supported and following the inspection, the registered manager told us this information had been added to each person's individual risk assessment.

People living at Udal Garth could become upset or anxious and this could lead to behaviour that challenged other people living in the service or staff members. Each person had a plan in place which clearly detailed what could cause the person anxiety, how staff could recognise the person felt anxious and how to help them feel calm again. For example, one person's care plan stated, "Allow me to wake up in my own time. Waking me up will ruin my day."

An advisor employed by the provider helped the staff team produce and review these plans when needed, by reflecting on behaviour staff had observed and by analysing incidents. They told us, "I see my job as being about quality of life. Those values are embedded here." Staff acted quickly if they sensed someone was not happy and throughout the inspection the home was very calm. One staff member told us, "It is about being alert and knowing the residents."

Incidents were recorded in detail and the PIR reported lessons learned exercises were completed to reduce likelihood of reoccurrence.

People were supported by staff who understood how to manage medicines safely and how to protect them from infections. Plans were in place to keep people safe in an emergency and staff understood these and knew where to access the information. The staff team and registered manager monitored the safety of the building, equipment and environment. Any improvements required were reported and acted upon.

Is the service effective?

Our findings

The service continued to provide effective care.

People's needs were assessed holistically to help ensure their needs were met in a way that suited them as an individual. Support provided as a result of these assessments was based on current best practice and was focused on achieving positive outcomes for people and promoting a good quality of life.

People's care plans included information such as, "What people admire about me" and "What is important to me". It was clear staff used this information to enhance their knowledge of, and relationships with, the people they were supporting. For example, staff knew what people found difficult and how changes in daily routines affected them.

Information about people was continuously reviewed to help ensure staff consistently supported people in a way that reflected their needs. For example, if someone achieved something they hadn't done before, this was celebrated and shared with all staff so the achievement could be repeated.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. One person told us, "I like all the carers" and feedback received from a relative stated, "Udal Garth is very homely with a friendly and efficient staff team."

New staff received a comprehensive induction into their role but records did not confirm staff felt confident in their role before being included on the rota. Following the inspection, the registered manager told us they had implemented a new record to review the confidence levels of new staff and support offered at this time.

Staff completed a programme of training which was updated regularly and focused on professional development. The registered manager told us, "It's the best company I've come across for training"; and the PIR explained, "As a result of the training, support and supervision we offer, I believe the people we support feel better supported, understood and valued as individuals in their own right." A staff member confirmed, "We do get good training and continually learn from one another as well."

People received care from a staff team who felt valued and supported in their work. Comments included, "If I am unhappy about anything or feel I could do with training I can always approach the manager or my supervisor." Staff worked effectively together so people could achieve their goals. Feedback received from a relative stated, "The management and staff work together to ensure the needs and interests of my son are taken into consideration to make his life at Udal Garth as good as it possibly can be." A staff member confirmed, "We are close team and communicate with each other in order to support the residents fully."

People were able to make choices about food and drink and staff encouraged them to eat a balanced diet. One person told us, "We pick our menu for next week. All of us get a choice and we have a picture menu. We can also choose what time we want to eat" and "On Saturday we have a take away, usually fish and chips. I like baking cakes and sharing them. I also go to the pub for a pasty on a Wednesday." Staff understood how

individuals communicated their wishes. For example, some people picked up a cup as a signal they wanted a drink and this was promptly given.

People were supported to understand how to stay healthy and staff supported them to see relevant healthcare professionals if they were unwell. One person confirmed, "I get taken to the doctor as my blood pressure was too high but it is okay now. I also see the dentist. My teeth are fine now and I have an egg timer to use to make sure I brush my teeth properly and long enough."

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). People were supported by staff who had received training on the mental capacity act and followed the principles of the act when supporting people to make decisions, or when making decisions in people's best interests. The registered manager had applied for DoLS on behalf of people however, these were awaiting review by the local authority designated officer. The registered manager explained, "There is a recommendation that for those without family and who are subjected to DOL's to have an advocate. All the residents have a choice as whether they want to engage with an advocate." People confirmed advocates visited them and they were given the choice of whether they wanted to talk or not.

Is the service caring?

Our findings

The service was still caring.

People appeared happy and contented and reacted positively to the staff supporting them. Throughout the inspection we observed staff being extremely kind and compassionate to people. People who were able to speak with us were very positive about the care they received. Comments included, "I love all the carers here" and "I am very happy here. It is my home." A staff member told us, "I know and love all the residents."

Staff showed concern for people's wellbeing in a caring and meaningful way, and responded to people's needs quickly. One person told us, "If I am not well they will help and cheer me up if I am sad. They listen to me and help me."

People were treated with dignity and respect by staff who spoke about them with affection. A staff member explained, "This is their home and we also need to respect that." One person confirmed staff respected their belongings saying, "Staff knock my door before coming in. They don't touch my models when cleaning my room. I dust them as I don't want them broken." People's privacy and confidentiality were protected by the registered manager and staff.

The PIR stated, "We will endeavour to support a service user to either the community or family/friend's house, to ensure opportunities to visit are always available maintaining positive relationships." Friends and relatives were able to visit at any time and confirmed they were made to feel welcome.

Staff in depth knowledge of people also helped ensure people were treated equally and their diverse needs were met. The PIR explained, "Equality and diversity is never viewed as a bonus in terms of service delivery. We ensure that all service users can access the same opportunities regardless of their lifestyle, ability or background." People were supported to be as independent as possible and their care plans detailed how what support they required from staff to achieve this.

