

# Priory Education Services Limited

## Priory Radstock Satellite


### 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

We carried out this inspection on 4 August 2015 and this was an unannounced inspection. When the Priory Radstock Satellite was last inspected in September 2013 there were no breaches of the legal requirements identified.

The Priory Radstock Satellite provides accommodation and personal care for up to six people who have learning disabilities or mental health needs. The main home has

four separate bedrooms and a self-contained flat at the rear of the property has an additional two bedrooms. At the time of our inspection there were four people living at the service.

A registered manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

# Summary of findings

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.

People said they felt safe and there were suitable systems to ensure staff could respond to allegations of abuse. The provider had a safeguarding and whistleblowing policy for staff that gave guidance on the identification and reporting of suspected abuse.

People said they felt staffing levels were sufficient and that they received the individual allocated support time they required with staff. There was a stable staff team and safe recruitment processes were in operation. People received their medicines when they needed them and suitable systems to order, dispose and retain medicines were in place.

Staff received training and were supported through a supervision and appraisal process. An induction was completed by new staff when they commenced employment. Staff received training in the Mental Capacity Act 2005 and the registered manager was aware of their legal responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care

and it is in their best interests to do so. People received the support they needed with meals and drinks and people could see healthcare professionals when required.

Staff at the service were caring towards people and there was a good relationship between people and staff. People were involved in the planning of their care and support. People's support records reflected people's involvement and the decisions made in their care planning. Staff understood the needs and preferences of the people they cared for.

Support provided to people met their needs. Supporting records highlighted personalised information about what was important to people and how to support them if they became anxious or upset. People were involved in employment and activities of their choice and staff continually ensured the support people received was in line with their wishes. The provider had a complaints procedure and people felt confident they could speak with staff about matters of concern.

People and staff spoke positively about the registered manager and we observed a good relationship between people and the registered manager. Communication with people and staff was frequent and auditing system to monitor the service provision and safety was in operation.

# 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 within the home told us they felt safe.

Staff could identify and report suspected abuse. The provider had appropriate safeguarding and whistleblowing policies.

Staffing levels ensured people's assessed needs were met and recruitment procedures were in line with legal requirements.

People's medicines were stored and administered safely.

Good



### Is the service effective?

The service was effective. Staff were trained and supported through supervision and appraisal.

The manager was aware of the requirements of the Deprivation of Liberty Safeguards.

People received the support they needed with food and drink.

People's healthcare needs were met and the service had obtained support and guidance where required.

Good



### Is the service caring?

The service was caring. People said the staff were caring and they had a good relationship with them.

Staff provided personalised care to people.

People's independence was promoted by staff and their privacy was respected.

People told us they made decisions about their care.

Good



### Is the service responsive?

The service was responsive to people's needs. People made choices about their daily lives and the support they received.

People were supported to maintain their independence through employment and social activities.

People were involved in care and support planning and reviews.

The provider had a complaints procedure and people felt able to raise concerns.

Good



### Is the service well-led?

The service was well-led. People spoke positively about their relationship with the manager.

Staff said the registered manager was available when needed.

The manager communicated with people and staff at the service.

There were quality assurance systems in place to monitor the service provision and safety.

Good



# Priory Radstock Satellite

## 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 was carried out by one inspector. When the Priory Radstock Satellite was last inspected in September 2013 there were no breaches of the legal requirements identified.

Before the inspection we reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

During the inspection we spoke with two people who lived at the Priory Radstock Satellite and three staff. This included the registered manager, a senior member of support staff and another member of the support staff. We reviewed the care and support records of all four people who lived at the service.

We looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

# Is the service safe?

## Our findings

People felt safe and the provider had arrangements in place to respond to suspected abuse. Positive comments were received from the people we spoke with about the relationships they had with staff and people felt safe in their company.

