

Prior's Court Foundation

1-2 Prior's Court Cottages

Inspection report

Prior's Court Road
Hermitage
Thatcham
Berkshire
RG18 9JT

Date of inspection visit:
10 May 2018

Date of publication:
21 June 2018

Tel: 01635247202

Website: www.priorscourt.org.uk

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

1-2 Prior's Court Cottages 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. The service is provided in one of three converted and extended two-storey cottages. It provides care for up to six young adults between 19 and 25 with needs on the autistic spectrum who may require support to manage their behaviour. The service provides supported transitions for people between children's and adults' services. At the time of this inspection five people were receiving support within the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good. 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.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. (Registering the Right Support CQC policy). 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 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 treated with respect and their dignity was maximised in the way staff provided support.

People were kept as safe as possible because risks to people and staff were identified, assessed and appropriate steps taken to minimise them. Health and safety checks and servicing were carried out as required. The service had a robust recruitment system to ensure, as much as possible, that staff had the right approach and skills. People were supported by staff who were well trained and supported and who were additionally supported to develop their knowledge and skills. Staff understood the impact of their autism on each person and responded to their individual needs consistently. Where people needed support to manage their behaviours, this was delivered in planned, consistent ways which were kept under regular review. Staff had all been trained in a nationally recognised behaviour support technique.

Healthcare was very good and medical conditions were managed very well using appropriate technology where necessary to keep people safe. People's transitions in and out of the service were extremely well planned and supported to try to give them the best chance of success.

People's care was delivered according to detailed individual care plans which were subject to regular review. The views of relevant others were sought when reviewing people's care needs. People had wide ranging opportunities for involvement in activities, holidays and supported employment. They continued to develop their skills through attending the on-site learning centre.

Each person's communication preferences were recorded, understood and supported by the staff working with them. Communication aids were used effectively to enable people to be as involved in making decisions and choices as possible. People's individual and diverse needs were met.

The provider and management exercised thorough governance over the service through a range of effective monitoring and audit systems.

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? 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 ●

1-2 Prior's Court Cottages

Detailed findings

Background to this inspection

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

This was a comprehensive inspection which took place on 10 May 2018. It was announced. We gave the service 48 hours' notice of the inspection visit because the location was a care home for younger adults who are on the Autistic spectrum and may exhibit behaviour that may cause distress or harm. This enabled the service to prepare the young adults for our visit to reduce the risk of causing avoidable anxiety.

The inspection was carried out by one inspector. Prior to the inspection the registered manager completed a 'Provider information return' which was submitted on 7 December 2017. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help us plan the inspection.

Prior to the inspection we reviewed all the information we held about the service. This included any notifications that we received. Notifications are reports of events the provider is required by law to inform us about. We contacted representatives of the local authority who funded people supported by the service, for their feedback.

During the inspection we spoke with the registered manager the Nominated individual/ Director of care services and three staff. People using the service could not communicate verbally with us but we observed their interactions with staff and each other throughout the day of inspection. We spoke with four parents of people using the service to obtain their views about the care provided.

We examined a sample of five care plans and other documents relating to people's care. We looked at a sample of other records to do with the operation of the service, including three recent recruitment records, staff training and supervision records and medicines recording.

Is the service safe?

Our findings

Parents felt people were safe in the service. Their comments included, "Oh yes he is safe," "he is safe, very much so," "He's in a safe place," and "He is safe there." One parent said they had been very happy with the service's response and openness when a safety issue had arisen for their son.

People's safety was enhanced by the systems in place to respond to safeguarding issues. Where an issue had emerged it had been thoroughly investigated and any lessons had been learned. The service had a 'near miss' reporting process which helped ensure lessons could be learned from such events. Staff had received regular training on safeguarding people and understood their reporting responsibilities. One staff member described the provider and staff as being "Hot on safeguarding". Another said they viewed safeguarding as paramount to their work. The contact details for external safeguarding referrals were posted in the office. The whistle-blowing process was publicised by means of a poster to encourage staff to report any concerns they might have.

People's safety was enhanced, where necessary, through the use of monitors at night-time to alert night staff should someone have a seizure or endanger themselves through their behaviour. Where individuals were at risk of falls from bed, mats were provided next to the bed. People's care plans included detailed information on how staff should support individuals to help them to manage their own behaviour. Staff received appropriate, nationally recognised training in managing challenging behaviour. This was focused on early interventions and de-escalation, but also included planned physical interventions where necessary as a last resort. Any incidents were fully recorded and monitored. Behaviour support strategies were subject to regular review of their effectiveness by the in-house psychology team.

