National Autistic Society (The)

Porlock House

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

Summary of findings

Overall summary

This inspection took place on 20 and 21July 2016 and was an unannounced inspection. It was carried out by two adult social care inspectors.

Porlock House is a large detached bungalow situated in the extensive grounds of Somerset Court. The home is registered to accommodate up to 10 people who have autism and complex support needs. However; accommodation has been reconfigured to provide a service for up to seven people. Three people live in the main part of the home; one person lives in a self-contained falt attached to the main house and three people live in an attached cottage. People living at Porlock House can access all other facilities on the Somerset Court site which include various day services.

At the time of our inspection there were seven people living at the home. The people we met with had complex learning disabilities and were not able to tell us about their experiences of life at the home. We therefore used our observations of care and our discussions with staff and relatives to help form our judgements.

There was a registered manager in post. 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 registered manager was available on both days of our inspection. Staff described the registered manager as very approachable. Staff morale was good and staff told us they were well supported and received the training needed to support the people who lived at the home.

Staffing levels were good and staff understood people's needs and provided the care and support they needed. There were sufficient staff available to people to enable them to take part in a range of activities according to their interests and preferences. The majority of people required a minimum of one to one staffing to help keep them safe. Staff duties were clearly allocated so people received the support they needed.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns. Staff told us they had never witnessed anybody being treated inappropriately. They were confident about reporting concerns and felt concerns would be taken seriously to ensure people were protected.

People lived in a safe environment and were supported by a staff team who had the skills and experience to meet their needs and help to keep people safe.

People's health care needs were monitored and met. The home made sure people saw the health and social

care professionals they needed and they implemented any recommendations made. Staff were skilled at communicating with people, especially where people were unable to communicate verbally.

People received their medicines when they needed them. Staff had received training in the management and administration of medicines and their competency in this area had been regularly reviewed to ensure their practice remained safe.

People were always asked for their consent before staff assisted them with any tasks and staff knew the procedures to follow to make sure people's legal and human rights were protected.

There were effective systems in place to monitor and improve the quality of the service provided.

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 received their medicines when they needed them from staff who had received the training to do so.

People were protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to make choices and participate in activities they enjoyed.

There were sufficient numbers of suitable staff deployed to help keep people safe and meet their individual needs.

Is the service effective?

Good

The service was effective.

People could see appropriate health care professionals to meet their specific needs.

People made decisions about their day to day lives and were cared for in line with their preferences and choices.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Is the service caring?

Good

The service was caring.

Staff were kind and professional. People were treated with dignity and respect.

People were supported to make choices about their day to day lives and were supported to be as independent as they could be.

People were supported to maintain contact with the important people in their lives.

Is the service responsive?

Good

The service was responsive

People received care and support in accordance with their needs and preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

People were supported to follow their interests and take part in social activities.

Is the service well-led?

Good

The service was well-led.

The manager had a clear vision for the service and this had been adopted by staff.

The staffing structure gave clear lines of accountability and responsibility and staff received good support.

There was a quality assurance programme in place which monitored the quality and safety of the service provided to people.

Porlock 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 20 and 21 July 2016 and was an unannounced inspection. It was carried out by two adult social care inspectors.

At the last inspection carried out on 20 February 2014 we did not identify any concerns with the care provided to people.

Prior to this inspection we viewed information we held about the service. This included previous inspection reports and notifications. A notification is information about important events which the service is required to tell us about by law.

At the time of this inspection there were seven people living at the home. This consisted of three people who lived in the main house, three people in the adjoining cottage and one person in a self-contained flat attached to the main house. We were able to meet with people but they were unable to tell us about their experiences of life at the home. We spoke with 10 members of staff, the registered manager and the deputy manager. We also contacted a relative after the inspection.

We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care records of six people who lived at the home. We also looked at records relating to the management and administration of people's medicines, health and safety, quality assurance and staff recruitment.

Good

Is the service safe?