The provider had safeguarding and whistleblowing policies available for staff that gave information on the identification and required response to actual or suspected abuse. Staff guidance about how to report safeguarding concerns both internally and externally to organisations such as the local safeguarding team or the commission was available and staff had received training in safeguarding.

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk. These assessments were personalised to people's individual assessed support needs and reflected their own daily lives. For example, some people in the service accessed the local community alone or went out independently on day trips to meet friends or family. Within the person's records, appropriate support and guidance for staff was recorded. Risk management guidance showed that to help keep the person safe, staff discussed where the person was going with them, the staff ensured their mobile phone was charged and there was sufficient credit on the mobile phone to make a call if required. An arrangement was also made with the person for them to call the service to advise them they were returning. These risk management plans ensured the person was still able to live an independent life where possible.

Additional risk assessments and management plans were recorded within people's care records to guide staff in relation to positive behaviour management. For example, where people may occasionally present behaviour that may be challenging, guidance showed how staff could support the person during these periods. The guidance showed what events may trigger a change in behaviour. For example, the different setting or environments that may

contribute to a change in behaviour or the warning signs the person may display if they became anxious or upset. The guidance showed the proactive and reactive ways in how they should support the person during this time.

Incidents and accident forms were completed when necessary and reviewed. This was done by staff with the aim of reducing the risk of the incident or accident happening. The records showed a description of the incident, the location of the incident and the immediate action taken. The recorded incidents and accidents were reviewed by the registered manager. Recent incidents had been acted upon and staff had taken action where necessary.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. There were sufficient staff to help people if they needed it and people said they received the 'one to one' time with staff they were supposed to. The registered manager explained that in the event additional staff were required due to holiday or unplanned sickness, additional hours were covered by staff who worked in another of the providers locations a very short distance away.

Safe recruitment procedures were followed before new staff were appointed. Staff files contained an application form with a previous employment history where applicable together with previous employment or character references. There was photographic evidence of the staff member to verify their identity. An enhanced Disclosure and Barring Service (DBS) check had been completed and the DBS certificate number was recorded within the files. The DBS ensured that people barred from working with certain groups such as vulnerable adults would be identified.

People were supported with their medicines by staff and people told us they received their medicines when they needed them. Staff explained the system in operation for the obtaining and disposing of medicines with the local pharmacy. There were suitable arrangements for the storage of medicines in the home and medicine administration records for people had been completed accurately. Staff had received training in medicines and the provider had a system to audit medicines.

# Is the service effective?

## Our findings

People received effective care and gave positive feedback about the staff that supported them. We received positive comments from all of the people we spoke with at the home about the staff. One person we spoke with said, “Staff are good, no complaints there.”

Staff received training from the provider that enabled them to carry out their roles. We reviewed the training records which showed training was completed in essential matters to ensure staff and people at the home were safe. For example, training in first aid and basic life support, fire safety, food hygiene and infection control had been completed. The provider had a continual training programme throughout the year that ensured staff training was continually updated.

Additional training specific to the needs of people who used the service had been provided for staff. Training in Asperger’s syndrome, autism, and learning difficulties had been undertaken by some staff. In addition to this, training had been completed in medicines, self-harm and suicide prevention and crisis management.

New staff completed an induction training programme. New staff had a five day initial period that included learning about the provider and the expectations whilst in employment with the provider. The remaining induction training period was over 12 weeks and included training specific to the new staff members role and to the people they would be supporting. The registered manager told us the induction included essential training such as first aid, health and safety, confidentiality and data protection.

Staff were supported through supervision and appraisal. The registered manager or a senior member of staff met with staff periodically to discuss their performance and work. Supervision records showed that the employee’s welfare, people’s care and support needs together with any objectives the staff member wanted to achieve were discussed. Staff also had an annual appraisal which allowed them to set annual career and development objectives.

Staff completed Mental Capacity Act 2005 (MCA) training and the importance of promoting choice and

empowerment to people when supporting them. Most of the people at the service made decisions for themselves without any involvement from staff and people told us they were supported by staff when they made these choices. We made observations of people being offered choice during the inspection, for example if they wished to go out for lunch or what social activities they undertook during the day.