Risks to the safety of people and staff were assessed and strategies put in place to minimise them wherever possible. Care plans cross referenced to risk assessments to help ensure staff awareness of appropriate responses. Risk assessments contained a good level of detail, had involved external specialist practitioners where appropriate and were regularly reviewed.

Health and safety and fire safety audits had been carried out and action had been taken on these. Appropriate equipment servicing and safety checks had been carried out to ensure the environment and equipment remained safe. Regular fire drills had taken place. The service was kept clean and staff understood and maintained good infection control and food hygiene practices.

People had their needs met because sufficient staff were on duty to provide the structure and support they needed. There were three sub-teams of staff who usually worked together to provide greater consistency for people. Although the service had staff vacancies the provider had an ongoing recruitment programme to identify people with the right skills and approach. Staffing levels were kept under regular review and altered to reflect changes in people's needs. For example, night-time staffing had recently been changed, replacing sleep-in staff with waking night staff with additional 'floating' staff to respond to any issues more flexibly.

People were kept as safe as possible because the service had a robust recruitment process and carried out

all the required pre-employment checks. Records confirmed the checks were completed. The interview process included questions to establish the applicant's value base, which helped ensure staff employed had the necessary skills and approach to work with people. Where external agency staff had been used, the service had obtained the required information about them from the employing agency to confirm their suitability and training.

People's medicines were managed safely on their behalf. Prescribed medicines were ordered centrally for the various services by the Prior's Court School nurse team and distributed weekly to the service. Weekly audits and clear recording systems helped minimise errors and ensure effective management of medicines. No medicines errors had occurred since the last inspection. Guidelines for medicines prescribed, 'when required' described the appropriate circumstances for administration, although in one case, additional information defining the meaning of 'severe agitation' for the person, was needed. People's medicines guidelines described their preferred method to take medicines. Staff who administered medicines had received appropriate training and had their competency to do so, verified through observations.

Is the service effective?

Our findings

People's parents felt the service met people's needs very effectively and provided person centred care. Parents felt the staff knew people and their needs extremely well. One parent told us the service gave their son, "The structured environment" he needed. They said the service consulted with specialists such as the Speech and language therapy team and psychologists whenever needed. One parent summed up the service saying, "They understand autism in general and his autism very well." Another said, "I am over the moon with the place."

Parents were also very happy with the general healthcare and dietary support provided. One said of their son, "His health and weight have both improved here as has his diet and they have tried to broaden his choice of foods." Another commented that people were positively encouraged to exercise and had opportunities to do so. General comments about the effectiveness of the service included, "He is so happy, he is doing amazing," "He hasn't been so happy for a long time," and "He has never been in such a happy place, and as a result, his levels of anxiety have dropped."

People benefitted greatly from staff whose focus was very much on their individual needs. Staff had often transitioned into and out of the service with people to maximise consistency and provide stability and continuity to support successful moves between services. This had proved highly effective in a number of cases. Transitions were supported with relevant communication tools such as social stories and were very carefully, individually and flexibly planned. For example, one person's recent transition to another service proved unsuccessful. Adjustments were made to enable the person to return quickly to the familiarity and safety of 1-2 Prior's Court Cottages, in their best interest.

People's individual needs were thoroughly assessed and incorporated into very detailed care plans regarding every aspect of their lives and needs. Care was consistently delivered within the overall context of a clear ethos called, 'The Prior Approach.' This aims to help young people reach their full potential through autism best practice individualised to meet each person's physical, social and emotional needs. Within the service young people attended the on-site learning centre to continue developing their skills as well as having opportunities for social and emotional development both on and off-site.

People's care plans identified the impact of their autism on them individually and how staff should support them in all areas. Their preferred communication methods were clearly described. Staff used people's chosen communication very effectively and consistently when interacting.

People were supported by competent and very caring staff. New staff completed the nationally recognised Care Certificate induction training and had their competency in all areas assessed. All staff completed regular refresher training as part of the provider's rolling programme. Fifty-six percent (16) of the team had attained a care diploma or equivalent, with a further three staff working towards this. Staff received ongoing support through regular one-to-one supervision meetings and annual developmental appraisals.

Parents were highly satisfied with the healthcare provided to people. One commented "My son's epilepsy is

managed well." Another told us there was, "Very good healthcare support." The provider had in-house support from psychology, speech and language therapy and occupational therapy as well as on site nurses within the school.

