

## Prior's Court Foundation

# 3-4 Priors Court Cottages

### Inspection report

Priors Court Road  
Hermitage  
Thatcham  
Berkshire  
RG18 9JT

Tel: 01635247202

Website: [www.priorscourt.org.uk](http://www.priorscourt.org.uk)

Date of inspection visit:

14 May 2019

15 May 2019

Date of publication:

25 June 2019

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service:

3-4 Prior's Court Cottages is a residential care home. It provides accommodation and personal care for up to six people living with autistic spectrum disorder, who exhibit behaviours which may harm themselves or others. It provides a continuing education service to young adults from 19-25. At the time of the inspection there were six people living at the service.

The service offers on-site educational and vocational services via a learning centre, attended daily by the young adults, based on individual assessments and needs. Some people also attended off-site supported work placements.

The service effectively applied the principles and values of Registering the Right Support and other best practice guidance. These ensured that people who used the service lived as full a life as possible and achieved the best possible outcomes, that include control, choice and independence.

People's experience of using this service:

People experienced high quality care that was safe, effective, caring, responsive and well led.

People consistently experienced outstanding person-centred care, which had significantly reduced their anxieties, the level of behaviours that may challenge others and the incidence of self-injurious behaviour. There was a strong, visible person-centred culture in the service which drove staff to provide care and support that was exceptionally caring and compassionate.

Staff consistently cared for individuals in a way that exceeded expectations and demonstrated a real empathy for the people they cared for.

Staff had developed close and trusting relationships with people, which supported people to achieve their ambitions and extremely positive outcomes.

Feedback from people, relatives and professionals was overwhelmingly positive.

Staff were exceptionally sensitive when people needed caring and compassionate support. They discussed this with them and helped people to explore their feelings.

Staff found innovative and creative ways to communicate with each person and were particularly skilful at helping people to express their views and choices.

Staff positively welcomed the involvement of advocates and were intensely supportive of their ideas and strategies to promote people's independence and protect their rights.

People were protected from discrimination, neglect, avoidable harm, and abuse by staff.

Risks to people's safety had been identified, assessed thoroughly and were managed safely.

People received their medicines safely, as prescribed from staff who had completed the required training and had their competency to do so assessed.

Staff effectively involved people and their relatives where appropriate, in decisions about their care, so that their human and legal rights were upheld.

Staff felt valued and respected by the management team who had created a true sense of family within the service and a strong team spirit.

The registered manager ensured enough staff were always deployed to meet people's needs. The provider completed comprehensive pre-employment checks to ensure prospective staff were suitable to support people living with autism. Effective training and support ensured staff had the required skills to meet people's needs and promote their quality of life. Staff responded quickly to changes in people's needs. The service liaised well with internal and external healthcare professionals and demonstrated an effective multi-disciplinary approach. People's health, dietary and emotional wellbeing needs were well supported. Staff knew people's interests and preferences and supported them to access community activities of their choice and to pursue employment and education opportunities, which enriched the quality of their lives. People's care plans were comprehensive, individualised, and regularly reviewed, providing staff with the required information about people's needs and how to meet them. Staff and relatives felt their views were listened to and that the service was well managed. The service was well led, effectively monitored and staff sought to constantly develop and improve the quality of care. External accreditation and evaluation had also been sought. The registered manager had worked effectively with local organisations, health and social care professionals and multi-disciplinary teams.

#### Rating at last inspection:

At the last inspection the service was rated Good (16 May 2016). At this inspection the rating remained Good overall, although we found the service to be Outstanding in Caring.

#### Why we inspected:

This was a planned inspection to review whether the service remained good.

#### Follow up:

We did not identify any concerns at this inspection. We will therefore aim to re-inspect this service within the published time scale for services rated good. We will continue to monitor the service through the information we receive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service remained safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service remained effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service had improved to be exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service remained responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service remained well-led.

Details are in our well-Led findings below.

Good ●

# 3-4 Priors 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

3-4 Prior's Court Cottage is a "care home" which is also known as Robin Cottage. 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. We looked at both during this inspection.

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. The registered manager was also responsible for two other services on the same site and another service located a few miles away. There was also home manager who was responsible for the day to day management of 3-4 Prior's Court Cottage.

#### Notice of inspection:

The inspection was announced. We gave short notice of the inspection, so staff could prepare people for our visit. This was to minimise the risk of our visit causing anxiety to people due to their needs relating to autism.

#### What we did:

Before the inspection we looked at information we held about the service.

