Peninsula Autism Services & Support Limited

St Winnow

Inspection report

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Date of inspection visit: 17 & 18 March 2015
Date of publication: 11/05/2015

Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

The inspection took place on the 17 and 18 March 2015 and was unannounced.

St Winnow provides care and accommodation for up to five people. On the day of the inspection four people were living in the home. St Winnow provides care for people with a learning disability and associated conditions such as autism and Asperger's.

At the time of the inspection the service did not have a registered manager. We were told the previous registered manager had left the service approximately three months before the inspection and a new manager had been appointed to oversee the day-to-day running of the service since this time. We were told an application had been submitted to CQC to register a new manager for the service.

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.

Although staffing levels had been organised to meet people's needs and to help keep people safe, there were

Summary of findings

still concerns about some people's safety due to the behaviours of others in the home. Not all people had been correctly assessed under the Mental Capacity Act 2005 and its associated deprivation of liberty safeguards. We raised these concerns with the manager. They said they would raise this matter with senior management and inform us of the outcome. We also raised our concerns with the local safeguarding team. The local authority safeguarding team have responsibility for assessing possible risk and taking action if they assess people are unsafe or at risk of abuse.

Prior to the appointment of the current manager the service had not been well-led. Staff said during a period of management change they had felt unsupported within their role. Three managers had been in post within a short period of time. During this period the provider had carried out a range of quality checks. These checks had failed to pick up and address that staff supervision, appraisals and reviews of people's support plans had not taken place within the timescales agreed by the provider. Staff said they did not feel supported during this time and felt this would have had a negative on the quality of care provided to people in the home. The manager told us these gaps were now being addressed as a matter of priority. We saw people's support plans had been reviewed and staff told us they felt well supported by the manager. It was however, too soon to know if these improvements would be sustained or see the overall impact these improvements had on people and the service.

People were protected by safe and robust recruitment practices. People were supported by knowledgeable and skilled staff. Staff undertook training, which was specific to the needs of people they supported.

People's medicines were stored and administered safely. People who were able to manage and administer their own medicines were supported to do so.

People were supported to raise any concerns or complaints about the service. Complaints were taken seriously and responded to appropriately.

People's support plans included clear detailed information about people's specific needs and preferences. Staff were familiar with this information and were able to tell us in detail about people's daily routines and how they chose to be supported. People were supported to have their health and dietary needs met. People were involved in decisions about their diet and were supported by staff when required. Staff monitored people's general health and well-being and supported people to access health services when needed. People were supported to lead an active lifestyle and were able to maintain relationships with people who mattered to them. Staff had a good understanding of the people they supported and had formed positive, caring relationships.

A system was in place to regularly audit people's personal finances, medicines and fire safety equipment. Regular audits had been undertaken to ensure the environment remained fit for purpose. The manager had introduced 'spot checks' of staff, which would be undertaken during the day and night. Any issues relating to the quality of care being provided was addressed with individual staff members and within team meetings as part of practice discussions.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe.

People were not fully protected from the risks of abuse. Consideration had not been given to how the behaviours and needs of some people compromised the safety and human rights of others.

Although staffing levels had been organised to help ensure people's safety, they did not in all cases take into account people's individual needs and rights.

People were protected by safe and robust recruitment practices.

People were protected by safe and appropriate systems for handling and administering medicines.

Requires improvement

Is the service effective?

People were not fully protected against the use of unlawful restrictive practice within the service. Some people were not able to move freely around their home and had some of their opportunities restricted due to the needs of other people living in the service.

Staff received on-going training to make sure they had the knowledge and skills to meet people's need and carry out their role effectively.

People were supported to have their health and dietary needs met.

Requires improvement

Is the service caring?

The service was caring.

People were supported by staff that promoted independence and respected their privacy and dignity.

Staff had a good understanding of the people they supported and had formed positive, caring relationships.

People had access to advocacy services if they needed people to speak up on their behalf.

Good

Is the service responsive?

The service was responsive.

Care records and support plans were personalised and detailed people's specific care needs and personal wishes.

People were supported to lead a full and active lifestyle.

People were supported to maintain relationships with people who mattered to them.

Good

Summary of findings

People were supported to raise any concerns or complaints about the service. Complaints were taken seriously and responded to appropriately.

Is the service well-led?

Requires improvement

Aspects of the service were not well led.

Prior to the appointment of a new manager the service had not been well led. Quality auditing systems had not picked up some staffing issues or gaps in care records during a period of change to management in the home.

Systems had not been in place to ensure good leadership and running of the service during changes to management.

A system was in place to regularly audit people's personal finances, medicines and fire safety equipment.

Quality checks of staff had been introduced to ensure that management had an overview of the care provided in the service.

