

Prior's Court Foundation

1-2 Prior's Court Cottages

Inspection report

Prior's Court Road
Hermitage
Thatcham
Berkshire
RG18 9JT

Tel: 01635247202

Website: www.priorscourt.org.uk

Date of inspection visit:
26 May 2023

Date of publication:
16 August 2023

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

About the service

1-2 Prior's Court Cottages is a residential care home, also known as Dove Cottage. It provides accommodation and personal care for up to six autistic people, living with associated complex needs. The service provides a continuing education service to young adults aged from 18 to 25. At the time of the inspection there were six people living at the service. The service provides on-site educational and vocational services via a learning centre and other facilities based on individual assessments and needs.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Staff understood and effectively delivered care and support in accordance with the principles and values of Registering the Right Support and other best practice guidance. This ensured people who used the service lived as full a life as possible and achieved successful outcomes.

Right Support

People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff had training on how to recognise and report abuse and knew how to apply it.

Staff focused on people's strengths and promoted what they could do, so people experienced a fulfilling and meaningful everyday life.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff supported people to make decisions following best practice in decision-making and communicated with people in ways that met their needs.

Staff collaborated with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative. Staff made every attempt to avoid restraining people and did so only when de-escalation techniques had failed and when necessary to keep the person or others safe.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcomes. Staff supported people to play an active role in maintaining their own health and wellbeing.

Right Care

Staff delivered person-centred, kind care, which protected and respected people's privacy and dignity.

People's support plans reflected their range of needs and promoted their wellbeing and enjoyment of life. Staff provided care to meet people's needs and aspirations, focused on their quality of life, and followed best practice.

Staff and people worked together to assess risks people might face. Staff encouraged and enabled people to take positive risks and engage in activities to enrich the quality of their lives.

Right Culture

The ethos, values, attitudes and behaviours of the registered manager and staff ensured people led confident, inclusive and empowered lives.

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities of autistic people. This meant people received compassionate and empowering care that was tailored to their individual needs.

Staff turnover was low, which supported people to receive consistent care from staff who knew them well and placed their wishes, needs and rights at the heart of everything they did.

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

Rating at last inspection and update

The last rating for this service was good (report published 21 June 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

1-2 Prior's Court Cottages

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. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. We did this to 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

This inspection was conducted by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

1-2 Priors Court Cottages is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. 1-2 Priors Court Cottages is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager was responsible for 3 other services within the provider's care group. 1-2 Priors Court Cottages also had a learning and wellbeing manager responsible for the management of the service, supported by a team manager. The team manager was the practice lead responsible for the day-to-day organisation of staff,

referred to as autism practitioners.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. We gave short notice of the inspection, so staff could prepare young people using the service for our visit, to minimise the risk of our visit causing anxiety.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We checked information held by the fire and rescue service, Companies House, the Food Standards Agency, and the Information Commissioner's Office. We checked for any online reviews and relevant social media, and we looked at the content of the provider's website. We used all this information to plan our inspection. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 3 people who use the service and 9 relatives of 6 people. We spoke with 15 staff, including the registered manager, learning and wellbeing manager, a team leader, 2 vocational learning practitioners, 8 autism practitioners and 2 human resources managers. We observed support in communal areas, for example, during meal preparation in the kitchen and dining room and group activities in the learning centre. We also observed staff support and people's response during a real fire alarm and 1 person going for a bike ride. We reviewed a range of documents including 4 people's care records, the provider's policies, procedures, accidents and incidents, and quality assurance audits. After the site visit we continued to seek clarification from the registered manager to validate evidence found and spoke with community health and social care professionals who engaged with the service. We requested and received further records, quality assurance documents, and were provided with a variety of additional evidence for consideration.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People, relatives, professionals and the commissioners of people's care consistently told us they felt the service was safe. One person told us, "[Named staff] looks after me" and "I would tell [preferred staff members] if I was worried." A relative told us, "Their [provider] joined up approach means everyone at Dove [1-2 Priors Court Cottages] is safe, which is enhanced having nurses, physios and other specialists on site." Another relative told us, "The staff really understand [person's] autism and recognise his triggers, and how to support him to prevent his anxiety and behaviour escalating."
- The registered manager ensured all safeguarding incidents were notified to the local authority, in line with regulations and were reported, recorded and investigated in accordance with the provider's policy, regulations and local authority guidance.
- Relatives had the utmost confidence that the registered manager and staff safeguarded their family member and notified them immediately if incidents requiring investigation occurred. One relative told us, "There was a safeguarding issue recently that [registered manager] dealt with extremely well." The relative praised the registered manager for consulting them at every stage of their investigation and seeking their advice about how to support their family member to disclose what had happened."
- People were protected from the risks of potential abuse by staff who had completed the provider's safeguarding training. Staff understood and recognised the signs of abuse or neglect and knew what action to take if they felt people were at risk.
- Staff enabled people to complete the provider's programme of learning called 'Keep Me Safe', which covered 5 areas including understanding safety, understanding privacy, safe use of technology, sex and relationships, drugs, alcohol and tobacco.
- Staff supported people to understand how to protect themselves and others, through the use of individualised tools, meeting people's individual communication needs. For example, through the use of personalised social stories. Prior to our inspection, people had been reassured with such a story, including a photo of the visiting inspector.