Our findings

The provider's procedures for the recruitment of staff helped to minimise risks to the people who lived in the home. Applicants were required to complete an application form detailing their employment history and qualifications. Applicants were then invited to attend an interview where their suitability to work with people at the home was explored. Before successful applicants' commenced employment they were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Staff were aware of indicators of abuse and knew how to report any worries or concerns. They told us this would be reported to the registered manager and they were confident it would be dealt with appropriately. They were also aware they could report concerns to other agencies outside of the organisation such as the local authority, the police and the Care Quality Commission. Staff told us they received training in safeguarding adults from abuse and records confirmed this. We observed information around the home instructing staff on what action to take if they thought a person was being abused. Staff were aware of the whistleblowing policy and felt confident to use it if they had concerns. Staff told us they had never witnessed any person being treated or spoken to in an inappropriate manner.

People received their medicines from staff who had received specific training to carry out the task. All medicines were administered by two members of staff, one who administered and one who witnessed the administration. Staff felt this made the administration of medicines safe.

Medicines were supplied by the pharmacy in sealed monitored dosage packages which provided details of the prescribed medicine, the name of the person it was for and the time the medicine should be taken. Medicines were securely stored. Staff told us they removed the tablets from the sealed package and transferred the tablets to a medicine pot. They then carried the pot through the home to wherever the person was. The pots were not labelled with the person's name so there was a risk of the medicine being given to the wrong person. Given the very complex needs and behaviours of the people who lived at the home, there was also the risk of the member of staff administering the medicines becoming distracted and having no safe or secure place to store the medicines which could be picked up by another person using the service. We discussed the potential risks relating to this practice with the registered manager at the time. They agreed to look into safer methods for transporting medicines around the home.

Medication administration records contained clear details of how people liked to take their medicines. There were also protocols in place for the administration of medicines that were prescribed on an 'as required' basis. The protocol set out when this medicine should be given and gave examples of instances appropriate to the individual. This ensured the medicines were administered in a consistent way in the accordance with the person's needs. Records showed people's prescribed medicines had been regularly reviewed by health care professionals to ensure they remained appropriate and effective.

Risk assessments were carried out to minimise the risks to people at the home and in the community. These

assessments had been reviewed to ensure they reflected people's up to date needs. Assessments outlined the number of staff required to keep them safe when undertaking activities within the home and grounds and when accessing community facilities. When an incident had occurred the risk assessments had been updated and additional control measures had been put in place to minimise the risk of further incidents. In response to a high level of incidents the registered manager had arranged for a member of the organisations Behaviour Support Team (BST) to attend the home and offer advice and additional support to staff. Staff were knowledgeable about how to support individuals whose behaviours were particularly challenging. They knew about possible triggers and knew how to minimise the risk of behaviours escalating.

There were sufficient staff deployed to meet the needs of the people who lived at the home. The majority of people required a minimum of one to one staffing to help keep them safe. Staff told us there were always enough staff on duty to meet people's needs. One staff member said "We have a stable team, there was a high turnover of staff, it's better now things have improved." They told us they were able to respond to impromptu requests from the people they supported. For example, going for a walk or trip out. We observed this to be the case during our visits to the home.

Health and safety procedures helped to minimise risks to people who lived, worked and visited the home. Hot water outlets were checked each week to ensure temperatures remained within safe limits. There were also up to date checks for fire safety, legionella and electrical appliances. There were procedures to manage emergency situations such as fire, floods, other adverse weather conditions and infectious disease outbreaks. Each person had an emergency evacuation plan which provided important information about the level of support they required and how to communicate with them. We saw all records were up to date and had been regularly reviewed.

Good

Is the service effective?

Our findings

New staff completed an induction when they commenced employment. This provided them with the basic skills and training needed to support the people who lived in the home. Staff told us the induction programme was also linked to the Care Certificate. The Care Certificate standards are set by Skills for Care to ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff told us the induction included a period of shadowing experienced staff and looking through records, they said this could be extended if they needed more time to feel confident. One staff member commented "We did a few weeks training and working in the home shadowing staff, I got to know people and their routines and felt prepared." Another member of staff said "I had an eight week induction one day a week in the classroom and the other days spent shadowing staff. I really learnt a lot from that."

