

National Autistic Society (The) Porlock House

Inspection report

Somerset Court
Harp Road, Brent Knoll
Highbridge
Somerset
TA9 4HQ

Tel: 01278761913
Website: www.autism.org.uk

Date of inspection visit:
24 June 2021

Date of publication:
21 February 2022

Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated

Summary of findings

Overall summary

Porlock House is a large detached bungalow with an adjoining cottage and flat, situated in the extensive grounds of Somerset Court. The home is registered to accommodate ten people. At the time of the inspection four people were living at the home.

People's experience of using this service and what we found

There were systems in place to ensure staff were aware of risks of people choking. Risk assessments were reviewed and updated where required. Staff confirmed they were kept up to date about changes to people's care plans and risk assessments. Risks were discussed during team meetings and group supervisions. The provider also carried out checks to ensure staff were following guidance.

Where people had restrictions placed on them, to keep them safe for example, the service had included these in the applications to deprive people of their liberty under the Deprivation of Liberty Safeguards (DoLS). The process for reviewing people's restrictions under the Mental Capacity Act 2005 did not always fully demonstrate why the restrictions were the least restrictive option and remained in the persons best interest.

People were protected by infection control policies and procedures. Staff had received training in infection control and the correct use of personal protective equipment [PPE]. We observed a staff member not wearing their mask appropriately, the registered manager addressed this. Specific risk assessments had been put in place to support people relating to COVID-19. Staff were engaging in the COVID-19 testing programme. Visiting procedures were in place. Staff had access to enough PPE.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was not able to demonstrate how they were meeting all of the underpinning principles of Right support, right care, right culture. This was because the service was originally set up as a campus setting. There were five other registered care homes set in the grounds of Somerset Court in close proximity to Greatwood House. The service was registered with us prior to the guidance being implemented. The provider had plans in place to address this and could demonstrate they were making progress.

We have made a recommendation the provider regarding the application of the Mental Capacity Act 2005.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 25 March 2019).

Why we inspected

We undertook this targeted inspection to check on a specific concern we had about staff following guidance relating to eating and drinking assessments and the application of the Mental Capacity Act 2005. A decision was made for us to inspect and examine those risks. We also reviewed the infection control procedures as part of our current methodology.

We did not find evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

The overall rating for the service has not changed following this targeted inspection and remains good.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Porlock House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service effective?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Porlock House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Porlock House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

Before the inspection

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used this information to plan our inspection.

During the inspection

We completed observations of the service. We spoke with the registered manager, deputy manager, and two members of staff. We reviewed three people's care records. We also reviewed records relating to infection control.

After the inspection

We spoke with three staff via video calls. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about staff following professional guidance. We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

- Risks relating to people choking had been assessed and plans were in place to mitigate these risks.
- People at risk of choking had been assessed by a Speech and Language Therapist (SALT) to determine the safest way to support them to eat. The SALT guidance was available for staff.
- There were systems in place to ensure staff were aware of risks to people relating to choking. Risk assessments were reviewed and updated where required. The registered manager was unable to locate a document demonstrating all staff had read and signed one eating and drinking plan. They provided this evidence after the inspection. We did not find any examples of staff not following guidance.
- Staff told us communication was good in the home and any changes in people's needs or concerns were reported and escalated by the management team.
- Staff told us they had completed relevant training relating to people's risks. For example, first aid, including the risk of choking. Additional training relating to eating and drinking was being arranged.
- A system was in place to ensure all staff had access to relevant information relating to specific risks. Staff explained how people's risks were discussed at handover, staff meetings and staff supervision.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. We observed a staff member not wearing their mask appropriately on two occasions. The registered manager addressed this.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach to using PPE.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

Ensuring consent to care and treatment in line with law and guidance

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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were able to make day to day decisions as long as they were given the right information at the right time, in the right format. The service used easy to read information to present information to people in a format they would understand.
- Where people were deemed not to have the capacity to make decisions and restrictions were put in place, there were MCA assessments and best interest decisions in place for most matters. We found two instances where restrictions were in place and MCA assessments and best interest decisions had not been completed. Although the restrictions were included in people's DoLS, it is good practice for the service to complete an MCA assessment and best interest decision to ensure they remain the least restrictive option.
- Some of the MCA assessment and best interest decisions were completed in 2017. These had been signed as being reviewed and still relevant as there had been no changes. However, there was no evidence of exploration of the restriction to ensure it remained the least restrictive option.
- The service could however, demonstrate they were in the process of reviewing restrictions and taking measures to reduce them.

We recommend the provider reviews their processes for reviewing restrictions to ensure they are in line with the principles of the Mental Capacity Act 2005.