We asked the provider to complete a Provider Information Return. This is key information providers are required to send about their service, what they do well, and improvements they plan to make. This

information helps support our inspections.

The law requires providers to notify us of certain events that happen during the running of a service. We reviewed the notifications received since the last inspection.

We contacted local authority teams engaged with the service, including clinical commissioning groups, continuing health care groups, the local fire authority and environmental health for information to aid the planning of our inspection.

During the inspection:

We communicated with six people living at 3-4 Prior's Court Cottage.

We spoke with the registered manager, the home manager, the nominated individual, the transition officer, the workforce coordinator responsible for recruitment, the provider's occupational therapist and eight staff members who were known as autism practitioners.

We observed medicines being administered and the support people received in communal areas, including the preparation and consumption of meals.

We looked at six people's care records, eight staff recruitment and training files, the provider's policies, procedures, quality assurance systems and other records demonstrating how the service was managed.

After the inspection site visit:

We spoke with six relatives of people who use the service, five health and social care professionals who support people living at the service and one person's advocate.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- The service had effective safeguarding systems, policies and procedures and managed safeguarding concerns promptly, in accordance with local authority guidance and government legislation.
- People, their families, visiting professionals and the commissioners of people's care consistently told us they felt the service was safe.
- Relatives told us, "The staff are very safety conscious", "They [staff] know him [relative] so well and are quick to respond to deescalate situations to protect him and others", "The impact on good care and feeling safe and secure is very obvious in [relative's] demeanour and mood" and "We have never been concerned that [loved one] is not carefully supported on and off the site."
- The provider's speech and language therapy team regularly reviewed how to develop people's individual understanding of ways they can keep themselves safe.
- Staff had developed positive and trusting relationships with people that helped to keep them safe.
- Staff completed safeguarding training, which was refreshed regularly to maintain their knowledge and to update them on any changes in guidance.
- The provider's induction programme allocated a full day to staff roles and responsibilities to protecting people from avoidable harm. Staff knew how to recognise and report abuse.
- Staff completed Equality and Diversity training to ensure people experienced fair treatment and were protected from discrimination.
- In addition to the provider's Whistleblowing Policy, there was a process where staff could raise a concern with managers about practice issues. For example, concerns regarding shift patterns.

Assessing risk, safety monitoring and management:

- Risks to people's safety were identified, assessed and managed safely.
- Staff followed the provider's 'safe risk-taking policy', which promoted people's independence, freedom and choice, by supporting them to take risks, whilst maintaining their safety. For example, people were supported to go swimming by staff who were qualified lifesavers.
- Staff could explain how they minimised risks to people's health and well-being. For example, the support people required to avoid choking and the risks associated with their individual health needs.
- Risk assessments were reviewed regularly with people's relatives and advocates, which ensured they were up to date and accurately reflected people's changing needs.
- Risks to people associated with their behaviours were managed safely. Restrictions were minimised to ensure people felt safe but also experienced the most freedom possible, regardless of any disability or other needs.
- During our inspection we observed timely and sensitive interventions by staff, ensuring that people's dignity and human rights were protected, whilst keeping them and others safe.
- There were arrangements in place to address any foreseeable emergency, such as fire or contagious illness.

All relevant safety information such as the evacuation plan and fire safety plans were readily accessible. Each person had a personal emergency evacuation plan.

- Incidents and accidents were recorded appropriately and investigated where necessary. Any learning or changes to support plans or support guidelines were discussed at staff meetings. This meant the provider acted to reduce the risk of further incidents and accidents.
- Relatives consistently told us the management team and staff contacted them quickly in relation to any accidents. A relative of a person who had moved to a more independent living service told us, "The communication between us parents and Priors Court was so good that we always knew [relative] was safe at Robin Cottage [3-4 Prior's Court Cottage]."
- The provider effectively operated systems to review the safety of the building and equipment.
- An external health and safety organisation regularly assessed the home environment to identify measures required to improve safety for people and staff. The provider developed action plans in response to these requirements, which ensured the necessary improvements had been made.