The registered manager maintained a record of training completed by staff and when refresher training was due. Records were well maintained and up to date. Topics included autism awareness, communication, epilepsy, non-aversive management of challenging behaviours, first aid and health and safety. This helped to ensure staff had up to date skills and knowledge to effectively support the people who live at the home.

Staff told us and records showed staff received regular supervisions and annual appraisals. This helped to monitor the skills and competencies of staff and to identify any training needs staff might have. Staff were positive about the support they received. One member of staff told us "The support you get is really good. You can raise issues during supervisions or at any time. I used to support [person's name] but it became apparent that their behaviours escalated when I was with them. I discussed this with [name of registered manager] and it was agreed I wouldn't support them anymore. It was a positive outcome." Another member of staff said "Supervisions are good, you can talk about any issues you have and they talk about any problems they have with us, it's done in a good way." Records showed the registered manager and deputy manager offered staff positive feedback during their supervisions and they also discussed where improvements were required."

People were supported to maintain good health and wellbeing. Each person had a health action plan and a 'hospital passport'. This is a document containing important information to help support people with a learning disability when admitted to hospital. Care plans showed that people had received annual health checks by their GP and had access to other healthcare professionals including community nurses, speech and language therapists, opticians and dentists. Staff recorded the outcome of people's contact with health care professionals in their plan of care.

People were protected from the risks of poor nutrition and dehydration. Care plans were up to date and contained information about people's abilities and preferences. For example one person's care plan contained a document entitled my 'sensory profile.' This showed the person was hyposensitive to taste and preferred strong tasting foods. Staff were able to tell us about this and showed us a small fridge which was used to store strong tasting foods for the person. Staff told us about one person who had recently lost weight. They told us how they had worked with the person to encourage them to eat regularly by using a specific plate to present the food in a way that the person liked. They said this had been successful and the

person was trying different foods and their weight had increased.

People were supported to develop a menu. Menus looked varied and made good use of fresh ingredients. The majority of people were non-verbal and used different methods to communicate. Staff were very knowledgeable about people's needs and they explained how some people could point to pictures of the meals they wanted and others made their choices using objects of reference. We observed staff using these methods during our inspection. People had access to food when they wanted it and they could go and buy food items from the providers on site canteen if they wished.

Staff had received training and had a good understanding of the principles of the Mental Capacity Act 2005. They were clear about respecting people's rights and of the procedures to follow where a person lacked the capacity to make decisions about the care and treatment they received. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available.

On both days of our visit we heard staff asking for people's consent before they assisted them. For example with personal care needs, preparing meals and trips out. Records showed people's ability to consent to specific things had been assessed and where it was felt they lacked the mental capacity to make a decision a best interest decision was made. For example best interests decisions had been made involving family members and professionals regarding people's medication and their finances and invasive health care procedures such as taking of bloods and dental treatment. This ensured people's legal rights were protected.

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made appropriate referrals where people required this level of protection to keep them safe.

Good

Is the service caring?

Our findings

Throughout our inspection staff interacted with people who lived at the home in a kind and caring way. There was a good rapport between people and staff. Staff talked positively about people and were able to explain what was important to them such as personal items, chosen activities and routines. One staff member said "I love it, it's different to any other job we can really make a difference to people's lives." Staff described how they assisted people to maintain their independence and they were aware of the importance of this. We observed staff prompting and encouraging people to do things for themselves rather than doing things for people.

The majority of the people who lived at the home were unable to fully express their needs verbally. Staff had a good knowledge of how people communicated. Care plans contained information to assist staff to communicate with each individual. For example with the use of pictures or showing the person objects. A communication passport also identified the unique ways each person expressed their needs and wishes. In one of the care plans we read there was a document entitled 'Tips for talking to [person's name.] This detailed certain words or phrases which, if used by staff, would cause the person to become anxious. Staff were very knowledgeable about this and, on arrival at the home, staff made sure we were aware of this, so as not to cause the person distress.