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 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 the 17 and 18 March 2015 and was unannounced. One adult social care inspector undertook this inspection.

People who lived at the home had limited verbal communication. It was therefore limited in how much they could tell us about their experiences of their care. We spent time in the communal parts of the home observing how people spent their day as well as observing the care being provided by the staff team.

We spoke to the acting manager and deputy manager who were overseeing the day-to-day running of the home. We also spoke to five members of the care team, one relative and a district nurse. We looked at three staff files, which included the records of one staff member who had recently started work in the home.

We looked at three care records. These records included support plans, risk assessments, health records and daily monitoring reports. We also looked at policies and procedures associated with the running of the home and other records including, incident reports, quality assurance checks and medicines records.

Prior to the inspection we reviewed all the information we held about the service, such as previous inspection reports and notifications we had received. A notification is information about important events, which the service is required to send us by law.

Requires improvement

Is the service safe?

Our findings

People were not fully protected from the risks of abuse. People had at times displayed behaviours that had put themselves and others at risk of harm or injury. Consideration had not been given to how the behaviours and needs of some people compromised the safety and human rights of others. Although staffing levels had been organised to help ensure people's safety, they did not take in all cases take into account people's individual needs and rights.

Staff expressed concern that some people's rights to move freely and safely around their home had been restricted due to the unpredictable nature of other people's behaviour in the service.

Incident reports stated some people had directed their behaviours towards others in the home. Staff said although they had managed to protect people during the incidents they remained concerned about people's safety. Relatives also expressed concern that the safety of some people could be compromised due to the behaviours of others. We raised concerns about people's safety with the manager, the behavioural advisor for the organisation and Plymouth City Council's safeguarding team.

Staff understood about different types of abuse and undertook training in safeguarding adults. They told us they had the opportunity to discuss practice and issues relating to safety and risk. However, they said due to frequent changes in management their concerns about some people's safety had not always been dealt with sufficiently to ensure people's on going safety.

Risk assessments had been completed to address areas of care that may place people at risk of harm. These took into account people's individual needs and people were supported to take everyday risks. People were encouraged to make choices about how they spent their time and were supported by staff to consider ways of keeping safe. For example, we saw one person was able to use the kitchen area independently. Staff observed from a distance and provided guidance and advice in a way that promoted the person's safety and independence.

Staffing levels had been organised for each person dependent on their assessed care needs. Support plans clearly described how these staffing levels were organised and the support required by each person concerned. Staff said the agreed staffing levels were always in place and were also flexible to ensure people had support when they needed it, such as attending appointments and when they chose to go out.

People were protected by the home's recruitment practices. Staff recruitment records showed appropriate checks were undertaken before staff started working in the home. New staff confirmed they had been invited to attend an interview prior to commencing work and had provided details of previous employment. Records confirmed staff were asked during interview about previous work experience and any issues, which could affect their ability to work with vulnerable people. We saw clear staff disciplinary procedures were in place and had been followed when it had been identified staff were potentially responsible for unsafe practice.

Medicines were managed, stored, given to people as described and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. We saw when possible people were supported to manage their medicines independently. People who had been assessed as being able to self-administer medicines had been provided with their own storage space and medicines file. One person managed their own medicines, but had agreed that staff provided some advice and guidance so they remained safe. Staff were able to describe these arrangements, which helped maintain the person's safety and independence. Medicines administration records (MAR) were all in place and had been correctly completed. Where refrigeration was required, temperatures had been logged and fell within the guidelines. Staff were knowledgeable with regards to people's individual needs in relation to medicines. For example, one staff member told us about one person's skin condition and when creams needed to be used to prevent the skin becoming sore and itchy. We were also told about another person who required close monitoring to ensure they did not become distracted when taking their medicines, which could result in the medicines not being effective.

Plans were in place to ensure people knew what to do in the event of an emergency such as a fire in the building. The plans detailed the support people required from staff if they did not have the ability to understand the risks or to leave the building independently.

Requires improvement

Is the service effective?

Our findings

People were not fully protected against the use of unlawful restrictive practice within the service. Although measures had been put in place to protect people from the negative effect of behaviour by others, these measures had not in all cases been agreed and assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make a decision at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people, who are, or become deprived of their liberty.

We saw DoLS applications had been appropriately made and authorised for some people. However, restrictions and measures that had been put in place as a result of these authorisations had in some cases unlawfully restricted other people. Staff expressed concern that some people were not able to move freely around their home and had some of their opportunities restricted due to the needs of other people living in the service.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were supported to understand and manage people's behaviours in an appropriate and lawful way. The organisation had a specialist behavioural advisor who was available to support people and staff with issues relating to behaviours and behaviour management. We were told due to a number of recent incidents advice had also been sought from external behavioural advisors to further assist the staff to meet people's needs.