Assessing risk, safety monitoring and management

- Staff protected people from harm by identifying risks associated with their support and managing these effectively. Staff assessed risks to people's health, safety and wellbeing and created detailed support plans to ensure they were supported in a safe way which was least restrictive of their freedoms and promoted their independence. We observed staff supporting people in their everyday lives, in accordance with their risk management plans, which minimised the risk of harm to them and kept them safe.
- People's risk assessments included ways to avoid or minimise the need for restricting their freedom. Staff emphasised the importance of assessing less restrictive options before limiting people's freedom.
- Risk management plans were clear, easy to follow and had been developed with people or those

important to them. Staff understood that people's risks changed throughout the day. Risk assessments documented the type of risk a person could experience, including triggers and early warning signs that the person may be escalating towards a crisis, and how this could be avoided or managed to keep the person safe.

- Each person had an individual evacuation plan. People's records contained essential information about them, which may be required in the event of an emergency, for instance if they required support from external health professionals such as paramedics or accident and emergency staff. This ensured health professionals would have information required, such as people's prescribed medicines, known allergies, their means of communication, and the support they required to treat them safely. People were kept safe as staff had access to relevant information which they could act upon and provide in an emergency.
- Risks within the home were assessed and monitored regularly, such as risks related to fire, maintenance of the building and any equipment used. Nominated staff had clearly delegated responsibilities in relation to environmental risks within the home. This ensured that any issues were quickly identified and acted upon.
- During the inspection we observed a real emergency evacuation procedure, in relation to a fire alarm. The evacuation was completed safely, in accordance with the service' fire safety management and evacuation plan. We observed staff calmly supporting and communicating with people in line with their individual personal emergency evacuation plans. One person told us, "We know what to do if the alarm goes off. We have to listen to [staff]."

Staffing and recruitment

- People and relatives told us there were always enough staff on duty to meet people's needs, keep them safe and provide stimulating activities, which enhanced the quality of their lives. This was confirmed by staff and rotas.
- Some relatives told us there had been reliance on agency staff due the impact of the Covid pandemic but consistently praised the provider for initiatives to recruit further staff. For example, the provision of staff transport. One relative who had recently left a role within the NHS told us, "I was impressed with the recruitment and retention figures (shared during relatives meeting). Another relative told us, "A lot of the senior staff have been there a long time which I think reflects things are working well."
- Rotas demonstrated that staffing levels were reviewed regularly and changed whenever required to meet people's changing needs.
- People received care from staff whose good character and suitability to support autistic people had been fully assessed by the provider.
- The provider completed robust pre-employment checks of prospective staff as part of their recruitment process, which were documented in their records. The provider required the provision of suitable references to obtain satisfactory evidence of the applicants conduct in their previous employment and a Disclosure and Barring Service (DBS) check. DBS checks provide information, including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Full staff employment histories had been explored and evidence of their conduct in previous employment had been sought where they had worked with vulnerable adults.
- Where external staff had been used, the service obtained the required information from the employing agency to assure their suitability and training. External agency staff completed the provider's guide to supporting people living with autism before they provided and care and support.

Using medicines safely

- Staff who had completed the provider's required training managed people's medicines safely. This included a comprehensive programme of mentoring and observations before staff were authorised to administer medicines. Staff then had their competence to administer medicines assessed annually. Staff were able to tell us about people's different medicines and why they were prescribed, together with any

potential side effects.

