Prior's Court Foundation

5-6 Prior's Court Cottages: Bradbury House

Inspection report

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Date of inspection visit:
11 February 2016

Date of publication:
21 March 2016

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

5-6 Prior's Court Cottages is one of three registered locations providing ongoing support to people on the autistic spectrum who exhibit behaviours which may harm themselves or others. It provides a continuing education service to young adults from 19-25. People live in one of four separate flats each shared by two individuals with 24 hour staff support. Work had been done to try to ensure that people shared their flat with someone with whom they got on well.

The provider offers on-site educational and vocational services via the learning centre, attended daily by the young adults, based on individual assessments and needs. Some people also attend off-site supported work placements.

The service has a registered manager. 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 service provides safe and effective care to people on the autistic spectrum. People's support needs around their behaviours were well managed and regularly reviewed. People retained appropriate control over their day to day lives and were encouraged to make day to day decisions and choices.

Parents were very happy with how the service met people's needs and were appropriately involved in decision-making about people's care. They felt their views were sought, listened to and acted upon.

People's legal rights and freedom were protected by the staff. Their health, dietary and emotional wellbeing were well supported. Care plans and related records were detailed, individualised and regularly reviewed.

A robust recruitment process helped ensure that staff had the necessary skills to meet people's support needs.

Staff received appropriate training which was updated on a rolling programme. They received ongoing support and supervision and felt their views about people's needs and the service itself were listened to.

The service was well led and effectively monitored by management and sought to constantly develop and improve.

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.

People were safe in the service. There were sufficient, competent staff to provide the level of support each person needed.

The service had a robust recruitment process and records showed the required checks had taken place.

Staff managed people's medicines safely on their behalf.

Is the service effective?

Good

The service was effective.

Staff received appropriate induction, training, supervision and support in the course of their work.

People's rights and freedom were protected and relevant others were involved in decision making about their care.

People's health and nutritional needs were met.

Where people were supported to manage their behaviour this was done in accordance with agreed guidelines which were regularly reviewed.

Is the service caring?

Good

The service was caring.

Relatives told us staff knew people well and understood their communication. Staff involved people in decisions about their care.

Staff worked calmly and patiently with people, involved them in decisions and encouraged them to do things for themselves.

Staff actively ensured that people's dignity and privacy were respected.

Is the service responsive?

Good

The service was responsive.

Staff responded to people's changing needs on an ongoing basis.

Care plans provided detailed guidance to support a consistent approach and were regularly reviewed to ensure they remained current. People and their families were involved in planning and reviewing their care.

The service worked particularly well on supporting people to transition between services.

Is the service well-led?

Good

The service was well led.

Relatives praised the service and felt its leadership was very strong. Staff and relatives felt their views were listened to.

The service was regularly and effectively monitored and sought to make continuing improvements.

The views of relatives were sought via surveys. Some new care planning involvement tools could be developed into a wider survey of people's views.

5-6 Prior's Court Cottages: Bradbury House

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 inspection took place on 11 February 2016. We gave 48 hours' notice of the inspection due to the need for the service to prepare people for the visit as they all have needs on the autistic spectrum.

This was a comprehensive inspection which was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR) which we received in January 2016. 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 the records we held about the service, including the details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

During and after the inspection we spoke with three staff, the registered manager and two members of the senior management team. The service supports eight people. People who use the service were able to give us only limited verbal feedback about their experience. We were shown parts of the service and had some direct interaction with two of them. We also observed the interactions between people and staff at various times throughout the day and had lunch with two of the young adults to help us understand their experience. We observed how staff supported people in the service to complete daily tasks such as meal and drink preparation and to remain focused on their individual daily plan. We observed the handover between the early and late shift to observe how information was transferred to maintain continuity of care. We spoke with one parent during the inspection and a care manager. Following the inspection we spoke with a further

four of the parents of people who use the service. One care manager also provided some feedback to us about the service prior to our visit.

We reviewed the care plans and associated records for five of the people supported, including risk assessments and reviews, and related this to the care observed. We examined a sample of other records to do with the home's operation including staff records, complaints, surveys and various monitoring and audit tools. We looked at the recruitment records for four recently appointed staff.

No concerns about the service had been reported to us by local authority care managers since the last inspection in June 2014.

Good

Is the service safe?

Our findings

Although people were unable to tell us directly whether or not they felt safe we observed that staff knew them well and supported them to manage their anxieties. Staff intervened promptly where people began to show anxiety or deviate from their daily plans.