The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and it is in their best interests to do so. At the time of our inspection one person was being lawfully deprived of their liberty. We spoke with this person who was knowledgeable about the authorisation that deprived them of their liberty and said they understood the conditions of the authorisation. They told us they were continually supported by staff and that the service had ensured they had an Independent Mental Capacity Advocate (IMCA) present during any meetings to determine what was in the person’s best interest.

Some people were completely independent with meals in the service and others required minimal support from staff during food preparation. Care records contained a nutritional assessment for people and showed the level of support people required. People were actively involved in choosing what they ate and were supported by staff to do their shopping in the community. One person was receiving support from the staff with weight management. We saw that appropriate healthcare professionals had been consulted and accurate records were maintained by staff when required.

People were supported to use healthcare services. We saw within everyone’s care records that appointments were recorded. For example, appointments had been attended with GPs, nurses, physiotherapists and dentists and the date of the appointment was highlighted. People told us they could see healthcare professionals when needed and on the day of our inspection one person was supported by staff to attend a dental appointment.

# Is the service caring?

## Our findings

People felt cared for by the staff. All of the people we spoke with said that they were treated as individuals by the staff and that they felt well supported. People said they had a good relationship with staff.

We observed positive interactions during our time at the service. People were comfortable engaging with staff who communicated with people in a caring manner that was empowering. Staff spoke with people in a meaningful way, taking a vested interest in what people were doing, if they had made any plans for the day and how people were feeling. Staff continually offered support to people with their plans, for example offering to accompany them into the community for lunch which one person accepted and went out.

Care record contained detailed, personal information about people's communication needs. This ensured staff could meet people's basic communication needs in a caring way. For example, we saw within records that matters such as maintaining eye contact, using simple and concise language whilst offering a clear explanation of things was important to one person during communication. Observations made during the day showed staff understood the person's communication needs.

Staff demonstrated they had an excellent understanding of people's individual needs and told us they understood

people's preferences. Staff were very knowledgeable about people's different behaviours and what may cause their behaviour to become challenging. They were able to explain how behaviour that may challenge was managed and reduced through different methods. Staff understood the risks associated with some people's behaviour in public, and how their behaviour may inadvertently cause an altercation with members of the public. This demonstrated that staff understood people well and were able to support them in a safe and caring way.

People were involved in decisions about their care and treatment. People told us they felt involved in their care and they lived their lives as they wished and in accordance with their preferences. We saw through records and by listening to people the choices they had. For example, one person was previously in education at a local college and had chosen their course. They were currently taking a break from this education which was also their choice. One person at the service was in paid employment and another had chosen not to look for work yet.

Staff respected people's privacy. People had their own individual bedrooms that contained personalised items in accordance with their choice. One person showed us their bedroom and told us they were happy with how it was decorated. They showed us items personal to them and told us they had been supported by the staff when selecting different items for their room. People told us could have privacy when they wanted it and we saw people had individual keys to their rooms.

# Is the service responsive?

## Our findings

People felt they received good care that was personal to them and said the staff assisted them with the things they made the choices to do. Everyone told us they were happy living in the home and felt they got the support they required. During conversation, people were positive about the choices they had and the freedom the service gave.

Care records were personalised and described how people preferred to be supported. People had continual input and choice in the care and support they received. The registered manager told us the care records were currently being changed into a new, more personalised style and we saw evidence of this when reviewing records. People's individual needs were recorded and specific personalised information was documented.

Where required, a 'Behaviour Management Plan' was within people's records. These showed what may make a person anxious, upset or distressed and how staff could support the person during this time. This information within the records meant staff were aware of personal information about the person that may help to reduce or eliminate distress or anxiety.