Most of the staff had worked in the home for a number of years and knew people well. New staff were well supported by a robust induction programme and had the opportunity to work alongside more experienced staff members until they felt confident to work on their own.

People were supported by skilled and knowledgeable staff. Training was planned and continued throughout employment to aid development and enhance staff skills.

Training records listed a range of training opportunities relevant to the needs of people the service supported. Staff told us previous face to face training opportunities had now been replaced with an on-line computerised training package. Some staff said they found this form of training difficult and preferred the previous system. Comments included "Some people find it hard to learn in this way and gain much more knowledge from face to face practical training". The manager said they recognised staff had different needs in relation to training and were looking to source other local training opportunities. For example, district nurses had planned to support staff with diabetes training and local authority safeguarding training was being explored in addition to the current computerised learning package.

Staff said they felt well supported by their colleagues. However, we were told that due to the absence of a registered manager formal supervision sessions and appraisals had not taken place for several months. The acting manager who had worked in the home for three months had recognised these gaps and a supervision and appraisal plan had been put in place for all staff. Staff confirmed these meetings had started to take place and said they felt more supported in their role.

We saw that staff understood the need to promote choice and to ask people's consent before providing care and support. One staff member told us how they talked one person through each stage of their personal care to help ensure the person understood and agreed with the support being provided. Another staff member told us they always asked for a person's consent before administering medicines or when providing support for people who administered their own medicines. This helped ensure people understood and consented to the care and treatment being provided.

People's nutritional needs were met. People were supported to have a sufficient and well balanced diet. People were able to assist with meal preparation and were able to make choices in relation to mealtimes and the menu. We saw one person preparing their own drinks and lunchtime meal. They were able to access the kitchen area independently and received support from staff when required. Staff understood any risks associated with eating and guidelines were in place in relation to choking hazards and specialist dietary needs. For example, one person had specialist plates and cutlery provided to assist them with

Requires improvement

Is the service effective?

their eating and another person had an individual diet plan relating to a specific health condition. Health professionals said they had always been impressed with the quality and variety of food provided in the home.

People's health needs were met. People were supported to maintain good health and when required had access to healthcare services. Support plans included information about people's past and current health needs and staff were familiar with this information. When people had complex health conditions individual support plans were in place for that particular area of need. Everyone involved in the person's care understood their role and responsibility in supporting them. Information had been documented as part of a 'hospital passport', which could be used should a person require an admission to hospital. This information is considered by the health service to be good practice and helps ensure people's needs are understood should they require treatment in hospital or other healthcare services. People were supported to understand their health condition and to manage their health care independently when possible.

Staff knew people well and were able to use this knowledge to recognise and respond appropriately to changes in people's health. For example, staff had recognised changes in the pattern of one person's behaviour and as a result had contacted the person's GP and requested a review of their medicines.

Good

Is the service caring?

Our findings

People had limited verbal communication and it was therefore difficult for them to tell us if they felt well cared for by staff and the service. We spent time with people seeing how they spent their day and observing the care and support being provided. People smiled and said "Yes", when we asked them if they were happy and well cared for. Relatives told us they believed the staff really cared about the people in the home.

We observed the atmosphere in the home was warm and welcoming. The interactions between people and staff were positive. Staff treated people with kindness in a caring and compassionate way. For example, one staff member spent time talking to a person about a family event they were due to attend. The staff recognised and responded positively to the person's excitement and enthusiasm, whilst also providing them with clear information about the event to help prevent any possible misunderstanding or disappointment. We also observed staff speaking to people in a caring and thoughtful way about the presence of visitors in the home. This helped ensure people remained happy and contented.

Staff had good knowledge of the people they cared for. They were able to tell us about people's likes and dislikes as well as important information about their past, interests and family. Staff said this information and knowledge was important to enable them to meet people's needs in a way they wanted and preferred.

Staff had a good knowledge of how people communicated and were able to use this knowledge to recognise and respond promptly to changes in people's mood and behaviour. For example, staff recognised one person could become agitated when people they did not know were visiting the home. We saw staff regularly checked this person and provided them with reassurances so they remained happy and content.

People's privacy and dignity was respected. Staff told us some people required support with personal care needs and they always ensured doors and curtains were closed to maintain their privacy. We were told people were provided with towels and a dressing gown to further ensure their dignity when personal care was being provided. Health professionals said staff were very respectful of people's privacy and dignity and they were always able to meet with people privately during any health visits to the home.

People had the opportunity to access support from outside the home if they needed people to speak up on their behalf. For example, one person was being supported to access advocacy services to assist them with their finances. This helped ensure the person had information and advice independent of the home and in private if they wished.