Relatives told us people were safe from harm and that staff knew people's needs and communication methods well. Relatives comments included: "He is safe here", "Completely safe and limited only for safety" and "Definitely safe, [because they have] good risk assessments". One added: "I feel secure when he is there".

Staff had been trained and were competent to safeguard people from harm. All staff had attended safeguarding training. Where staff had not attended a safeguarding update within the past two years this had been identified and was due to be addressed. Training for the designated safeguarding lead person was due to take place later in the week of the inspection.

Staff were familiar with the safeguarding and whistle-blowing procedures and knew where to find the necessary contact numbers should they need to report anything. Where issues or concerns had been reported in the past they had been addressed appropriately by management. Staff were confident management would respond appropriately should they report a concern. One concern which arose had not been reported to the Care Quality Commission at the time. However, all other required notifications and appropriate actions had been completed at the time and a retrospective notification was made immediately after the inspection. A new "raising a concern" procedure had been introduced to provide guidance to staff and this was under review to develop it further.

Staff supported people to manage their behaviours where these might lead to harm to themselves or others. Incidents which had occurred were appropriately recorded, investigated and analysed as part of the ongoing review of people's behaviour support plans. A new investigation process and recording system had been developed to ensure that all necessary steps were taken in the event of an incident of concern. The majority of incidents had been relatively minor although one person had experienced a recent increase in incidents which was being investigated. Advice had been sought from the in house psychology team as well as from external professionals.

Appropriate individual and premises risk assessments were carried out to safeguard people and staff within the service. A "risk taking" policy was in place which identified the ways risk taking could be managed appropriately to provide learning and positive experiences. The service had a major incident management procedure which provided staff with information about the steps to take and relevant contact numbers in the event of specific events. Servicing and safety checks had been completed as required and were managed centrally.

The service had a robust system of pre-employment checks to reduce the risk of employing staff unsuitable to work with vulnerable people. A full employment history was sought and any gaps explored with the

applicant. Where issues of performance or conduct had subsequently emerged the provider had taken appropriate action. Additional processes had been put in place to further strengthen the recruitment process, including a personality profiling test. Interviews included case studies and scenarios to test applicant's attitude and approach. People's interview performance was recorded. The recruitment records were comprehensive. Appropriate action had been taken where individual performance or conduct had fallen short of the provider's expectations.

One parent told us there had been a period when there were too few permanent staff previously, but this was not currently an issue. The staffing compliment within the service was sufficient to meet people's needs. There had been some staff turnover in the service, with ten people having left in the previous 12 months. The registered manager had monitored this and felt it related in some cases to the particular configuration of the service as well as for career progression and personal reasons. People lived in pairs in four separate flats and staff often worked alone with individuals rather than collectively as they might in the provider's other two related services. Some staff had transferred across to the service when people moved in from another in-house provision, but the service had a higher level of external recruitment than the other two related services. The service was attempting to address this with additional information and questions about lone working within recruitment interviews.

Despite the staff turnover, any shortfalls had mostly been covered by staff from within Prior's Court working additional shifts, which helped to maintain consistency of care. The use of agency staff had been limited. For example, only one shift had been covered by an agency staff member in the previous three months. Where agency staff had been used appropriate evidence of their pre-employment checks, skills and qualifications had been provided by the employing agency.
The service had also worked to improve recruitment via an on-line application process and the offer of support with resettlement or accommodation for staff moving to the area. Some initial interviews had taken place via Skype and the service had held open days.

People were appropriately supported with their medicines because staff were trained and had their medicines management competency assessed. The service had appropriate policies and procedures relating to medicines management, although the centralised delivery to the school and subsequent distribution by nursing staff entailed additional steps in the recording process. The medicines procedures addressed relevant areas including recording, managing medicines refusals or administration errors. There had been one medicines error since the previous inspection, which was being appropriately investigated and followed up.

Good

Is the service effective?

Our findings

Most people were unable to give us verbal feedback about the service. We observed the way people and staff related to each other to understand how people felt and how staff supported them. We saw that staff supported people to make their own decisions about their daily lives, activities and meals and encouraged them to do as much as they could for themselves. People's facial expressions and actions suggested they had positive relationships with the staff. One parent said their son was: "Very warm with them [staff]". Another described Prior's Court as: "The most committed and caring service I have seen".

