

## Prior's Court Foundation

# 1-2 Prior's Court Cottages

### Inspection report

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#### 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 

#### Overall summary

1-2 Prior's Court Cottages is one of three registered locations providing ongoing support to young adults 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. Three quarters of young adults have previously attended the Prior's Court Trust's on-site school, a quarter are admitted from external services. The provider offers an on-site educational and vocational service via the learning centre, attended daily by the young adults, based on individual assessments and needs.

The service has a registered manager who had been off for three months studying for a Master's degree. An acting manager had managed the service in the interim until the registered manager's scheduled return in January 2016.

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.

# Summary of findings

The service provides safe and effective care to people on the autistic spectrum. People's support needs around their behaviours were well managed and people retained appropriate control over their day to day lives.

Relatives were very happy with how the service met people's needs and were appropriately involved in decision-making about people's care. Relatives 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.

Staff told us they received appropriate training and support and that their views about people's needs and the service itself were listened to.

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

# 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?

The service was safe.

People were safe in the service because staff understood how to keep them safe. There were sufficient staff to provide the level of support each person needed.

Staff managed people's medicines appropriately on their behalf and kept robust records.

The service had a robust recruitment process although the process for internal transfers could be improved.

Good



### Is the service effective?

The service was effective.

Staff received appropriate induction, training and day-to-day support in the course of their work.

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

Relatives told us the service was effective in encouraging people to develop and learn new skills. People's health and nutritional needs were also met.

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

Good



### Is the service caring?

The service was caring.

Relatives told us the staff were very caring. They felt staff knew people well and understood how they communicated their needs.

We saw that staff worked calmly and patiently with people, involved them in decisions and encouraged them to do things for themselves.

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

Good



### Is the service responsive?

The service was responsive.

Staff worked flexibly with people and responded to their 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.

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

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

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

The service was reviewed and monitored effectively and worked to make ongoing improvements.

The views of relatives and staff were sought via surveys and they were working to devise an accessible form of survey for the people supported.

# 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 inspection took place on 24 November 2015. 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.

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 acting manager and three members of the senior management team. People who use the service were unable to tell us about their experience directly. We observed the interactions between them and staff at various times throughout the day to help us understand their experience. We observed staff supporting people to prepare for activities and complete daily living tasks such as meal and drink preparation. Following the inspection we spoke with three relatives of people who use the service.

We reviewed the care plans and/or associated records for the six 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 September 2013.

# Is the service safe?

## Our findings

People were safeguarded from harm by staff who were well trained and competent to support them to manage behaviours which might harm themselves or others. Where incidents had occurred they had been appropriately recorded, investigated and followed up. All staff had attended safeguarding training. Only two staff had not attended a safeguarding update within the past two years. An additional safeguarding course had been scheduled to enable attendance by the night staff.

Staff demonstrated a good understanding of safeguarding. They knew how to recognise the signs of possible abuse and how to report it. Where issues or concerns had been reported in the past they had been addressed appropriately by management. Staff had confidence the senior staff would act appropriately in the event of any future concerns.

Although people were unable to tell us directly whether or not they felt safe we observed through their interactions with staff that anxieties were well managed. Staff were obviously knowledgeable about the people they supported and used a range of techniques to intervene where people began to become distressed or upset.

Relatives told us people were safe from harm and that staff knew people's needs and communication methods well.

People were also safeguarded because incidents and accidents were recorded and monitored to reduce the risk of recurrence. 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.

Appropriate individual and premises risk assessments were carried out to safeguard people and staff within the service. The provider had continued to adapt and improve the premises to ensure people were safe. For example fire doors with glass vision panels had been replaced to avoid the risk of injury if these were damaged. Plans were in place in the event of emergencies which might necessitate evacuation of the service or major incidents, in order to keep people safe.

The staffing compliment within the service was sufficient to meet people's needs including the provision of one-to-one and in some situations, two-to-one support. Staffing in the service had remained mostly consistent with three people

having left in the previous 12 months. Continuity was maximised because two of the three new staff were recruited from the provider's on-site school and had prior knowledge of the people in the service. A relative commented on the fact that some of the staff had been working in the service since their son moved in and said this was very positive.

Staff who left were offered the opportunity of an exit interview to discuss their reasons for leaving if they wished. None of the recent leavers had done so but they had provided other positive feedback about their experience within the service.

The service had a robust system of pre-employment checks to reduce the risk of employing staff unsuitable to work with vulnerable people. Where issues of performance or conduct had subsequently emerged the provided had taken appropriate action. Additional processes had been put in place to further strengthen the process, including a personality profiling test. In the case of candidates transferring between the provider's services, the process was not as comprehensive. Criminal records checks had not always been updated or a reference obtained from the previous in-house service. Interviews did however take place and were recorded.