- People's medicines administration records (MARs) showed they received their medicines as prescribed. People had protocols in place for any 'as needed (PRN)' medicines that they took and for any rescue medicines, such as for epilepsy. Protocols were detailed and informed staff of signs that the person may be experiencing symptoms. Staff had completed additional training in relation to supporting people living with epilepsy and how to manage and administer their emergency medicines if required.
- People's preferred method of taking their medicines and any risks associated with their medicines were documented. We observed staff administer medicines in accordance with people's medicine management plans. For example, a person preferred to take their vitamins sprinkled on a small cake. Where appropriate people's independence was promoted by staff, who supported people to self-administer. For example, staff prepared a syringe with a liquid medicine, which they handed to the person to administer themselves.
- Staff were kind and patient and allowed people time to process what was happening and ask questions. One person told us one of their medicines was, "to calm me down" and another was for their hay fever. They told us, "We do it together, as a team," acknowledging the support of the two staff members.
- The registered manager had pledged to support the national initiative to stop over medication of people with a learning disability, autism or both with psychotropic medicines (STOMP).
- Since our last inspection, the provider had installed a dedicated medicines room. We found medicines were ordered, stored and disposed of in line with regulations and recognised best practice. There were additional security measures for specified medicines, required by legislation.

Preventing and controlling infection

- Staff supported people to keep their home clean and hygienic. Staff performed effective hand hygiene which reduced the risk of cross contamination and people acquiring an infection. We observed staff followed good infection prevention and control procedures while administering medicines and supporting people to prepare their meals. One person told us it was important to, "always wash your hands when making food."
- Staff had training in infection control practices and had policies and procedures to support them. Personal Protective Equipment (PPE) was available and worn by staff where appropriate.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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 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.

Visiting in care homes

- The registered manager and staff were facilitating visits for people in accordance with current government guidance and the provider's policy. People and relatives told us the staff encouraged visiting and were supportive making any arrangements.

Learning lessons when things go wrong

- Staff effectively reported incidents, accidents and near misses. Staff consistently told us there was an open and supportive culture within the service. Staff had no concerns reporting any incidents that took place, which were treated as learning opportunities to improve people's care.
- Staff received feedback about incidents and events in reflective practice sessions, team meetings and handovers. Staff were kept up to date with information relevant to them, such as changes in people's support plans.
- The management team reviewed and analysed incidents daily to establish appropriate actions to reduce the risk of re-occurrence. For example, comprehensive investigation into an incident where a person sustained an ankle injury, resulted in the person being provided with more suitable footwear of their choice. Analysis of other circumstances led to a review of another person's PRN protocol for pain relief, and improved staff awareness about how a person communicated when they were experiencing pain.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager and staff told us about the provider's comprehensive approach to assessing people's needs, which included the individual support they would need at various times of the day and during different activities.
- People's support plans clearly identified the impact of their individual autism and how staff should support them. The learning and wellbeing manager emphasised the importance of planning for the future and focussing on people's progression towards their long-time aspirations.
- Staff demonstrated how the support they provided to people achieved successful outcomes, which resulted in people experiencing an improved and enriched quality of life. For example, improving people's abilities to communicate their needs, reducing incidents involving increased anxieties and frustration and developing life skills to promote their independence.
- People, relatives and professionals told us staff supported people to achieve positive outcomes for people. One person told us, "[Named staff] help me to do things I want." A relative who praised staff for reducing their family members anxieties said, "You wouldn't believe the progress he [person] has made. They [staff] know how to support him and gain his trust."
- Relatives highlighted staff expertise, understanding the individual support people required in relation to their autism and complex needs, which helped them successfully achieve their goals.
- People, relatives and relevant health and social care professionals told us they were fully involved working in partnership to assess people's needs and develop their support plans. One relative told us, "There's a strong involvement [of family members] in a meaningful way within the whole process of developing the care plans and the support around [person]." Relatives told how they felt empowered and assured during assessment and care planning meetings because the registered manager and staff truly valued their opinions.

