

# Peninsula Autism Services & Support Limited

## Udal Garth

### Inspection report

2 North Road  
Torpoint  
Cornwall  
PL11 2DH

Tel: 01752815999  
Website: [www.prioryadultcare.co.uk](http://www.prioryadultcare.co.uk)

Date of inspection visit:  
21 January 2023

Date of publication:  
30 January 2023

### Ratings

Overall rating for this service	Good ●
---------------------------------	--------

Is the service safe?	Good ●
----------------------	--------

Is the service well-led?	Good ●
--------------------------	--------

# Summary of findings

## Overall summary

### About the service

Udal Garth is a residential care home providing personal care to up to 8 people. The service provides support to people with learning disabilities and/or autistic people. At the time of our inspection there were 8 people using the service.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

#### Right Support:

People made choices and took part in meaningful activities which were part of their planned care and support.

People who experienced periods of distress had plans in place which helped ensure staff understood how to support them safely.

People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met their sensory and physical needs.

Staff worked in partnership with external organisations so people could access the health and social care they needed.

People were supported with their medicines in a way that was safe and met their preferences.

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

#### Right Care:

Staff actively promoted equality and diversity when supporting people. They understood each person's unique needs and preferences and tailored the support they provided around these. People enjoyed undertaking activities and interests they were interested in. They were given the opportunity by staff to actively engage in and try new activities.

People were protected from abuse and poor care. The service had enough appropriately skilled staff to meet

their needs and keep them safe.

Risk assessments were in place relating to people's health and care needs. Where appropriate, positive risk taking was encouraged and enabled. Staff supported changes that individuals might want to make and assessed risks continuously.

#### Right Culture:

People received good quality care, support and treatment from trained staff and specialists who were able to meet their needs and wishes. Staff knew and understood people well and were responsive to immediate requests for support as well as longer-term goals. People appeared comfortable and confident in the service and with the staff who supported them.

The registered manager was keen to enable people to live a meaningful life every day. This ethos was reflected in the staff team. Staff placed people's wishes, needs and rights at the heart of the service.

People and those important to them, including advocates, were actively involved in planning their care.

The registered manager and staff regularly checked and evaluated all aspects of the service. This helped identify any areas for improvement.

The registered manager was supported by senior managers to maintain the quality of the service.

For more details, please see the full report which is on the CQC website at  
Rating at last inspection The last rating for this service was good (published 16 May 2018).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Udal Garth

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

Udal Garth is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Udal Garth is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

**Notice of inspection** We gave a short period notice of the inspection because it was carried out at the weekend. We needed to be sure a manager would be available to support the inspection.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

Some people living at Udal Garth were not able to verbally share their views of the service, so we observed how they spent their time and how they interacted with staff. We spoke with 2 people, 5 staff members, including the registered and deputy managers; and received written feedback from 2 relatives. We reviewed 2 people's care plans, a range of medicines administration records (MARs) and a range of records relating to the management of the service such as audits and meeting minutes.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse as staff knew and understood their responsibilities to keep people safe and protect them from harm.
- Safeguarding was discussed at staff meetings as well as in staff one to supervisions. Staff safeguarding training was up to date.
- One person we spoke to told us they felt safe living at Udal Garth.
- Occasionally people used their behaviour to communicate. There were clear plans in place that helped staff understand how to support the person to avoid any triggers for the behaviour and how to help them feel calm again. Records showed staff had followed these plans when necessary.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's care plans all contained information about any related risks and how staff could help reduce these risks to the person.
- Regular health and safety audits, as well as environmental and fire checks were carried out to monitor the safety of the service.
- Emergency plans and individual fire evacuation plans were in place to ensure staff could support people in the event of a fire or other emergency. Staff understood what action they needed to take to keep people safe if a fire was to occur.
- Accidents and incidents were recorded in good detail. Staff told us that following any incident, staff were able to have a debrief, so they and other staff could learn from the incident and share any ideas for the future to help prevent reoccurrence.
- People made their own choices about how and where they spent their time. People moved freely around the home and staff were constantly on hand to aid those who needed support to stay safe.
- Staff supported changes that individuals wanted to make and assessed risks continuously. Staff supported people to take positive risks.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. The registered manager had a clear system in place to help ensure people's DoLS remained current and in date.
- When people didn't have the capacity to make certain decisions for themselves, assessments of their capacity had been completed.