The service had used only occasional agency staff, preferring to maximise the consistency of care by using in-house bank staff to cover shortfalls whenever possible. Where agency staff had been used appropriate evidence of their pre-employment checks, skills and qualifications had been provided by the employing agency.

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. Medicines prescribed to be taken as required (PRN) were appropriately recorded and each person had a PRN protocol providing guidance as to how and when they should be used. Where a PRN medicine was used in the event of a person becoming anxious or upset, the guidance was appropriately clear about the steps that should be tried before use. This helped safeguard people from the risk of over-use of medicines to control behaviour. The reason for administration was also recorded in each case.

## Is the service safe?

The provider was working to resolve an issue regarding the return of unused medicines, with the supplying pharmacy. Procedures addressed relevant areas including managing medicines refusals or administration errors. There had been only one medicines error since the previous inspection, which had been appropriately investigated and reported. Improvements had been made to medicines recording as a result. Medicines record sheets included information on how to administer each item.

The senior nurse (with responsibility across the provider's whole site) was in the process of amalgamating the various medicines-related policies and procedures into a single document to improve clarity.

# Is the service effective?

## Our findings

People were unable to give us verbal feedback about the service. Instead we spoke with some of their relatives and observed the interactions between people and staff throughout the inspection. Relatives were very positive about the quality and effectiveness of the service. One said: “They are very familiar with his needs”, and added: “They meet his needs very well (and) he has progressed well”. Another relative told us: “I can’t emphasise enough how good they are, outstandingly good”. Relatives said people were happy and fulfilled and staff were skilled at communicating with them. A relative said: “Prior’s Court has changed [name’s] life”. It was evident from the interactions we saw that people had positive relationships with staff.

Staff were provided with an induction to the service and core training and shadowed experienced staff before working without supervision. The provider’s recently appointed quality assurance and compliance manager was working on the introduction of the new Care Certificate induction and training so that it worked effectively for the service. Core training and skills/competencies were being identified to be prioritised within the new induction, to equip staff with the necessary skills in a timely way. Work was also under way on developing appropriate measures of competency across the training. A new buddy system had been introduced to provide new employees with a key person for advice and to work alongside them initially to support their induction.

The training matrix showed a rolling programme of core and additional training was provided to staff. Records showed people had attended regular training updates. Staff attended supervision meetings approximately quarterly to discuss their work, training and any issues they may have and had annual appraisals to look at their ongoing development. Records showed that this was a two way process where staff could have their say. Staff told us they felt their views were listened to.

Staff, including those working at night, were supported through regular team meetings. The minutes showed a range of discussions around care and recording practice as well as changes in people’s wellbeing or behaviours. Handover logs were also maintained to record key information and enhance continuity of care. The majority of language used within these records was respectful of

people but we noted two inappropriate entries which the acting manager agreed to take up. Staff could also seek support outside office hours from the duty manager or via the on-call system which provided access to a member of the 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 wherever possible their consent was sought prior to the provision of care or support. Where people were unable to give consent their parents were appropriately involved in best interests discussions, for example around healthcare decisions. Relatives told us they were happy with the way the provider consulted with them. We saw that the best interests process had been applied effectively in the case of one person’s urgent hospital admission.

Where people needed monitoring at night due to medical conditions but were unable to consent, appropriate best interests discussions had taken place and been recorded. The impact of monitoring on people’s privacy was considered and minimised. For example by instructing staff to turn on a person’s audio monitor only once they were in bed and turn it off when they awoke.

The provider’s senior nurse was revising the policy on consent to better reflect people’s decision making under the MCA and the concept of best interests. The aim was to improve the degree to which people’s involvement in decision making could be shown. A flowchart had been devised to help staff follow a consistent approach around obtaining consent.

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 six young adults due to the restrictions and staff supervision necessary to maintain their welfare. Two applications had yet to be assessed by the relevant local authority.



## Is the service effective?

One relative told us their son's understanding was much improved and: "his anxiety levels are much lower". Another relative said the service had helped their son: "Find a direction and take some control of his disability". Staff had all received training in a recognised behaviour management programme and in the provider's particular ethos and approach to autism. (The Prior Approach). People each had support plans describing the impact of autism on their wellbeing and behaviour. Where necessary specific strategies had been developed to enable staff to support people to manage their behaviour. The support plans identified known triggers and effective ways to work with each individual so staff adopted a consistent approach.