Staff support: induction, training, skills and experience

- People, relatives and professionals told us staff had the required skills and knowledge to meet people's health and emotional needs.
- The management team effectively operated a system of training, competency assessments, supervision and appraisals. This enabled staff to develop and maintain the required skills and knowledge to support people according to their needs.
- Staff told us their training fully prepared them to meet the complex needs of people. Staff members with experience of the training provision of other providers told us, "The training here is very good because it is all about the particular person and how you need to support them" and "It is all about knowing the person."

External staff provided by an agency told us they were impressed with the training and induction they received from the management team in relation to each individual and how to support them in relation to their complex diagnoses.

- New staff completed a thorough induction process that equipped them with the necessary skills and confidence to fulfil their role effectively. New staff told us their comprehensive training made them feel confident they were ready and able to meet people's complex needs.
- The registered manager ensured that staff delivered care in accordance with their training, through a competency framework, including observations, one to one supervision, staff meetings and group reflective practice sessions.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink and were encouraged to maintain a balanced, healthy diet. Staff placed a strong emphasis on the importance of eating and drinking well and reflected best practice in how they supported people.
- People were protected from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions because staff consistently followed guidance from relevant healthcare professionals, including speech and language therapists and dieticians. For example, people identified to be at risk due to weight loss and weight gain, had been successfully supported by staff to achieve their desired outcomes.
- Where needed, staff supported people to learn about healthier options and nutrition in a way they understood. People were supported to balance consumption of food and drink with exercise and physical activities, for example staff encouraged people to choose healthy snacks they preferred.
- One relative told us they were particularly impressed with the joined-up approach of staff to support their family member exercise and eat a healthy balanced diet, whilst offering choices they preferred. The relative told us, "From the moment [person] wakes up to the time he goes to sleep, they [staff] are thinking and executing an integration approach across care, exercise, nutrition, learning and medication," and "That's really important to manage his health because he doesn't have the same clues that we have on food consumption, and things like that. He would become obese if they didn't have an integrated health approach."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked effectively with health and social care professionals to make sure care and treatment met people's changing needs. Records demonstrated staff made prompt referrals to GPs, other health care specialists and relevant health care services, when required.
- The provider had developed an integrated approach, working with relevant health and social care professionals to improve people's health and well-being. Health and social care professionals told us that people experienced successful outcomes, due to the diligent way staff had followed their guidance, which had allowed people to lead healthier, more active lives.
- Relatives were particularly assured by the ease with which they could consult the provider's psychology team, specialist nurses, speech and language therapists, vocational, occupational and physiotherapists.

Adapting service, design, decoration to meet people's needs

- The physical environment of 1-2 Priors Court Cottages is appealing and meets people's sensory and physical needs. It provides young adults the opportunity to live within appropriate accommodation according to their needs, preferences and lifestyle choices.
- People have their own en-suite bedroom, designed to provide an age-appropriate environment, which promotes dignity and respect for each individual. People's rooms were individualised. Staff had used pictures, colour samples, non-verbal signs from people to understand their preferences, to reflect people's

choices and preferences in the décor of their personal space.

- One person was supported in accordance with their care plan, to have a sparsely furnished room. A relative told us, "[Person] is minimalist and totally empties his room completely during the day. He has 1 picture on the wall and he even gets his bedding off all day long, so it always looks very bare, but that's how he wants it. So, I'm happy that they [provider] meet his needs."
- Communal spaces included a lounge, kitchen, dining and laundry area designed to enable people to participate, develop and practice their life skills, and to develop social skills and facilitate social interaction with other people.
- The service had implemented a number of improvements to the garden since the last inspection, which were led by people and staff. The service had developed a sensory garden and area for growing vegetables.
- Supportive equipment was used to respect people's privacy and independence wherever possible, while keeping them safe. For example, epilepsy alarms. Staff supported people to use electronic devices and other technology to meet their communication needs, to engage in activities and to keep in touch with friends and relatives.