Care records described additional information about people to help staff to know and understand the person and their individual goals. People's support records contained personalised documents that showed what personal development a person wished to achieve and a needs assessment of the support people required from staff to achieve those aims. Examples seen showed staff had discussed short, medium and long term aims or goals with people. These included improving their social and communication skills and working towards more short term periods of independence in the community. This showed the service offered support to people to progress their individual goals and personally develop themselves.

People were involved in reviews of their needs to ensure they were happy with the support they received. People had a monthly review with a member of staff who was their 'keyworker' that ensured they were receiving the support

they wished. People we spoke with told us these reviews happened and said they were useful. Supporting review records showed people discussed the activities they did, if people were happy their individual support plans were accurate, if they had any concerns or any ideas they may have they wished to discuss.

People undertook activities personal to them. There was a planner that showed the different social and leisure activities people liked to do and the days and times people were scheduled to do them. The registered manager and staff told us that although there was a record, people in the service were supported in what they wanted to do. Some liked a structured routine throughout the week and their timetable would not change, however others could change their mind at short notice. This demonstrated the service knew people well and were able to be responsive to their changing needs.

The social activities recorded varied for people demonstrating the service gave personalised care. Some people's records showed when they undertook voluntary and paid employment or undertook activities such as attending a singing group. Other people also did activities alone, for example going to the gym, playing tennis, cycling or swimming. The records showed where time was spent with staff discussing food choices for the week and the shopping trip to purchase food. Time was also allocated for cleaning, laundry and housework.

People said if they felt something wasn't as they wished they would feel comfortable approaching staff to discuss matters. Within the service there was a complaints process in an 'easy read' format to ensure people were able to understand the process or who they could contact. People felt they would be listened to if they raised a concern. We discussed a complaint a person had formally raised with the registered manager with them. They told us the complaint had been acknowledged quickly and investigated by the registered manager and they were satisfied with the outcome. We saw the supporting records of the complaint that showed the registered manager had taken timely and appropriate action to resolve the issue.

# Is the service well-led?

## Our findings

People were clearly aware of the who the manager was in the service and told us that in addition to the support staff, the manager was easy to speak with. Positive comments were received about the registered manager. During observations throughout the day, it was evident the registered manager knew people well and understood their individual needs.

The registered manager was also responsible for a secondary location within the Priory Education Services group that was located approximately two miles from this service. A senior member of staff at the service told us that the registered manager was often at the service and would always attend and offer support and advice when required.

There were systems to monitor the quality of service provided. Annual service reviews were completed with people and their relatives or representatives if they wished to give their views. The most recent annual review asked people if they felt they received the right support, if they felt listened to and respected, were there sufficient staff to support them and if they chose how to spend their own time. The results of the survey were positive and did not highlight any areas of concern. The feedback received from people's relatives was also positive, with one comment saying, "We are very happy with the service provided for our daughter."

The registered manager and staff communicated with people about the service to continually ensure the quality

of the service delivered met people's needs. There were monthly house meetings held for people should they wish to attend and discuss any matters they wished. The minutes showed that some months nobody wished to attend, and this was respected by staff. When meetings were held, matters such as the staff team, living together, cleaning and activities were discussed. People we spoke with told us these meetings were held.

There were methods to communicate with staff about the service. The registered manager told us that staff meetings were held approximately every month. Matters general to the home were discussed at these meetings such as people's care needs, staffing, safeguarding and training. In addition to this, the alternate Tuesdays were designated for training.

Systems to reduce the risk of harm were in operation and regular maintenance was completed. The service completed a monthly medicines audit that ensured medicine amounts, storage and records were accurate. Recent audits had identified no concerns. An infection control audit and environmental audit ensured home cleanliness and suitability of furnishings was monitored. Recent audits had resulted in additional sanitary disposal equipment being purchased and the requirement to change the carpets in certain areas of the house. This was currently being addressed. Fire alarm and equipment tests were completed and water temperatures and legionella tests were also completed.