

Prior's Court Foundation

# 5-6 Prior's Court Cottages: Bradbury 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

5-6 Prior's Court Cottages: Bradbury House is a residential care home for eight young adults up to the age of 25 with needs on the autistic spectrum. Some people may also require support from staff to manage their behaviours. The service is provided within four self-contained flats, each accommodating two people. Twenty-four-hour care support is provided in each flat, including waking night staff and where necessary, two-to-one staff support is provided.

At our last inspection in February 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to be cared for in a safe environment where potential risks were identified and action taken to reduce them as far as possible. Action was also taken to minimise any risks presented by the environment or equipment. Regular servicing and safety checks were carried out. Staffing levels were assessed based on the needs of the people supported.

People were safeguarded from abuse and staff knew how to respond to any concerns they might have. Staff and relatives were confident the service would respond appropriately to any concerns. People were supported to receive the correct medicines at the right dosage and times and their preferences on how to take them were acted upon.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People's rights, privacy and dignity were supported in the way staff worked with them.

Staff received an effective induction and completed appropriate core training upon which their competency was assessed. A planned cycle of regular training updates was provided. Staff received ongoing support through individual supervision and development appraisals. Regular staff meetings helped ensure the effective exchange of important information.

A robust procedure was used as part of a values-based recruitment system to try and ensure staff had the right approach and skills to care for people effectively. Ongoing difficulties with recruitment led to use of a number of agency staff which had some impact on continuity and consistency of care. The service mitigated this through using familiar agency staff who knew the needs of the people they were supporting.

People received effective support with their healthcare needs and were supported to have a varied and healthy diet. Day to day support was provided responsively based on individual needs. Permanent staff were knowledgeable about people's needs and were more proactive in helping them manage situations which may cause them stress.

The service had an appropriate complaints procedure. Where concerns had been raised they had been addressed. Relatives felt listened to and had confidence the service would resolve any issues brought up.

The service was well-managed. The provider and registered manager had effective systems in place to monitor its effectiveness and identify issues for improvement. Action plans showed that identified issues were addressed. Work was ongoing towards a new quality assurance framework and identifying ways to obtain more systematic feedback from people about their experiences of their care.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# 5-6 Prior's Court Cottages: Bradbury House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection which took place on 12 July 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit because the location was a small care home for younger adults who are on the autistic spectrum who may have behaviours which may challenge the service. Providing short notice enabled staff to prepare people for our visit to reduce anxiety, using a photograph of the inspector. The inspection was carried out by one inspector.

The service had submitted a provider information return (PIR), in April 2018. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help us plan the inspection.

Prior to the inspection we reviewed the information we held about the service. This included any notifications that we received. Notifications are reports of events the provider is required by law to inform us about. We contacted a total of ten representatives of the local authority who funded people supported by the service and external healthcare professionals, for their feedback and received no concerns.

During the inspection we spoke with the nominated individual/director of care services, the registered manager, the unit manager and two other staff. We examined a sample of five care plans and other documents relating to people's care. We looked at a sample of other records to do with the operation of the service, including, medicines recording, training and supervision records. We spoke briefly with one person receiving support from the service to obtain their views. Other people were unable to speak with us, so we

sought the views of the relatives of four people. We observed the support provided to people by the staff throughout the day and had lunch with one person receiving support.

# Is the service safe?

## Our findings

Relatives told us they felt people were safe and well cared for. One relative commented, "Yes, totally safe, I have every confidence." Another told us, "Yes, all staff seem risk aware, particularly in relation to key risks such as.... epilepsy and absconding."

People's body language and expressions indicated they felt secure and safe around the staff who were supporting them. People actively sought out staff support and all the staff interventions seen, were positive and supportive in their impact. Where people were supported to remain focused on the task at hand, this was done in accordance with behaviour support plans. Where instructions were needed to guide people, these were delivered clearly and calmly using appropriate communication for the person concerned.

People were supported to manage their own behaviours wherever possible. Where necessary, they had detailed behaviour support plans, devised by the in-house psychology team, in consultation with the care staff. These were subject to regular monitoring of their impact and were reviewed frequently. New support strategies were trialled to test their effectiveness in supporting people. Planned interventions were designed to support people to have as much freedom as possible, whilst helping them remain in a positive frame of mind. Staff were proactive in responding to identified early indicators that a person was becoming anxious. The psychology team regularly analysed incidents as part of reviewing individual strategies. The level of incidents was low with five in the three months between March and May 2018.

People's safety was promoted because the service had appropriate systems to address safeguarding concerns. Reporting processes were clear and publicised and staff received regular training on keeping people safe. Staff understood their role in identifying and reporting any concerns regarding potential abuse. Where people acquired bruises or other injuries, these were recorded together with an explanation of the cause where this was known.