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 MCA 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 Mental Capacity Act (MCA). In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff clearly understood how to promote people's choice, independence and freedoms in their everyday lives. Staff understood how people communicated their wishes and supported them to reduce any barriers to them being able to make choices for themselves.
- People's capacity to consent to their care was assessed for particular decisions, which was reviewed regularly. Staff supported people to gain knowledge and understanding, so that they developed capacity to consent for themselves, such as relating to relationships, money or their medicines.
- Staff understood that people's capacity to consent could fluctuate from moment-to-moment. When required people's support plans reflected signs when the person was able to make decisions and signs that they were not. Support plans identified what decisions had been or could be made in their best interest. The management team and staff clearly understood how to balance upholding people's rights to refuse and their safety and dignity.
- Relatives told us the staff were committed to minimising the use of restrictive interventions, including restraint, which were only used as a last resort. One relative told us. "They're [staff] are all TEACCH trained. I always get told when staff have had to use some form of restrictive intervention, but that has been very, very rare which is a good sign they're [staff] applying good practice." The TEACCH program is used to promote people's learning and development, in particular, communication and social skills, independence and coping skills. Another relative told us, "Sometimes staff have to intervene to keep [person] and others safe but they are now so in tune with [person'] this has really reduced because [staff] know how to calm [person] down to prevent a crisis."

- The management team continually reviewed any restrictions placed on people, such as the number of staff needed to support them or whether people were able to access the community, based on their current risk assessment. Any restrictions were minimised and time limited, to have the least impact on people's freedoms.
- The registered manager had made appropriate applications where people were subject to limitations on their freedoms under the DoLS. The registered manager ensured where there were any changes, they updated the relevant authority. The service undertook regular audits of the premises and arrangements in place to ensure these were least restrictive.
- Where required, best interest decision processes were followed, to ensure medical interventions or additional monitoring which had a potential impact on people's dignity and privacy were lawful and people's human rights were protected. The registered manager consulted external healthcare professionals, where appropriate, regarding people's health needs or best interest decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt valued by staff who showed genuine interest in their well-being, quality of life and created a warm, inclusive atmosphere. We observed staff consistently treat people with kindness and a friendly demeanour, which visibly raised people's spirits and mood.
- There was a tangible, person-centred culture within the home and staff demonstrated genuine empathy for people and passion to provide high quality care for them.
- Staff knew people well and adapted their approach, body language and tone of voice to meet the needs of each individual, in line with their communication support plans.
- People experienced close relationships with the registered manager and their designated staff, with whom they had developed a special bond. One person told us, "I am happy here," and "Yes [Named staff] are good. They're my friends."
- Family members, care managers and visiting health and social care professionals described the provision of support by staff to be caring and compassionate. A relative told us, "The staff are brilliant. They're all so caring and clearly adore everyone here. They respect people and treat them as human beings. They really know each person's needs."
- Staff spoke with pride and affection about the people they supported. One staff member told us, "It is an absolute joy to work with the young people here and see them develop. It is a privilege to see them achieve their dreams and goals. They have given me so many precious memories."
- We observed people consistently received kind and compassionate care from staff who used positive, respectful language, which people understood and responded well to.
- Staff told us the management team allocated enough time for them to get to know people, which enabled them to understand people's care and support needs, wishes, choices and any associated risks.
- Staff told us it was important to be patient and use appropriate and different styles of interaction with people, depending on how they were feeling. One staff member told us, "The training from the managers has really developed our skills and understanding about autism and how to support people."
- Professionals and relatives told us that people's complex needs and behaviours were supported by staff who were alert and responded promptly to emotional communication, frustration and signs of distress.
- We observed people making choices about how they wanted to spend their time. The management team and staff demonstrated commitment and flexibility to meet people's wishes, especially when people changed their minds at the last minute.

Supporting people to express their views and be involved in making decisions about their care

- People were enabled to make choices for themselves by staff who ensured they had the information they needed. Staff supported people to express their views and were given time to listen, process information and respond. We observed staff were calm and attentive whilst supporting people to express their views and be involved in making decisions about their care and planning daily activities.
- People were empowered to make decisions about the service when appropriate and felt confident to feed back on their care and support. One person told us, "[Named staff] always listen to me and my ideas."
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. We reviewed records which clearly demonstrated people's wishes in relation to whom they wished to be involved in their health care planning and decisions.
- People and relatives told us staff were very good at supporting them to maintain close links and keep in touch with each other.