Care plans contained information about the characteristics of staff who would be best placed to support a particular individual. This helped to ensure people, especially those who were unable to express themselves verbally, were supported by staff who shared the same interests. One person had a particular interest in motorbikes and staff showed us a motorbike which had been secured to the ground in the garden for the person to use when they wished.

Staff respected people's right to privacy. Each person had their own bedroom which they could access whenever they wanted to. We saw this to be the case on the day we visited. Bedrooms had en-suite facilities which meant people could be supported with their personal care needs in the privacy of their own room. Staff told us how they knocked on people's doors before entering their rooms and we observed this during our inspection. Staff described how they ensured people had privacy and how their modesty was protected when providing support. For example, closing doors and curtains when supporting people with personal care and asking people what support they would like. Some people required one to one staff support during the day and at night. Staff explained how they were mindful about enabling the person to have personal time in their bedrooms whilst maintaining their safety.

People were able to make choices about day to day aspects of their care such as when they got up and went to bed, mealtimes, meals and what personal care they wanted. Staff told us that although they were allocated to provide people's one to one hours, if a person wanted another staff member to support an aspect of their care they could choose them.

People were supported to express their views about their care and support even where they were unable to express their views verbally. Each person was allocated a key worker who met with them each month to go

through their plan of care and to look at what was working well and what was not going so well. From this the person's key worker developed a newsletter which was sent to the person's representative. The person was involved in deciding what was included in the newsletter. A relative told us "I am in close contact with [person's name] key workers and the management of Porlock House and feel very confident in their ability and interest in caring for [person's name] and wanting him to succeed. The staff are also very understanding of the anxieties and worries of a parent and have been very supportive of the family as well as [person's name.]"

Good

Is the service responsive?

Our findings

The people who lived at the home received care and support which was personalised to their needs and wishes. Each person had a care and support plan. The care plans we read were personal to the individual and gave clear information to staff about people's needs and how they made choices. For example pointing at objects, signing or using their eyes to 'eye point.' Care plans also contained information about people's preferred daily routines to ensure staff knew about people's preferences.
On the days we visited routines in the home were relaxed and staff were able to respond to any requests from the people who lived there. For example, people got up when they wanted to and were supported to do the things they wanted to do.

People were involved in the planning of their care as much as they were able to. For example, one person had been involved in creating an agreement for use of the computer. The plan had been written and signed by the person. The persons care plan stated agreed computer time was 'important to them'. People also had personal goal records. These had been created on a document showing people's goals and the progress made. For example, one person had identified they wanted to attend a day trip to a place of interest. We noted this had been achieved and further goals had been identified. For example one person's goal was to learn to cook basic dishes. We saw they had successfully been making their own breakfast and they had now progressed to making a hot meal. Another of the person's goal was to go on holiday and they had achieved this and had been a great success.

There were communication systems in place to communicate with people's family and friends. Monthly newsletters were sent out giving details about how people had been that month and what they had been doing. People were also supported to maintain contact with their family and friends through regular home visits and skype sessions. People were also supported to arrange regular person centred planning (PCP) meetings. These were well done with clear involvement from people. For example, people sent out invitations to who they wanted to attend, what food they wanted and where people should sit. This not only involved people in their care but put them at the centre of decision making.

Staff recorded information about each person at the end of each shift. These records included information about the person's well-being, health and how they had spent their day. This information helped to review the effectiveness of a person's plan of care and made sure people received care which was responsive to their needs and preferences.

The service liaised with health and social care professionals and they ensured any recommendations were implemented. For example the registered manager told us about one person whose behaviours had become increasingly difficult to manage. They told us they had been concerned about the well-being of the person and of the staff who supported them. We saw there had been meetings with specialist health care professionals and the person's doctor. Further investigations were in the process of being completed to eliminate any physical or neurological reasons for the increase in physically aggressive behaviours. A behavioural support plan had been developed and we saw staff followed this. The support plan gave detailed information about potential triggers, de-escalation techniques and agreed physical intervention

techniques to be followed where required. Staff told us they had received bespoke training which reduced the risk of injury to themselves or the person they were supporting. Staff were very knowledgeable about the procedures to be followed and they had recorded any incidents which had occurred and of the action they had taken.