The service had a robust recruitment system and all required checks were undertaken prior to staff appointment and documented as shown by the records. Like other services, 5-6 Priors Court Cottages were experiencing recruitment difficulties. Rota shortfalls were covered from within the team, by in house 'bank' staff or through using regular external agency staff. Appropriate information was held on the qualifications, training and suitability of agency staff.

People's safety was supported because identified risks were assessed in detail and plans devised to address them. Risk assessments were regularly reviewed to ensure they remained appropriate. For example, where one person was at risk of potentially serious seizures, a monitoring device had been obtained for night-time use to minimise the impact on them, of the necessary regular wellbeing checks. Ongoing work was taking place to establish whether more effective monitoring devices were available. A relative told us, "Staff are superb at managing [name's] seizures and everyone seems to know the protocol for this."

Management individually assessed staff support levels which helped ensure people were kept safe and able to enjoy as much freedom as possible. People were either supported one or two-to-one and staff intervened

when necessary, whilst ensuring appropriate supervision and support at all times.

People were protected from risks associated with the environment because health and safety checks and servicing took place regularly. For example, there were regular checks of the fire alarm and associated systems. Regular evacuations took place and were completed in a timely way. Each person had an individual 'Personal Emergency Evacuation Plan' which identified the level of support required in the event of the need for evacuation arising. A health and safety action plan had been compiled, following an audit in December 2017, which showed the action taken to address the identified issues. The service was kept clean and infection control practice, as described, was appropriate to minimise the risk of cross infection.

People's medicines were safely managed and appropriately recorded on their behalf by staff such that they received the right medicine at the correct dose at the right time. Each person's preferred way to take their medicines was recorded. Where medicine was prescribed to be given 'as required', clear guidance was provided on the appropriate circumstances for them to be administered. The service was signed up to a national initiative called 'STOMP', which was designed to reduce the risk of over-medication. This led to regular medicines audits where necessary, to maximise the appropriateness of people's prescribed medicines. Two medicines recording errors had been reported in the previous 12 months but there had been no missed medicines.



## Is the service effective?

### Our findings

Relatives told us the service met people's needs very effectively. They felt the permanent staff knew people and their needs well, although some expressed reservations about agency staff in this regard. One commented, "The permanent staff know [name] well, particularly those that have previously worked at the school." A second relative said, "'We are very confident in the care.'" Another comment made was, "Our observation is that [name] feels at home at [the service] and we and other family/friends are always welcomed by staff, even at short notice." In terms of the impact on people, relatives commented very positively. Their comments included, "[Name] is so different, so much calmer," "He has come on in leaps and bounds," and "He is very happy and calm."

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. The staff sought people's consent regarding day-to-day choices as much as they were able.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had applied appropriately for DoLS for each of the people supported as each had aspects of their liberty restricted in their best interest. In some cases they were still awaiting the response from the local authority. Appropriate representatives were involved in more complex decision making through best interest discussions. For example, best interest decisions had been made for one person regarding use of a night-time seizure monitor and regarding medical treatment for another.

Staff were provided with and effective induction, core training and regular training updates. Nationally recognised 'Care Certificate' competencies were used to assess and ensure unqualified staff had the necessary skills and knowledge. A new competency matrix was being used to assess existing staff. Sixty percent of staff had attained a nationally recognised care qualification with a further twenty three percent working towards this.

Staff were provided with ongoing support through quarterly one-to-one supervisions and progress and development needs were discussed in annual appraisals.

People were supported by staff to be involved as much as they wished, in choosing and preparing food. They were offered physical choices between items shown to them, where necessary, to enable them to make decisions. If people had specific needs around mealtimes, such as a calm, quiet environment, this was recorded in care plans and provided for. No one was identified as at risk of malnutrition or dehydration but records of food and fluid intake were maintained. A dietitian had been consulted for one person who was provided with a supplemented high energy diet to meet their needs.

People's needs were thoroughly assessed and incorporated into detailed care plans regarding their lives and needs. Care was delivered within the overall context of the service's ethos called, 'The Prior Approach.' This aims to help young people and adults reach their full potential through autism best practice individualised to meet each person's physical, social and emotional needs. People attended the on-site learning centre to continue developing their skills as well as having opportunities for social and emotional development both on and off-site. Their care plans identified the impact of their autism on them individually and how staff should support them with this.

People's individual staffing needs were clearly identified and provided for. For example, one person's care plan specified that they required two-to-one staff and that the lead staff must be someone experienced with supporting the person. Plans also clearly identified the division of roles where two-to-one staffing was required, to help ensure effective co-working. Detailed logs were kept of any instances of behaviours which were the subject of individual support plans and any known triggers. This enabled analysis and review of the effectiveness of the behaviour support strategies.