Respecting and promoting people's privacy, dignity and independence

- Staff followed best practice standards in relation to supporting autistic people, which ensured people experienced privacy, dignity, choice and independence.
- People had the opportunity to try new experiences and develop new skills to promote their independence. We reviewed care plans which identified target goals, aspirations and supported people to achieve greater confidence and independence. For example, through attending work placements.
- People and relatives spoke passionately about the commitment of staff to promote people's independence and achieve their goals. One relative told us, "You can see all the staff really care for people and are really committed to promoting their independence and respecting their diversity."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Support and care provided by staff was highly personalised. Staff demonstrated a highly adaptive approach with each person, such as changing the types of phrases used, the tone of their voice, the amount of physical contact and personal space the person preferred, based on their cultural background and previous experiences.
- People consistently experienced high quality person-centred care, which had significantly reduced the level of their anxieties and associated behaviours. This had enabled people to access the community and take part in stimulating activities of their choice, which had enriched the quality of their lives.
- Staff provided people with proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans. For example, staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations.
- People and relatives told us that staff spent time exploring people's goals to ensure they were meaningful and how they could be achieved.
- A recurring theme reported by relatives, related to the attention to detail in the comprehensive planning process undertaken by the provider when people transitioned into and out of the provider's services. For example, a person told us they were extremely proud of the video they had made detailing their transition process before moving to 1-2 Priors Court Cottages. We reviewed this video on the provider's website, which demonstrated the personalised transition process followed, to ensure young people are reassured and happy to move to 1-2 Priors Court Cottages and other services within the provider group. Another video presentation had been completed by the person's preferred staff member, showing the service to inform the person's decision. This staff member also moved to the service to ensure the person had reassurance from staff he knew well.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and motivated by staff to reach their goals and aspirations and supported to participate in their chosen social and leisure interests on a regular basis. For example, a person was supported to improve their cooking and baking skills, whilst managing risks associated with their gluten-free diet. Other people were supported to follow their passion for music and the performing arts, which had a positive impact on people's mental wellbeing and anxieties.
- People were supported to engage in meaningful activities and maintain relationships important to them. For example, a relative told us, "I come to collect [person] and he can't wait to get in the car and go home, and likewise he knows when it's time and wants to come back. He loves coming home but really likes it there [1-2 Priors Court Cottages]."

- Staff were committed to encouraging people to undertake voluntary work and vocational courses in line with their wishes and to explore new social, leisure and recreational interests. For example, people had the opportunity to complete land based vocational courses in relation to garden, ground, orchard and nursery maintenance. If people preferred, they could engage in learning programmes in relation to hospitality, relating to customer service, housekeeping, conference services and food and beverage provision. Each person had the opportunity to learn 'Readiness to Work Skills'. Individual programmes were tailored to each person's understanding and what was achievable for them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff understood and skilfully supported people's communication needs to ensure they had access to information in a way they could understand. This included using 'easy-to-read' formats, pictures, simple language, and 'social stories' which simplified language with symbols and figures to support people to understand the meaning.
- Communication plans detailed people's most effective and preferred methods of communication, which including the approach to use depending on the circumstances. For example, there were comprehensive descriptions about how people appeared when they were happy or sad, together with information about how to support them with their feelings.
- Staff demonstrated good awareness and understanding of people's individual communication needs. We observed staff knew how to facilitate communication and when people were trying to tell them something. During inspection we observed staff calmly talking with people who required minimal information, as they only processed a small amount of information at one time, in accordance with their communication plan.

Improving care quality in response to complaints or concerns

- People and their representatives were provided with a copy of the complaints procedure, which was available in an easy read format. People's relatives told us they were aware of the provider's complaints process and knew how to use it.
- People knew how to complain and were confident the management team would listen and take appropriate action if they raised concerns. The service had received 1 formal complaint from a relative, since our last inspection, which had been dealt with to the satisfaction of the person, their relative and the local safeguarding authority.
- The registered manager treated all concerns and complaints seriously, investigated them and learned lessons from the results, which they shared with staff.
- The registered manager used feedback to drive improvements in the service.
- People, their representatives and professionals told us the registered manager worked hard to make improvements to improve the quality of people's lives.