People were listened to by staff who understood and supported their preferred way to communicate. Communication dictionaries helped staff share important information about how people communicated different words or ideas. This helped ensure people were understood by all staff members. Social stories were also used to explain events, where this was appropriate. For example, a social story was used to help someone understand what happened during a fire evacuation practice. This had helped them remain calm throughout the practice and the achievement had been celebrated with them.

When people did not have friends or family to advocate on their behalf, arrangements were made for them to see advocates.

Is the service responsive?

Our findings

The service remained responsive.

One person told us, "They know what I like to do and support me to do it. I have everything I need here. We have our own rooms and can decide what colours we want to decorate them. We also choose our own bedding and I like writing so they help me buy my pens and paper." A staff member explained, "We are a close team and communicate with each other when we feel something needs changing or a different approach." This helped ensure the whole team remained responsive to any changes.

People's care plans were reviewed regularly and focused on people's whole lives. They also detailed people's aims. Where appropriate, friends, family and external professionals were involved in developing people's care plans. One person did not like to attend review meetings but liked to write a reflection of each day. This was used to inform care plan updates. It was not always clear to what extent each person had been involved in their care plan and reviews, or how their views had been taken into account. Following the inspection, the registered manager told us they had now clearly recorded this information.

People were empowered to choose how they wanted to spend their time and were encouraged to use and be involved in their local community as much as possible. The PIR stated, "As a result relationships have been formed and service users feel a strong part of the local community." One person chose to complete a weekly planner using pictures, which showed staff how they would like to spend their time. Clear detail was then included in their care plan of their preferences for each activity. This helped ensure the activity met their wishes. People were enabled to follow their hobbies and interests. One person told us, "I love trains and go from Plymouth to Paddington as well as other places. I also like writing and shopping. During the week I get my walking boots on and we go walking and take a packed lunch with us. I go swimming once a week and to the pub for a pasty on Wednesdays. I also attend Sport relief activities when they are on."

People were encouraged to develop new skills and try new experiences. The staff team were focused on empowering people to make choices about these. Outcomes of new experiences were clearly recorded and staff used these to identify whether improvements could be made to benefit the person further. People's achievements were recognised and also used to develop ideas for further activities or aims.

The PIR stated, "We take steps to ensure that individuals receive information which they can access and understand, and receive communication support if they need it." This meant they were meeting the requirements of the Accessible Information Standard (AIS). The AIS is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

The service had a policy and procedure in place for dealing with any concerns or complaints. There was an easy read version available for those who needed it. A relative told us, "I've never had any concerns."

A person who had lived at the service had recently passed away and several staff members had attended

their funeral. Two staff members had been asked to play a role in the service, which reflected the close relationship they had had with the person. People had received support appropriate to their needs at this time. A letter from a relative thanked the service for the care they had given at this time and throughout the person's life. Training was now being planned to further increase staff knowledge of end of life care.

Is the service well-led?

Our findings

The service continued to be well led.

A registered manager was in post who had overall responsibility for the service and knew people and staff well. 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. The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who lived at the service.

The registered manager inspired staff to provide a quality service to the people who lived at Udal Garth. The PIR stated, "Staff members are motivated and empowered to improve the lives of the people who live here." This was evident in the care staff provided to people and the recording, reflecting and learning they completed on behalf of each individual. A staff member told us, "I love working here and so do the other carers."

The provider and registered manager valued the opinions of people, staff and relatives and provided various forums to ensure these were heard. A relative told us how a new relatives forum, set up by the registered manager would be beneficial to them. Staff told us they felt empowered to have a voice and share concerns or ideas they had. Comments included, "I know if I had any cause for concern I could take it up with the supervisor or the manager and know action would be taken to resolve things."

The registered manager told us they were trying to foster strong relationships with key professionals and organisations. The PIR explained, "I feel open honest and transparent relationships will strengthen the service and will encourage a more holistic approach to the support we provide" and "We will invest time in this aspect of our service by enabling key staff to network with other professionals and visit other services to share good practice and learn from each other's mistakes."

Staff wellbeing was important to the registered manager and systems were put in place that supported this. For example, when a person had passed away, it was arranged for a counsellor to spend time in the service for staff to talk to. A thank you card from a member of staff described how important they had found the support they received.

The provider and registered manager were focused on continuous improvement. The registered manager told us the service was working towards the 'Enhanced Autism Accreditation'. Achieving this accreditation proves that an organisation is committed to understanding autism and setting the standard for autism practice.

The registered manager told us they attended relevant forums and training to help ensure they were up to date with current best practice and research. Updates to best practice and changes in legislation were also cascaded from the provider. These were all shared with the staff team and plans to implement any changes

were made. Senior staff were supported to develop their leadership skills and knowledge.

An effective quality assurance system also helped ensure the service continued to improve by identifying any gaps in practice. Staff, the registered manager and the provider were all involved in monitoring the quality of the service. The PIR explained, "Our schedule of audits ensures that no stone is left unturned in the monitoring and reviewing of the different areas of our service, e.g. punctuality and reliability, accidents and incidents, complaints, medicine audits, health and safety checks, etc." Action plans were then developed to reflect the findings and how the service could move forward.

The PIR stated, "We are honest with any mistakes that we make, communicate to and discuss these with service users and their representatives, and learn from them." People's relatives confirmed the management team were open and honest.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.