Communication systems between staff helped ensure that people's needs were met in a planned and effective way. Staff communicated well with each other within the shift. Handovers took place between shifts to help ensure key information was passed on and a plan was made for the next shift. An on-call duty system ensured that management advice and support was always available.

The service ensured a detailed transition plan was in place to support people moving into and out of the service. These took account of the length of time needed by the individual to adapt to the change. Staff worked very well with other services and professionals to try to ensure a smooth transition. Six people had transitioned into the service and six had left in the last 12 months. These well-planned changes, had helped increase stability within the service and reduced the level of incidents significantly by pairing people within flats with others who shared their lifestyle or interests.

People's healthcare was promoted effectively. Each person had a health and well-being plan which identified their health needs, how they preferred to take their medicines and contained a record of their healthcare appointments. People received support from the in-house psychology team and from occupational therapy, when necessary. Where people were at risk of seizures, a detailed epilepsy care plan described their needs and how to respond in the event of a seizure. A relative told us health issues were managed, "...exceptionally well on the whole." They added, "Medical appointments are attended and review information is generally implemented promptly. Minor health problems can be side-lined, we think this is due to uncertainty about allocation of responsibility within the staff team."

The care service had been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. The building met people's needs effectively and provided a choice of communal areas, private space and an enclosed garden. People shared four separate flats in pairs with staff support provided in each flat.

## Is the service caring?

### Our findings

Relatives told us the service and its staff were very caring. They felt people were treated with kindness and their dignity was respected. One relative said, "They talk to him as an adult."

People's care plans include information about how they prefer their support to be provided, based on the experience of staff and feedback from people themselves. 'Essential Lifestyle Plans' (ELP), include a section on things that are important to the individual and the things they enjoy, as well as their support needs. ELPs contained sufficient detail to enable staff to support them in a person-centred way. They detailed the aspects of their care individuals could do for themselves and where prompting or support was needed. For example, one person's ELP indicated they could bathe or shower themselves and identified the support needed to enable this to happen safely while respecting their dignity and privacy. Another person could manage other aspects of their personal care needs with limited support.

In such ways staff worked towards improving people's independence and self-care skills. The service continually reviewed the way staff promoted independence and dignity, to identify possible improvements. For example, consideration was being given to how to provide individual medicine cabinets in each flat, whilst meeting the storage temperature requirements.

People's lifestyle, cultural, spiritual and other diverse choices were recorded where these were known, and acted these were acted upon. For example, where people had spiritual beliefs they were enabled to pursue these. A favourite prayer had been written out for staff to read along with one person as part of meeting their spiritual needs. Others were supported to attend places of worship.

People were encouraged and supported to communicate using their preferred methods. Staff understood where individuals used adapted versions of the usual signs. For example, one person had a dedicated file containing their own versions of signs which they used to convey their wishes and needs. The service worked with the in-house speech and language therapy team to identify effective communication strategies for each person. Staff were very familiar with people's individual methods of communication and we saw them using these to good effect throughout the inspection. Staff took care to ensure the environment around individuals also reflected their needs to minimise anxiety. For example, by providing a quiet space and time for one person to eat their meals to meet their preferences.

A wide range of aids were used to support communication. These systems were used effectively to help people plan their day, complete tasks and to help them manage their anxieties. Staff gave people the time they needed to process information and act on it. Staff also knew when people needed to be given additional physical space and when they needed closer supervision to help them manage their own behaviours.

Using their preferred means of communication, staff enabled people to make choices in their daily lives about such things as clothing, activities and food. They used people's communication tools to reinforce the daily routine and support them through specific tasks, offering appropriate encouragement. People were

given time to process information and communicate their wishes.

## Is the service responsive?

### Our findings

Relatives mostly felt people had a good range of opportunities to access activities and outings. One relative felt that staff shortages or sometimes lack of initiative, prevented their family member from getting out and about as often as they would like. Most relatives felt they were appropriately involved in decisions about their family member's care and were kept informed of their wellbeing. One felt staff were exceptionally good at communication around incidents or crises but not as effective at day-to-day communication and updates. They felt people's diverse interests were met by the staff. One relative was happy about the work experience opportunities which had been offered. Another commented positively about the individualised curriculum offered. One relative said they had not seen their family member being offered choices, although they were aware a wide range of opportunities for activities was available.

Each person had an initial assessment of their needs and a thoroughly planned transition either from the provider's on-site school or from outside. Transitions were particularly carefully planned to give the support and time needed to enable a person to move in successfully and with the minimum stress. The same was true for transitions out of the service. Care plans were detailed and included the person's wishes and how they preferred to be supported. They were regularly reviewed by the service who sought the views of family and relevant external and in-house health and care professionals. They included information about how the person's autism affected them as an individual and detailed information about their preferred methods of communication. This provided staff with the information to enable more responsive and personalised care and support to be provided.