End of life care and support

- No people were receiving end of life at the time of the inspection or anticipated to be so in the immediate future. Due to the sensitive nature of the subject and the complex needs of people, their wishes had not yet been fully explored.
- Advanced care planning was used to explore people's wishes ahead of time around their spirituality or

cultural needs. These plans included their wishes and those of their families related to any decisions which may need to be made in the future should any emergency or urgent changes occur.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- The registered manager and the learning and wellbeing manager were highly visible in the service, approachable and took a genuine interest in what people, staff, family, and other professionals had to say.
- People and relatives spoke in positive terms about the registered manager and the provider. One relative told us, "I would say it's an extremely well run organisation, with an extremely strong culture of excellence. I think they [registered manager and provider] run it efficiently and they are genuinely world class." Another relative told us, "The organisation has a strong culture which binds everything together, but it's based on deep understanding of the individual needs and profound autism. But I think all those things come together and create the magic."
- The registered manager consistently motivated and inspired their staff, which had resulted in a strong team spirit and high levels of staff satisfaction. Staff, and external professionals told us the management team worked well together, led by example and were excellent role models. One staff member told us, "[Registered manager and learning and wellbeing manager] have so much experience and set high standards. We follow their lead especially with regard to putting people's needs first and understanding how to support them." Another staff member said, "The managers are really supportive and always available to listen if we have a problem or suggestions about ideas to improve people's care."
- The management team instilled a culture that valued reflection, learning and improvement. A team leader told us, their own professional development had benefitted from the registered manager's openness to challenge and listen to different and fresh perspectives.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was clear in their understanding of the duty of candour and knew the action to take should something go wrong.
- The registered manager assumed responsibility and accountability when concerns had been raised or mistakes had been made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had the skills, knowledge and experience to perform their role effectively and a

clear understanding of people's needs. The registered manager had comprehensive oversight of the service, the people living there and the staff supporting them.

- Governance was embedded within the service and the management team operated a robust monitoring and assessment system. The provider's performance management processes were effective, reviewed regularly and reflected best practice. These processes helped to keep people safe, protect people's rights, provide good quality care and where required hold staff to account.
- The registered manager effectively operated risk management measures reflecting all aspects of people's lives and the running of the service. New initiatives or changes were risk assessed and planned for so that the impact, positive or negative, was measured to ensure decisions made were evidence based. Staff were supported to take a positive risk management approach, which promoted people's independence and enabled them to try new things in a safe way.
- The management team often worked alongside staff and monitored the quality of service delivery. This ensured people experienced a consistent level of support. Staff told us the registered manager or a designated manager were always available out of hours.
- Health and social care professionals were impressed by the person-centred approach of the registered manager and had confidence in the staff's capability to deliver high quality care to meet people's complex needs.
- The registered manager and learning and wellbeing manager worked directly with people and led by example. This achieved good outcomes for each individual, which had a significant impact on their well-being and the quality of their lives.
- The registered manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.
- The provider had invested in staff by providing them with quality training to meet the complex needs of all individuals using the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought feedback from people and those important to them and used the feedback to develop the service. People were involved in all aspects of care. People were involved as much as possible in reviews of their support plans and their goals were prioritised.
- People, and those important to them, worked with the management team and staff to develop and improve the service. For example, people and relatives had been involved in an initiative to improve new staff member's induction programme, focused on understanding people's individual autism and how best to support them. One relative told us, "I know that [provider] have built a new induction programme, I know they are getting parents involved, by improving staff understanding what it means to us as a parent, to have a young person there. To build that into the training and understand where we're coming from as well," and "I think it has always been good training, but I know they're [provider] changing the way they do things to improve, from the feedback of parents." Another relative told us, "I joined the parent forum which has gone online. They [parent forum] talk about all sorts of issues like staffing, training and everything else. They [provider] are really watching their retention figures, working on keeping staff as well as bringing in new staff."
- People's families felt involved in the service and we observed staff keeping in touch with family and friends through phone calls, video calls and by email. The service's care records system allowed specific family members, where appropriate, to access some information about people, such as their activities and daily life. This enabled families to review what was happening in their family members life and speak to the staff team if they were worried about anything.

Continuous learning and improving care

- The provider's website set out a clear vision for the direction of the service and continued improvement, which demonstrated an ambition to continually achieve the best outcomes for people.
- The registered manager was focused on continuous learning and improvement. Staff felt able to suggest ideas and were supported to implement them and seek people's feedback. For example, new activities or approaches to people's support.
- The provider had developed training resources, such as safeguarding training, and had supported people to access different programmes which would develop their social and life skills.
- The provider kept up to date with national policy to inform improvements to the service.

Working in partnership with others

- The registered manager had forged strong links with people's healthcare professionals and wider support networks. The management team maintained good communication with health and social care professionals, through regular reviews of care, with notes and actions from these meetings communicated to all involved.