#### Staffing and recruitment

- Arrangements for staffing reflected the needs of people using the service. One staff member told us, "The number of staff each day depends on what people want to do. Some days are busier than others so we would have more staff working on those days."
- Staff turnover was low, which enabled people to receive consistent care from staff who knew them well.
- Staff responded promptly to people's requests for assistance.
- There was a suitable recruitment and induction process in place. This helped ensure staff employed at the service were suitable to work with vulnerable adults.

#### Using medicines safely

- People were able to take their medicines in private and where safe, people stored their medicines in their own bedrooms.
- The service supported people to be independent where possible. One person took responsibility for taking their own medicines.
- Medicines were managed safely. Staff received regular training and checks of their competence to administer medicines.
- Medicines audits were completed to check staff were following the correct procedures when administering and recording people's medicines.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The service was supporting visits from families and friends.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider's PIR stated, "We are a dedicated team of individuals who always put the people that we support at the heart of everything that we do so that they are provided with choice and achieving positive outcomes." Observations of staff interactions with people and the way staff spoke about people confirmed this to be the case. A relative told us, "They are an amazing team and I have nothing but admiration for the role they do and how they care for my relative."
- All staff showed genuine pleasure when interacting with each person. They took an interest in what people were doing and helped them resolve any problems. A relative told us, "I feel assured that [my relative] is cared for as if they were staffs' own family member."
- People appeared comfortable and confident in the service and with the staff who were supporting them.
- The registered manager and staff valued and promoted people's individuality, protected their rights and respected their personal characteristics.
- The registered manager completed audits of the service focused on whether people had a meaningful life and were able to take part in activities and interests that reflected their preferences. Staff also talked with people regularly about any wishes or preferences they had. These were then shared with the staff team so people's wishes could be met.
- The registered manager was keen to ensure the service continued improving and offering people more opportunities. They had identified via an audit that people could be involved more in preparing their meals and planned to discuss this with people and the staff team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider's PIR stated, "We have an open and honest culture within our service ensuring Duty of Candour when there is an incident or a complaint which means that these are always dealt with in a timely manner and findings shared with the relevant people." The registered manager and staff were open and honest during the inspection. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had the skills, knowledge and experience to perform their role and had a clear understanding of people's needs and an oversight of the service.

- The registered manager received regular support from senior managers. They told us this helped them stay up to date and identify any improvements they needed to make.
- Staff were committed to reviewing people's care and support on an ongoing basis and as people's needs and wishes changed.
- Staff were able to explain their role in respect of each individual.
- Staff had taken responsibility for different aspects of the service and were able to explain what this involved and the importance of fulfilling these roles.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and those important to them had regular opportunities to feedback their views about the service. A formal feedback questionnaire was also shared annually to gather views.
- Staff included people and their relatives in discussions about their care. Comments included, "I am well informed of what is going on and the staff and registered manager keep me up to date" and "Although this is essentially a service for my relative, it reaches out further to family, and I feel so welcome when I visit" and "Continual support where I have needed it. No question has been too silly for me to ask nor any request too much to sort."
- Staff were positive about the service and were able to share their views and ideas through a variety of forums including staff meetings and supervisions.

Continuous learning and improving care

- There was a comprehensive system of audits and checks in place. This included checks by senior managers. For example, focusing on quality, or health and safety.
- Any areas for improvement were added to the action plan for the service which was monitored by the registered manager and operations manager.
- The provider kept up to date with national policy to inform improvements in the service.

Working in partnership with others

- The provider's PIR stated, "We work in partnership to ensure that there are positive outcomes for all of the people that we support." The registered manager added that positive relationship working with partner organisations had resulted in staff accessing specialist training to help meet people's needs.
- People's care records showed the staff regularly worked with a variety of professionals to support people's care and support needs. A relative confirmed that a recent diagnosis for one person was due to the hard work of staff, "pushing for medical care throughout."