People's healthcare needs were met effectively. Each file contained a health and wellbeing plan which was regularly reviewed. Routine healthcare appointments were attended and individual health needs were very well managed. In particular, the management of people's epilepsy was very well documented and thorough. Where necessary, seizure monitoring equipment was used and regular checks were made by staff. Epilepsy management was subject to regular review.

Appropriate best interest discussions had taken place to agree medical interventions or additional monitoring which had a potential impact on dignity and privacy. External healthcare professionals had been consulted where appropriate regarding health needs or best interest decisions.

People were supported to have a varied and healthy diet and their food and fluid intake was monitored. People were offered choices and enabled to have as much involvement in meal preparation as they wished.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The staff sought people's consent regarding day-to-day choices as much as they were able. Appropriate others were involved in more complex decision making through best interest discussions.

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). DoLS had been applied for appropriately for each person.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. The building met people's needs effectively and provided a choice of communal areas, private space and an enclosed garden. Where issues had emerged relating to the premises, they had been addressed in a timely way.

Is the service caring?

Our findings

Parents were happy that staff and the service were caring and treated their family member with kindness. One parent commented the service provided, "Really good care". Another said they had a, "caring approach and respected his dignity." Another was pleased that key staff had remained working with their son. One person described the staff as being, "Like family to him." Parents told us they their family member was happy in the service. One said, "He is always happy to return." Another told us, "I'd know if he wasn't happy." Parents commented that staff worked hard to offer people opportunities to broaden their experiences, such as activities, food and clothes choices.

Staff understood how people indicated their emotions and acted promptly to address any signs of distress. They planned people's days with them in detail, to ensure routines helped individuals to manage their own behaviour. People were treated as individuals and with patience and kindness. Staff acted and spoke with calmness in positive ways. Staff took time to communicate with people using their individual chosen methods and ensured they understood as much as they could which enabled them to make decisions and choices. For example, people chose for themselves, where they ate lunch and staff facilitated this. Appropriate prompts and encouragement were provided respectfully. For example encouraging a person to eat more slowly to reduce the risk of them choking. A creative project had been carried out by the speech and language therapy team to help people to express their food preferences using like and dislike mats and food tasters.

Staff used communication aids to support people's communication which respected people's individuality. Care plans identified any qualities which were identified as being useful for staff to have when working with the person. They also noted any known hopes and dreams for the future. One person had a goal to become healthier and lose weight. A series of photos showed their weight-loss journey and the positive impact this support had on their self-image and ability take part in more active pursuits.

Although people were unable, for the most part to assist directly with planning their care, their views were sought whenever possible. Their response to the support provided to them was used when reviewing the care plan to achieve the best match with their needs. People's care plans identified how they expressed their wishes and choices. They identified things individuals did not like so staff were aware and could minimise the likelihood of these. For example, one person disliked noisy environments, raised voices and being told he couldn't do something. Their care plan described strategies for staff to respond consistently to them. Cultural or religious needs were identified and individual and diverse wishes, such as dietary needs were met.

Staff worked in ways which respected people's dignity and provided them with time in private when appropriate. Where monitoring devices had been provided following best interest discussions, these were used only as agreed to minimise the impact on privacy and dignity. For example, one person's epilepsy monitor was only activated when they settled to sleep. Bedroom doors had vision panels which were kept closed except when carrying out well-being checks as part of the care plan. This had been agreed as less invasive than having to disturb people by entering rooms to carry out checks.

Some people also had supported voluntary work placements off-campus which enhanced their dignity and sense of self-worth.

Is the service responsive?

Our findings

Parents told us the service was very responsive to people's needs and listened to their views. Comments included, "They listen to me," "They understand his needs," "They know him very well indeed," and "We work very closely together." None had needed to raise any complaints, feeling the staff and management responded well to suggestions and comments and acted on them. Parents also commented on the support offered to them. One gave the example of the 'parent flat' which was made available for them to stay and spend time with their son on site. This enabled them to see his interactions with staff which had been very positive. People's representatives had been involved in regular reviews of their care as well as being in regular touch with staff in between. Communication was very good and parents felt appropriately involved. One parent said, "We discuss issues, we are regularly in contact."

Parents praised the wide range of activities and opportunities available. One commented, "They always try new things," another told us about holiday trips. Numerous activity, exercise and entertainment opportunities, both on and off-campus, were available and people could choose what they wished to take part in. Staff often encouraged people to try new things to broaden their experiences. This had especially been true regarding holidays. For example, people had been supported to visit Disneyland Paris, adventure parks and a water activity park. The photographs of these events showed what a positive experience these trips had been and people had clearly enjoyed them. A campus wide festival had recently been held on-site, at which people had enjoyed a range of activities and music. Two people had been supported to establish a small cake making enterprise within the wider campus. There were plans to further develop this and establish a bakery on campus which would provide a variety of work skills opportunities for anyone who wished to take part. Other projects had included valentines card and gift making and sales on site. Other employment skills projects were also under consideration with appropriate consideration of potential impacts on people's benefits entitlements.