We spoke with people's parents about their observations regarding the service. They told us staff knew people well, and looked after their social, emotional and health needs effectively. Their comments included: "It's a special place"; "They have known him a long time"; "It couldn't be better" and; "He is well cared for". Relatives said staff were skilled at communicating with the people they supported. Some people had limited verbal communication while others used a range of recognised alternative communication methods, including touchscreen tablets with programmed images and symbols. It was clear from the various assistive communication systems and the staff familiarity with them, that people's individual communication needs were afforded a high priority.

Staff were provided with a thorough induction to the service based on the Care Certificate and a comprehensive programme of training with regular updates. Almost half of the team had attained NVQ level 2 or above/equivalent and a third of staff were working towards relevant qualifications. The training records provided showed there was a rolling programme of core and specialist training and a schedule of courses throughout the year to maintain people's knowledge. Despite this, in a few instances, staff had not attended updates within the provider's expected frequencies. Any such shortfalls would be identified during the upcoming exercise to map peoples training and skills to the level three diploma. Staff could also now update specific training via a programme of computer based learning which included tests on completion. Training was also being provided at various times of day to help staff fit courses around their shifts and family commitments.

Newly appointed staff shadowed experienced colleagues before working without supervision. One parent told us: "The training for staff gives them a good grounding" and another told us the service used: "Well renowned methods" when working with people. Staff attended supervision meetings approximately quarterly to discuss their work, training and any issues they may have. One of these meetings was an annual appraisal to look at their ongoing development. Handovers took place between shifts to pass on key information and maintain continuity of care. Staff could seek support outside office hours from the duty manager or via the on-call system which provided access to a member of senior management for serious incidents.

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. People were consulted and their consent was sought prior to the provision of day to day care or support. Where people were unable to give consent for more complex issues their parents would be involved in 'best interests' discussions, for example around healthcare decisions. For example, one person at risk from seizures at night had a motion sensor fitted to their bed to detect these. An appropriate 'best interests' decision had been made for its use within specific times.

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 MCA. The application procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made on behalf of all eight young adults due to the restrictions and staff supervision necessary to maintain their welfare. One application had yet to be assessed by the relevant local authority. The provider had made two applications for renewal of DoLS and the registered manager was aware another would soon require renewal.

One relative told us the staff managed the range of difficult challenges people sometimes presented, very well. Several parents commented positively, having seen the care provided, first hand. Staff had all received training in a recognised positive behaviour management programme (Team Teach) and in the provider's particular ethos and approach to autism. (The Prior Approach). The staff team included two staff trained to deliver regular Team Teach training updates.

People's care plans described the individual impact of their autism on them and, where necessary individual behavioural support plans were present. These were detailed and identified triggers as well as describing a consistent approach for how staff should respond to negative behaviours. The plans were devised, regularly monitored and reviewed by the in-house psychology team in consultation with service staff. Plans included positive incentives and rewards where appropriate.

The level of Incidents for individuals were recorded and analysed to inform this process. Most people had shown a significant reduction in incidents since moving into the service. Where incidents were increasing for one person the service was consulting appropriately with internal specialists and external health and social care professionals to try to identify more effective ways to support the person. In the meantime, additional staff support was being provided. People were actively involved in the support to manage their behaviours. One person now moved some of their belongings out of their bedroom at night to help them settle better.

People lived in pairs in their own flats, sharing a kitchen with their flat-mate. They made food choices in various ways, sometimes using pictures and visual menus. Pictures of the foods contained within were attached to the fridges and cupboards to support people to make active choices. Some people could verbally request a small number of familiar items. We saw people were encouraged to make these decisions. People chose whether to eat in the kitchen-diner, the lounge or their bedroom.

People's general food or fluid intake was noted within monitoring charts to make sure overall consumption was appropriate. No one was assessed as being at risk from dehydration or malnutrition, so more detailed records were not required. One person had specific support plans in place to respond to a particular food-related behaviour. People's healthcare needs were well managed including needs around conditions like epilepsy. Each person had an up to date "health and wellbeing" plan on file. The service consulted where necessary with external healthcare specialists. One parent told us that staff: "Responded promptly around health needs". Another described staff as: "Very diligent". A care manager noted that healthy food options and exercise were encouraged by the staff. As part of the continuing education ethos of the service, an appropriate PSHE (Personal social and health education) programme was followed for all of the young adults.

Good

Is the service caring?