People had opportunities to take part in a range of activities and social events. Staff had a good knowledge of what each person enjoyed. Some people liked to attend the onsite day centre. Staff told us one person particularly enjoyed the yoga, crafts and woodwork sessions. Other activities included swimming, fitness training, walks and visiting places of interest. A member of staff told us about one person who, before they moved to the home, did not access community facilities at all. They explained the person had a love for spicy foods and they had gradually introduced the person to small trips to the community and visits to an Indian restaurant. This had resulted in the person being able to tolerate and enjoy a meal in the restaurant which the member of staff told us, had been a "huge achievement" for the person. In a recent audit of the service by the provider's nominated individual; they had described activities offered to people as "Thoughtfully considered and matched people's sensory and support needs." A relative told us "[Person's name] has a weekly timetable of activities that he enjoys that has been put together by Porlock with input by myself and seems to be providing as full a life as possible for [person's name]"

Good

Is the service well-led?

Our findings

The registered manager told us their ethos for the service was to "Keep people as happy and settled as possible, to reduce anxieties and provide meaningful activities."

Staff told us the registered manager was approachable and accessible and they felt confident in raising concerns with them. One staff member said "[name of registered manager] is really good, they listen to staff and get things done, we get appreciation for what we do and are able to go to them with any concerns." Another commented "The manager is definitely assessable, I could go to them with anything, and they are always asking if things are ok."

The registered manager told us they maintained a regular presence in the home to enable them to monitor staff performance. They told us this included working weekends and some shifts. They told us how their office door was "Always open" and if incidents occurred with people they would ensure they were present to offer support to staff.

There was a staffing structure which gave clear lines of accountability and responsibility. In addition to the registered manager there was a deputy manager, senior care workers and care workers. Staff were clear about their role and the responsibilities. Staff morale was good and staff told us they received good support from the management team and their peers. One member of staff said "We have a really good staff team who support each other. [Name of registered manager] and [name of deputy manager] are very approachable. They listen to what you say and make sure things are dealt with." In a recent quality assurance audit carried out by the provider's nominated individual they stated "Staff were clear about their roles and how they were supporting people. Staff were very positive about the service, their roles and the support they were given."

Records showed meetings were held for staff on a regular basis to address any issues and communicate messages to staff. Staff told us they felt able to voice their opinions during staff meetings. One staff member told us, "We talk about any issues, what's working or not working for us and they guys. We come up with ideas and they are followed through."

Systems were in place to monitor the skills and competency of staff employed by the home. Staff received regular supervision sessions and observations of their practice. Supervision records showed a range of topics were discussed and the staff member's views were encouraged. These ranged from the level of support they received to discussions about people who lived at the home and what the staff member thought could be improved. Records showed that where improvements were identified in a staff member's performance, these had been regularly monitored through regular performance review meetings. Disciplinary action had been taken where expected improvements had not been met. Records showed that where this occurred, action had been taken in a timely manner.

The registered manager sought people's views to enable them to monitor care and plan on going improvements. Surveys were sent to people's relatives and staff to seek their views on the quality of the

service provided. We read the findings of the most recent survey and noted a high level of satisfaction. There were no areas identified as requiring action.

There were audits and checks to monitor safety and quality of care and the registered manager submitted monthly audits to the provider's service manager who then carried out visits to the home to monitor and highlight any areas for improvement. We looked at the action plans which had been developed from two recent visits. These demonstrated that the registered manager had, or was in the process of addressing the points raised. They had monitored progress and ensured delegated tasks had been completed within agreed timescales. Minutes of staff meetings showed areas for improvement had been discussed and staff had been delegated tasks to follow up. For example health and safety checks and the implementation of themed nights to enhance the activities programme for the people who lived at the home.

Significant incidents were recorded and, where appropriate, were reported to the relevant statutory authorities. All incidents had been entered onto a computer system and the registered manager explained that these were regularly reviewed so that any traits or concerns could be identified. The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.