Staff recognised the importance of people's family. Relatives were able to visit the home at any time. We saw staff supporting one person to go out for a trip with their relatives. Staff provided support to help ensure the trip out was a positive experience for all concerned.

Good

Is the service responsive?

Our findings

People were supported by staff who knew them well and understood their needs and personal wishes. Staff were able to give us clear and detailed information about people's daily routines and how they needed and preferred to be supported.

People's support plans included clear information for staff about people's health and social care needs. Each area of the support plan described the person's skills and support needed by staff or other services. For example, one plan we looked at described the person's daily needs in relation to their health. The plan detailed how the person needed to be encouraged to maintain any skills and independence as well as the support needed by the staff and relevant health services. A district nursing plan was also attached to the support plan to show the roles and responsibilities of other services. These records helped ensure staff had the information they needed to meet people's needs and maintain their independence.

Support plans included information about people's choices and goals. For example, one plan stated the person wanted to go on a bus and a train ride. Records demonstrated discussion had taken place to consider how these needs and requests could be met.

The acting manager told us they had been in the process of reviewing people's support plans to ensure information was accurate and up to date. They said due to the absence of a registered manager, reviews had not taken place as regularly as required, but this issue was now being addressed as a matter of priority. We were shown support plans that had been reviewed and updated and they included clear and detailed information.

People were supported to be involved in the local community and to take part in a range of activities to keep them occupied. When possible people went out on their own to participate in activities of their choice. One person undertook regular voluntary work and two other people attended a weekly music group. Where necessary, staff supported people who could not go out on their own. We saw that people went to local shops and leisure facilities such as pubs and sports centres. One person enjoyed trips out in the car and records confirmed staff supported this person to go out most days. One person told us they liked going out and particularly enjoyed going with staff to their favourite eating place.

People were supported and encouraged to develop and maintain relationships with people that mattered to them. For example, one person had regular visits from their family and staff supported them to go out with relatives for trips and visits home. Staff supported one person to purchase a new computer so they would be able to speak to their relatives when they were not together.

The provider had a policy and procedure in place for dealing with complaints. An easy read complaints procedure had also been provided for people who may not understand the written word. Staff said they regularly checked out if people were ok and if they had any concerns or complaints. We saw examples of when people had raised a complaint within the service and saw that that these had been taken seriously and handled appropriately.

Requires improvement

Is the service well-led?

Our findings

We were told that during the twelve months prior to the inspection there had been two different managers. The last manager had left the service after a short time in post. At the time of the inspection the day-to-day running of the service was being overseen by a new manager who had worked in the service for three months. The manager was present throughout the inspection and confirmed an application had been submitted to register with the CQC.

The manager was being supported by a deputy and both were also overseeing another home run by the organisation and situated close to St Winnow. The manager said they divided their time between the two services to help ensure people and staff had the support they needed. The manager was aware staff had experienced a very unsettled time due to changes in management and said they were prioritising tasks that had not been kept up to date such as staff supervision and reviews of people's support plans.

Staff said the past 12 months had been difficult due to changes in management and they had not felt well supported by the provider during this time. They expressed concern that the lack of leadership and support during this time had led to some staff leaving. Staff said they thought this inconsistency and disruption in staffing would have impacted negatively on people and the quality of the service. Staff did say they were hopeful this would now change. They said the new manager had been very supportive during their short time in post.

Relatives said they were aware of difficulties within the service due to changes in management. They said they had been aware staff had been under pressure and this had affected the atmosphere in the home when they visited. Relatives said they were hopeful this would improve now that a new manager had been appointed.

Staff said they had at times needed to raise issues about the service and people's care. They said although they had been able to discuss these issues with their colleagues the absence of consistent management had meant these issues had not in all cases been listened to and addressed. The manager told us they had now met with each member of staff and also organised team meetings so staff views and suggestions could be noted and addressed. We saw improvements had been made. The new manager had started to address issues raised by staff and gaps in records. However, it was too soon to know if these improvements would be sustained or to see the full impact they would have on people and the service

Staff had expressed a wish to be more involved in discussions about people's care and support needs. These meetings had been planned as well as 'Your Voice' meetings, where staff could support people to raise their own views and suggestions about the service and care they received.

A system was in place to regularly audit people's personal finances, medicines and fire safety equipment. A monthly health and safety audit was undertaken of all equipment and the environment. A maintenance plan was in place to help ensure the quality of the environment remained fit for purpose. The acting manager had introduced spot checks of care staff during the day and night. This helped to ensure management had an overview of the quality of the service at all times and could address any concerns they found.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse Safeguarding service users from abuse and improper treatment. Regulation 11 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 13 (4) (b) (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The Registered Provider did not have suitable arrangements in place to protect people using services against the risk of control or restraint being unlawful or otherwise excessive.