Our findings

Parents had seen and were happy with the care approach of the staff. They felt staff knew people very well and involved them in decisions about their own care as much as they could. Parents commented: "They get [name's] views before reviews and they know him well"; "They involve him in decisions"; "They treat people as individuals" and one described staff as "Kind, gentle and non-confrontational". Parents felt that the continuity of having some staff who had known people for a number of years was one of the service's strengths. In some cases staff had transferred between different parts of the provider's service along with people to provide support and continuity for their transition and beyond. Parents felt that the keyworker role was well managed and also supported continuity in people's care.

Parents also felt they were consulted and kept informed appropriately by the service. One said they were: "called regarding any events, including by the manager". Another parent commented: "Things are discussed with us". Staff were described as: "Very committed and passionate". Parents said that they had agreed a regular pattern of contact with or from the service and that this was usually adhered to. One said: "We have a good dialogue". A care manager told us one person was: "Quite settled and happy here" and added that staff: "understand him well". Contact records confirmed there was regular communication with parents. People's care records identified their likes and dislikes and any cultural or spiritual needs. For example, one person's file noted that staff should support them to say their prayers at night. Care plans and other records used appropriate terms like "encourage", "support" and "supervise" to describe how people should be assisted.

Staff greeted people by name when they saw them and there was warmth in their exchanges. Staff spoke quietly and responded calmly to people to avoid over-stimulation. They were respectful and gave people sufficient time to process information and make decisions. The way staff described people's needs to us showed they had a detailed knowledge of each person. People were encouraged and supported to use their preferred methods of communication, do things for themselves and make active choices, for example around meals preferences. The continuing education ethos of the service was carried over appropriately between the on-site learning centre and people's lives in the flats, to help maintain their learning and skills.

Parents felt the staff supported people appropriately and maintained their dignity. One parent observed that staff: "Always provide for dignity". Others commented: "Dignity is respected" and; "They treat him with love and dignity". We observed staff supporting people's dignity and privacy. Staff checked with individuals whether they were happy to show us around their flat or for us to have lunch with them. The environment also contributed to people's dignity because people each had their own bedrooms with ensuite shower and toilet facilities. Work was also done with people on appropriate body awareness and the distinction between public and private in relation to bodily exposure and behaviour.

One aspect of current practice appeared out of step with the overall ethos. People's medicines were stored and administered in the service's office, rather than being stored and administered within people's own flat or bedroom, which might better address dignity issues. The registered manager told us this had been identified and changes were already being considered.

Personal care support was always carried out in private behind closed doors and direct support was only provided where it was needed. For example, where possible staff would wait outside a closed bathroom or toilet door to ensure a person's privacy unless they required direct support. Positive steps were taken to enable people to manage aspects of their own care unsupported. For example by decanting small quantities of shower gel into a suitable container to manage its appropriate use, so the person could shower without direct assistance. The level of care support provided reflected the needs of each individual.

Good

Is the service responsive?

Our findings

People's care plans reflected their likes and preferences, identified individual goals and the impact of autism on their needs and behaviours. They identified how people expressed their emotions and any known triggers for anxiety or the need for behavioural support. They identified how people made choices and where and to what degree, they required support. People's care plans included information on how to respond to situations, moods and specific behaviours. Care plans were regularly reviewed as required, based on regular risk assessment. Relevant incidents were recorded and monitored. Support was provided flexibly based on people's changing needs.

People's care files contained other supporting documents including risk assessments and individual guidelines, where necessary, around aspects of behaviour management or such things as epilepsy support. Guidance and support had been sought from in house and external specialists such as psychologists, speech and language therapists and others. People had detailed schedules for educational and social activities to help them remain positively focused.

Parents were happy that the service involved people and their family appropriately in planning and reviewing people's care. Parents said: "We are involved in reviews" and: "He is involved in his reviews". Parents also felt the service was flexible and able to try new approaches where necessary. One told us: "They are responsive to people's needs and risks" and another said: "They are always looking for explanations [for behavioural changes]". Communication from the service was generally said to be very good, although some parents told us there had been communication issues at times in the past. Some people had been supported to prepare visual presentations about their lives, activities and achievements to be included in their review. Others had attended for part of their review meetings or attendees had been shown a video of their work and achievements. People's views had been gathered using visual communication tools to enable them to express opinions about what they had enjoyed or not liked doing.

Staff were able to identify and represent people's views from their knowledge of their communication methods. Changes in people's behaviour or needs were identified in a timely way by staff and discussed to agree the appropriate response. A parent described the staff as: "Flexible and adaptable" in response to people's changing needs. Practical solutions had been introduced in response to people's needs. For example one person was very sensitive to excessive noise. A set of ear-defenders were available which staff encouraged them to use when noise levels were seen to be causing them anxiety. Staff had also been trained to give "deep pressure" massage to people where they had found this beneficial.