The plans were devised, monitored and reviewed by the in house clinical psychology team in consultation with service staff to ensure that they were adapted as required. Incidents were recorded and analysed to inform this process. The service was working on developing support plans to include suitable individual post-incident actions such as quiet time or supporting people to apologise. The effectiveness of behaviour management support systems was evidenced by an overall reduction in the frequency and severity of incidents as shown by monitoring records.

One relative was pleased that staff had successfully developed their son's skills, noting that: "he is cooking now". Varied menus were provided based on people's known likes and dislikes, which included one person's

choice each day and opportunities for takeaways from time to time. The menus had been assessed by the nutritionist employed by the caterers who provide a service to the attached school. They had identified some potential improvements which were being worked on with people to provide a more balanced diet.

People made food choices based on the pictures available on a choice board in the dining room or by using the pictured foods attached to the fridges to lead staff to their preferred options. Some people could verbally request a small number of familiar items. We saw people were encouraged to make these decisions. People could choose whether to eat in the kitchen or dining room and could eat at a different time to others if they preferred. Some people's food or fluid intake was noted within monitoring charts to make sure overall consumption was appropriate. Should more serious dietary concerns be identified these would benefit from the inclusion of specific daily targets and more specific quantity records.

People's healthcare needs were well managed including complex needs around conditions like epilepsy. A relative told us: "The management of his epilepsy is brilliant, he is never safer than at Prior's Court", and added: "They have taught me stuff". Another relative said: "[Name's] health is monitored and they keep us posted". People also had support from the provider's in-house psychology and psychiatry services when required.

# Is the service caring?

## Our findings

Relatives were happy with the care approach of the staff. One relative said: “I have seen the care when I visit and gained a positive impression”. Another relative told us that their son was always supported by at least one staff member who had known him for a long time which helped him feel secure and meant they knew how best to support him. Relatives told us people were always happy to see the staff when returning from weekends with family. One relative said there were clearly “positive bonds and good rapport” with staff.

Staff greeted people by name when they saw them. We saw that staff adopted a calm approach to help maintain a relaxed and restful atmosphere and reduce the risk of over-stimulation. Staff spoke clearly and respectfully to people and gave them sufficient time to make decisions, repeating instructions if necessary without impatience. Where people needed close support in case of aggressive outbursts, this was done as unobtrusively as possible by staff, respecting people’s space so as not to increase anxiety. Staff encouraged people to use whatever form of communication they felt comfortable with. People were encouraged to do as much for themselves as they could and the continuing education ethos of the service meant the development of new skills was an ongoing aim.

Relatives were happy they were involved in decision making and kept informed about any concerns. They felt staff supported people appropriately and maintained their dignity. One relative told us: “Staff treat him with dignity and I am involved in reviews, they listen to our views and act on them”. Other relatives also confirmed they attended review meetings.

During the inspection we saw staff using various communication tools to encourage people to make day to day decisions. For example around activities or menu options. We saw staff accompany people to the choice board to select images of foods they wanted. They were then supported to make their desired lunch. Food pictures on the fridge doors also helped people locate items they wanted or lead staff to these. One relative said that by using their son’s communication tools consistently the staff respected his rights and took his views and wishes into account. Another relative described how staff used social stories positively to help their son prepare for appointments, specific events or changes in his routine. Social stories help explain in a series of pictures, about the order of future events so they are broken down into more manageable stages.

Personal care 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 toilet door to ensure a person’s privacy and be there should they be needed, rather than always accompany them. Staff paid attention to the appropriateness of people’s clothing both in order to maintain their dignity and also with regard to their activities or the weather conditions. The care plan for one person who like to spend time outdoors whatever the weather, made reference to ensuring they were suitably clothed. Bedrooms which might be overlooked had frosting applied to windows to provide privacy where the person was unable to tolerate curtains. People were supported to have time on their own when they wished.

# Is the service responsive?

## Our findings

People's care files contained detailed care plans and supporting documents like risk assessments and individual guidelines where necessary around epilepsy or behaviour management. Care plans were person centred and included people's known likes, preferences and goals. They provided detailed information about the individual impact of the person's autism on them. Plans identified clearly how people made choices, expressed their feelings and emotions. They identified things the person was known not to like and identified the areas where the person required support. Appropriate support had been sought from in house specialists such as the speech therapy team and externally from occupational therapists. People's progress was measured against the targets set and these targets were amended in response, to encourage ongoing development.

Relevant incidents were recorded and monitored. It was clear people's support was provided flexibly based on their changing needs. Each person's care plan included information on how to respond to situations, moods and specific behaviours. Care plans were regularly reviewed as required. The provider's in-house psychology team devised individual management plans where necessary, to enable staff to provide consistent support. These too were subject to regular review.