People had opportunities to take part in a wide range of activities and outings on and off site, tailored to their interests and needs. Each person had a timetable of scheduled activities to which impromptu things were added when necessary. Day to day activities included ongoing educational and skills development through attendance at the on-campus 'learning centre'. New suggestions for activities were regularly planned and trialled to broaden people's experiences. People were being offered the opportunity to take part in the new bakery project developed on the provider's adjacent campus. One person had previously established a cake making business on site with an associate in another service. These achievements successfully promoted people's confidence and skills.

The service had a complaints procedure available in an easy read format although most people would need the support and advocacy of staff to make a complaint. Two complaints/concerns had been raised in the previous 12 months by family members and both were appropriately addressed. In the same period the service received 11 compliments, from family and an external care professional. Relatives were aware of the complaints procedure. Where issues had been raised, relatives said the manager and staff responded constructively and that they were or would be addressed.

The service complied with the Accessible Information Standard, which is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information. The service provided some documents in easy read formats. For example, the complaints procedure and care plans use symbols and picture to assist people to understand

them. A pictorial newsletter is also produced by some people supported by the provider, which includes pictures of events and activities. A range of communication aids were used to facilitate communication, including Makaton (using signs and symbols) and PECS (the use of pictures and symbols to help people communicate their needs). One person used a tablet PC which was individually programmed to meet their needs.

## Is the service well-led?

### Our findings

Relatives said the service was well managed. One commented, "The registered manager is proactive and consultative and we feel we have a good working relationship with her." Other relatives said, "Yes, we know the manager well," "It's very calmly managed," and "The registered manager is always available." One said the organisation continually looked to improve its service to people and their families.

The service had a registered manager in place as required. 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.

There was a clear and consistent ethos for the service within the context of the provider's 'Prior Approach' to working with people on the autistic spectrum. This was to be re-emphasised by the imminent launch of the handbook about the method, for use both within and outside the organisation. Training refreshers on the 'Prior Approach' had already been delivered to senior staff who were then going to cascade it to their teams. Staff understood and applied the approach consistently in their day-to-day work. Senior management support was available at all times, outside office hours via an on-call rota and duty manager cover was provided on site. The registered manager worked some shifts to enable her to remain aware of issues within the service and to observe the care practice of staff.

The provider had a robust performance management system which ensured staff performed to a high standard and to their best ability. The service provided a clear training and development pathway and all staff were supported to maximise their potential.

The registered manager completed monthly management audits shared with the provider. These identified any necessary actions and when they had been completed.

Staff kept in regular contact with relatives where appropriate. People and their representatives were consulted and involved as much as possible and appropriate, in decision-making and care planning. A provider-wide relative's quality survey had been undertaken in late 2017. However, this did not include separate feedback relating to this service. The registered manager was considering doing her own local relatives survey and a working party was looking into it as part of a new quality assurance framework. The registered manager created an on-line survey to be sent to relatives, following the inspection. A transition survey had been sent to families of those who had recently transitioned in and out of the service, in early 2018 but no replies had yet been received. The service listened and responded to input from relatives and others. Two suggestions made by relatives had led to practice improvements, including one person being able to access the community more.

Obtaining the views of people supported about their experience of their care had proved difficult, and further development was needed in this area. The provider was in the process of introducing a new comprehensive quality assurance framework over the course of a two-year implementation programme.

The framework included trialling resident's meetings and other means to obtain feedback from people about their experience. These steps had yet to be implemented at the time of this inspection. A pilot project was about to begin led by the in-house speech and language therapy team. This will work with a sample of people with differing communication needs to develop effective ways to obtain their views.

A quality audit undertaken in December 2017 had identified some issues which had been included in an action plan that were either addressed or in progress. Other audits had been carried out. For example, an updated health and safety audit in December 2017. The resulting health and safety action plan, dated February 2018, identified the steps take to date, to address identified issues.

Staff had been consulted about proposed changes to working patterns and provided with information about the rationale for them. The process had included meetings attended by the chief executive which provided opportunities for staff to ask questions. Regular, staff meetings took place to discuss people's wellbeing and related matters. Staff shortages were noted at times. These were sometimes as the result of the campus-wide staff cover policy, where shortfalls were covered from within the overall staff compliment. Although at times the service benefited from this, it could also deplete staffing when cover was required elsewhere.

A quality assurance review had also been completed by an independent person in March 2018, using the 'Key Lines of Enquiry' (The judgement areas used by the Care Quality Commission in assessing the performance of services). This highlighted the need to develop better ways to obtain the views of people supported within the service about their care and to demonstrate their involvement in care planning.

The local authority had completed an external annual review of the service in November 2017. It referred favourably to the service's values-based recruitment programme which sought to attract staff with the right approach to the role and respect for people's rights and individuality. The service liaised effectively with external health and social care agencies.