The registered manager had recently completed a master's degree, focusing on the effective management of people's transitions between services. This had included a survey of parent's views about the previous transition into the service and about future transitions out to other services. The service had managed people's transitions effectively, whether they came from the provider's on-site school or from outside the organisation. Internal transitions had sometimes been supported by familiar staff also transferring to the service from the Prior's Court school team to maintain established positive relationships. Feedback from parents had suggested that relatives had been very satisfied with the way the service had supported

people's transitions into the service, aged 19. One parent said: "They moved staff to support [name]" and another told us the service had: "Changed the person sharing with [name], when it wasn't working".

People each had individual educational programmes at the learning centre and/or attended internal or external supported work placements. Learning centre sessions focused on developing people's practical and social skills. People could access a wide range of leisure activities, on and off site with support from staff, including cinema, drumming and music therapy sessions, walking, ice skating and meals out. People also spent planned time with their family and could go on holidays. A parent told us their son was: "Encouraged to follow his interests" and we saw good examples of this during the inspection.

The in house speech and language therapy team had recently established "Our Choice" to seek feedback about their services. This was a series of meetings with two representatives from each service, to explore people's feelings about specific topics, activities and suggested events.

The service had a complaints procedure which was also available in an easy-read format to try to assist staff with explaining it to people. People would require support and advocacy from staff or others to raise a formal complaint. However, staff understood how people communicated so would be able to represent their concerns on their behalf.

Parents told us they knew how to complain and would do so if necessary. Where issues had arisen, parents felt the service had listened to their point of view and taken appropriate action. They felt any concerns would be listened to and acted upon. One parent said they could: "Contact [the registered manager] if they had any issues". Another told us when they had raised past concerns, they were: "Dealt with and taken seriously". Where complaints were recorded, the complaints log contained details of the action taken to resolve the matter. Complaints were monitored by senior management to ensure they were addressed satisfactorily. A number of written compliments had also been received about the service.

Good

Is the service well-led?

Our findings

Parents spoke very highly of the quality of the service, its staff and leadership. They felt the service was well led and managed. One told us: "The manager is excellent" and others said: "It was very well managed and managers were contactable", and: "The manager is brilliant". One parent noted that the service was always developing and cited the example of the introduction of more IT equipment to support people's communication. They added that: "The manager communicated well" and "There appears to be a well-managed and strong structure".

Staff were also positive about the service's leadership and felt their opinions were sought and listened to. One told us: "The organisation listens to staff, although sometimes the response to issues raised can take time". Staff, including those working at night, were supported through regular team meetings. The minutes showed a varied agenda with a range of discussions around care and recording practice as well as changes in people's wellbeing or behaviours.

The registered manager was aware of the recent changes to regulations around duty of candour (openness when things have gone wrong).and the requirement to display the rating which would result from the inspection. The registered manager had returned in January 2016 following a short period of study leave for a Master's degree. During that period management monitoring had been continued by other colleagues to ensure standards were maintained.

Detailed monthly management audits were carried out, which fed into the provider's quarterly monitoring system. This had last been completed in January 2016. Reports included action points and progress was reviewed. The service was also visited by an external independent visitor who provided reports to management. This had last taken place in November 2015. The report identified some gaps in recording which were to be addressed and some environmental improvements needed. Trustees also carried out periodic visits to monitor the service and provided reports to the board of trustees. An overall quarterly audit was in process at the time of this inspection. Specific events were also monitored such as accidents and incidents and action was taken where issues were identified.

The provider was progressive and had plans for the further development and extension of its services which were about to take place, including some new facilities. The Quality Assurance and Compliance manager was working to further develop management monitoring via a new quality assurance process to include annual service audits. One recent development was the electronic recording and monitoring of incidents. The provider had an overall service development plan for the period 2013-17, which identified goals, the criteria for success and evaluation. The plan showed ongoing action towards the aims of the service and a process of regular review.

New systems had been developed to help obtain the views of people about their care, support and activities, using pictorial and like/don't like formats and 'talking mats'. These were mainly used to incorporate people's opinions in their reviews but could be extended as a wider survey of views, where people were unable to communicate these verbally, through the "Our Choice" meetings. Relatives

confirmed they had been asked for their views about the service via surveys as well as during reviews and informally during regular contact calls.