People were involved as much as possible in reviews of their care. Communication with the service was said to be very good. Parents told us they were always kept appropriately informed and attended review meetings. 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 by staff and discussed. For example where a medicines alteration had led to changes in someone's interest in meals, their routine had been adapted to encourage sufficient intake. Appropriate monitoring had been set up to measure and review the effectiveness of these steps. Techniques such as social stories had been used to help support people through particular life events and enable them to express their feelings.

Parents had discussed the possible future placements for when people reached the age of 25 which was the upper

age limit of the service. A number of options were being considered in discussion with them. Relatives told us the service was working positively with them around people's future moves and how to manage the transition.

The registered manager had been away studying for a master's degree, focusing on the effective management of people's transitions between services. This had included seeking the views of parents on the previous transition into the service and about future transitions out to other services. The registered manager was due to return to her post in January 2016. The service had worked hard to manage the transitions for people both coming in 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 90% of relatives had been very satisfied with the way the service had supported people's transitions into the service, aged 19.

People each had daytime plans for the learning centre and evening plans for activities in a visual format which worked for them. Learning centre sessions were focused on developing and enhancing people's practical and social skills. People could access a wide range of leisure activities, both on and off site with support from staff. These included walks, swimming, visits to cafes, sensory sessions, gym attendance, shopping and day trips and outings. People also spent planned time with their family and could attend holidays. A computer was available to people within the house.

Relatives told us they had not had reason to complain but were clear they would do so if necessary. They felt any concerns would be listened to and acted upon. Where they had sought clarification or raised any questions in the past this had been the case.

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. We saw evidence of this in meeting minutes and reviews. The complaints log contained no recent issues. The most recent complaint was from March 2015. The service had taken appropriate steps to improve practice in response.

# Is the service well-led?

## Our findings

Relatives spoke very highly of the quality of the service, its staff and leadership. One relative said the service was: “Miles ahead of any others, it is a centre of excellence”. Another relative said: “They set a good benchmark, it is very much well led”.

The acting manager was aware of the recent changes to regulations and their impact on the service. The acting manager worked on shifts including alternate weekends, so was able to observe the day-to-day care practice and staff response to incidents.

The provider had carried out a staff survey across the three residential services so it was not clear to what degree comments related to this service. Staff felt there was a good balance of experienced/long term staff and newer team members and all respondents were proud to work for the service. A quarter of respondents wanted more training and around a third felt that communication could be improved. Staff felt they received regular performance feedback and were working in a supportive team. Feedback from staff showed that the provider had acted on the concerns about communication, which staff felt had improved.

Overall the provider's plan was to work toward being a 'Centre of Excellence' in its field. There were plans for additional services for children, another 'move-on' service for young adults, additional training facilities and other developments. Development plans were in place for the overall service and the younger adult's service, outlining the future direction. The plans set out clear goals and details of how these will be progressed.

The provider had notified incidents where required and had carried out appropriate investigations where necessary, in liaison with the local authority. A notification is information about important events which the service is required to tell us about by law.

The registered manager had been absent studying for a Master's degree but was due to return to managing the

service in January 2016. The acting manager/deputy manager had continued to carry out detailed monthly management audits which were reviewed by her line manager and fed into the provider's quarterly monitoring system. Reports included action points and progress was reviewed. The service was also visited every two months by an external independent visitor who provided reports to management. The report included observations of good practice and appropriate responses to events including a health emergency. Trustees also carried out periodic visits to monitor the service and provided reports to the board of trustees.

The provider had just appointed a new Quality Assurance and Compliance manager to further develop management monitoring via a new quality assurance process which will include annual service audits. Other planned developments include electronic recording and monitoring of incidents which we were told would be in place by January 2016. The service had received positive feedback from a recent local authority audit.

Relatives had been asked for their views about the service via annual surveys as well as during reviews and informally. Results from the 2015 relative's survey were very positive. Responses were 100% positive for the majority of questions, including whether relatives were happy with people's progress, safety and security, whether staff were caring and whether the management team were effective. Suggested improvements included better provision for physical exercise and a third of respondents felt that communication could sometimes be better. All of the respondents said they would recommend the service. Since the last inspection an all-weather table tennis table had been provided in the garden. People had been encouraged to take additional exercise, for example through going for walks or visiting the gym. Historically it had not proved possible to carry out effective surveys of the views of people within the service. However, the provider was working with people in another of its services to try to develop an accessible survey format for future use.