Staff knew people very well and understood their needs and how to respond to them. Where changes in behaviour or incidents had occurred, the service responded promptly. For example, in one case an urgent psychiatry referral was made to arrange a medicines review, which led to a positive outcome in terms of halving the level of daily challenging incidents.

A wide range of communication aids were used to facilitate communication. Staff arrangements were flexible and responsive. Where appropriate, staff had transferred between services along with people. The service had also provided consultancy and advice to other services regarding autism best practice.

The service had a complaints procedure which was available in easy-read format. One complaint in the last 12 months had been addressed and resolved successfully and had led to improvements in practice. Twelve compliments had been received about the service in the same period. One written compliment read, "It is difficult to put into words how great the people at Prior's Court have been in enriching [name's] life." Positive feedback had also been received from the local authority with regard to healthcare support.

The service complied with the Accessible Information Standard, which is a framework put in place from

August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information. Relevant documents like care plans and daily planners used symbol format and pictures, symbols and signs were widely used to aid communication. One person had a hand held tablet with symbols they could select to ask for things. Others used sets of portable symbols to indicate their wishes to staff. The service made good use of appropriate technology such as epilepsy monitors in response to people's needs.

Is the service well-led?

Our findings

Parents told us the service was well managed. Both management and staff were accessible and communicated regularly and well with them. One parent said they had looked at many other services for their son and said, "I think it's the best 10/10."

The service had a registered manager in place. 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.

There was a clear ethos for the service within the context of the providers 'Prior Approach' to autism. This was to be re-emphasised by the imminent re-launch of the handbook about the approach, for use both within and outside the organisation. Two external organisations had expressed interest in adopting the 'Prior Approach' model. Senior management support was available at all times, outside office hours via an on-call rota and duty manager cover was provided on site. The registered manager worked fortnightly late shifts and alternate weekends to ensure she remained aware of issues within the service and was able to observe care practice.

A robust performance management system ensured staff performed to a high standard and to their best ability. The service provided a clear training and development pathway and all staff were supported to maximise their potential. The staff team met regularly to discuss aspects of their work and people's needs. Staff felt well supported and praised the team spirit and positive, supportive working environment. One staff member said, "The team spirit is fantastic." They described being listened to and said it was, "An open and supportive service." We heard from parents how they had been invited to spend time within the service to see for themselves the care provided.

A new parent's newsletter, 'The Eagle', produced by two of the people supported, helped ensure families were kept up to date with developments within the service. The staff team kept in regular contact with families so they were aware of day-to-day developments and any issues. The views of parents about the service in general, and regarding the effectiveness of transitions had been sought. Feedback was very positive.

Staff had been consulted about proposed changes to working patterns and had been provided with information about the rationale for the changes. The process had included meetings attended by the chief executive providing opportunities for questions.

Obtaining the views of people supported about their experience of their care had proved challenging, and further development was needed in this area. However, some work had been carried out in focused areas. For example the project to establish food likes and dislikes. Development of this idea to explore other aspects of people's care experience was being explored.

The provider had in place a two year quality assurance framework which started in January 2017. The plan included quality improvements within individual services which had been achieved in March 2017. A new quality assurance monitoring framework had been introduced for registered managers and above in April 2017 which led to monthly quality assurance reporting. Audits of the service had identified areas for improvement and these had subsequently been addressed. For example the replacement of carpets in communal areas. A service development plan entitled 'Embracing autism - transforming lives' also identified development goals for the service to further improve people's experience.

The provider was working towards full digitisation of recording systems over three years. The aim was to ensure that all key records were integrated and entries made were updated live so the most up-to-date information was always accessible across all disciplines.

The service worked effectively with in-house and external health and care specialists when the need arose. Feedback from the last local authority visit in February 2018 was positive. Comments included, "It is evident that the service is well managed with positive outcomes for the young people who have transitioned onto other placements." Independent person visits had taken place periodically, leading to positive reports which went to the registered manager and board of trustees for action. The provider had arranged for a person with appropriate knowledge who was not employed by them, to carry out these visits. The service was signed up to a national initiative called STOMP, which aimed to reduce the risk of over-medication. This led to medicines audits reviews where appropriate to maximise the appropriateness of people's prescribed medicines and improve health and wellbeing outcomes.