Staffing and recruitment:

- People, relatives and professionals consistently told us people experienced good continuity and consistency of care from regular staff who knew them well.
- The provider had effective recruitment and retention procedures, which meant staff were able to develop meaningful relationships and nurture trust in people. For example, 85% of staff had worked at the service for over two years.
- The provider had completed relevant pre-employment checks to make sure staff had the appropriate skills and character to work with people living with autism. These included prospective staff's conduct in previous care roles and their right to work in the UK.
- The provider completed their own thorough pre-employment check of any agency staff before they were deployed and supervisions of their work and did not just rely on the staff profiles provided by the agency.
- Recruitment interview panels had completed relevant 'safer recruitment' training.
- The registered manager completed a daily staffing analysis which ensured enough staff were deployed, with the right mix of skills to deliver care and support to meet people's needs safely. This was confirmed in staff rotas.
- Rotas demonstrated that enough suitable staff required to ensure people were safe was always deployed.
- Staff told us there were always enough staff to respond immediately when people required support, which we observed in practice.

Using medicines safely:

- The provider had systems and processes in place to ensure medicines were managed safely, in accordance with current guidance and regulations.
- Staff were trained to administer medicines safely and had their competency to do so checked regularly.
- Records demonstrated that people have received their medicines as prescribed, in a way they preferred, in line with their medicine management plans.
- We observed staff supporting people to take their medicines by their chosen method, in a safe and respectful way.
- Staff were trained to administer medicines safely and had their competency to do so checked regularly.
- There were appropriate systems to ensure the safe storage and disposal of medicines and additional security for specified medicines, required by legislation.
- Staff had received additional training in relation to supporting people living with epilepsy and how to manage and administer their medicines if required.
- Where people had medicines 'as required', for example for pain or for anxiety, there were clear protocols for their use. This included signs and indications for use, maximum doses, when to seek professional support and advice and how to record their use.

#### Preventing and controlling infection:

- The premises were kept clean and hygienic by staff who had completed the provider's training and understood their roles and responsibilities in relation to infection control and hygiene.
- We observed staff followed current national guidance to ensure people were protected from the risk of infections.
- All staff had completed food hygiene training and we observed staff and people followed correct procedures wherever food was prepared or stored.
- Staff had access to personal protective equipment, such as disposable aprons and gloves, to use when supporting people for the purposes of infection control and prevention.

#### Learning lessons when things go wrong:

- The registered manager had developed an open culture, where staff were actively encouraged to report incidents.
- All accidents and incidents were recorded and reviewed daily by the management team.
- The registered and home manager took prompt action to implement the required learning identified from accidents and near misses. For example, devising risk management plans to support people to access the community safely.

# 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.

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:

- Care and support plans were comprehensive, considered all aspects of people's lives, clearly detailing their needs, individual preferences, choices, how they wished to be supported and expected outcomes.
- Care plans demonstrated the person, their family and advocates, where appropriate and relevant professionals had been involved in their creation and development.
- Relatives consistently praised the skill and expertise of staff, particularly their understanding about how to support people living with autism.
- A relative told us, "We [family] consider [relative] to be very well cared for at Robin Cottage [3-4 Prior's Court Cottages]. All the staff at the cottage know him very well and have taken time to understand his needs and preferences." Another person's relative said, "The staff work brilliantly as a team and their care and attention is second to none." Another relative told us, "Whichever staff are working they all understand how to support each young person with their individual needs."

Staff support: induction, training, skills and experience:

- Staff had been supported to develop and maintain the required knowledge, skills and experience to support people effectively and safely.
- Staff training was developed with the provider's and external healthcare specialists and tailored to meet people's individual needs. For example, personalised support to meet their nutritional, communication and behavioural needs.
- Healthcare professionals consistently made positive comments regarding the effective implementation of their guidance by staff, to support people's individual health needs. For example, the support provided to a person living with complex needs in relation to epilepsy.
- New staff completed the Care Certificate during their induction and were mentored by experienced colleagues. The Care Certificate sets out learning outcomes, competences and standards of care that care workers are nationally expected to achieve.
- Staff and the management team were supported to complete nationally recognised qualifications relevant to their roles and the provision of health and social care. For example, all staff who successfully completed their probationary period, were supported by the provider to attain a diploma, which focussed on skills required to support people with autism and severe learning disabilities.
- The registered and home manager ensured that staff delivered care in accordance with their training, through a framework of competency assessment, formal and informal supervisions.
- The provider operated a system to effectively monitor staff training, supervisions and appraisals, which was up to date at the time of inspection.
- Staff confirmed they received regular supervision and praised the support provided by their supervisors and managers. Staff consistently referred to the registered and home manager as 'A great team', 'Always

there when you need them' and 'Great listeners'.

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

- Staff ensured people received food and drink, according to their needs.
- We observed people were protected from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions because staff followed guidance from relevant healthcare professionals.
- Staff supported people to make healthy choices about what they ate and drank to improve their diet, which had a positive impact on people's lives. We observed staff promoted people's independence by supporting them to participate in preparing some of their own meals.
- Staff were skilled at using their positive relationships with people to encourage healthier eating. For example, positive work had been carried out with individuals about healthy eating, so they were able to identify and make positive food choices for themselves.
- Staff had patiently supported people with compulsive behaviours in relation to food and drink. For example, one relative praised staff persistence and flexibility, whilst encouraging their relative to eat a wider range of food and vegetables. One relative paid tribute to the extensive efforts of staff to support their loved one with obsessive behaviour which may challenge others, to be able to share a meal with friends.
- Where people had been identified to be at risk of losing or gaining too much weight, they were promptly referred to a dietician who visited the home monthly. For example, one person was being supported with strategies in relation to self-restriction of their diet, due to their autism and sensory issues. Other people were being supported with dairy and gluten free diets.

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

- Staff knew how to refer people to internal and external healthcare services if they had concerns. Staff worked well with other agencies, including social services, case managers, and healthcare professionals.
- Staff worked closely with healthcare professionals to ensure they had the required equipment to promote their safety, independence and meet their health needs.
- Healthcare specialists consistently told us staff effectively followed their advice and guidance to ensure people's support met their needs.
- Staff supported people to access ongoing healthcare by arranging appointments and attending with them.
- Daily tasking and coordination records ensured staff were allocated to ensure people were supported to attend these appointments.

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

- People's relatives and their representatives were involved in decisions about the premises and environment.
- People and their relatives were involved in decisions about the premises and environment; individual preferences and support needs were reflected in how adaptations were made and the premises were decorated. For example, people were supported in choosing how they would like their bedrooms decorated and furnished.
- The provider used equipment and technology to support the delivery of high-quality care and promote people's independence. For example, monitoring equipment to support and assess people with epilepsy.

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 with appropriate legal authority. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff understood the need to assess people's capacity to help them make decisions. People's rights were protected because the staff acted in accordance with the MCA.
- Staff understood the need to obtain consent. Throughout the inspection we saw care staff asking for people's consent and offering them choices and options.
- Staff encouraged people to make their own decisions and ensured those important to the individual were involved in this decision making, if appropriate.
- Where someone lacked capacity to make a specific decision, best interest principles were followed, and appropriate professional support was sought.
- The registered manager organised and encouraged a multi-disciplinary approach, including family, advocates and healthcare professionals, to reach decisions in people's best interests, where they lacked capacity. For example, the registered manager coordinated a process to arrange all intrusive procedures required to be completed by relevant healthcare professionals, whilst they were fully sedated in relation to a surgical procedure.

# 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

Outstanding: People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Staff had nurtured and developed meaningful relationships with people, which enabled them to achieve exceptionally positive outcomes.
- One person's relative described one such outcome as "a miracle". Due to the complex nature of their loved one's autism, they had received no immunisations since they were 18 months old. Their relative told us, "Because of the trust in his [relative] carers, everyone worked together and after 23 years [relative] got all the immunisations he needed." Another relative described moving to Prior's Court Cottages as "life saving for our son."
- Feedback from people, relatives and professionals was overwhelmingly positive.
- People with limited verbal communication showed us they felt well cared for. For example, we observed people regularly hugging staff, laughing and smiling, making gestures to demonstrate they were happy.
- Comments from relatives included, "Staff work brilliantly as a team and their [staff] care and attention is second to none. They will always put the young people first and do what is best for them" and "The staff are excellent; they are knowledgeable and caring, they really understand [relative] and want the best for him."
- Staff knew people exceptionally well and used their in-depth knowledge of people's needs and life history to tailor their care. For example, people were very anxious when new people came into their home. Each person was supported by staff to reduce any anxiety caused when new people visited, including health and social care professionals. Most people had individual social stories created to explain who the visitor was and why they were there, before they came. For example, the registered manager had created a social story explaining our presence and introduced us to people in conjunction with the social story.
- There was a strong, visible person-centred culture, that ensured staff were highly motivated to offer care and support that was exceptionally compassionate and kind. For example, preferred staff volunteered to change their shifts at short notice to stay with people who experienced regular hospital admissions, to reassure them, reduce their anxieties and make them feel cared for.
- Staff consistently spoke about people living at 3-4 Prior's Court Cottage and other staff as a "family". One staff member told us, "Working here has changed my life. It is a real privilege to work here". A relative told us, "He [relative] counts the staff as his friends and they are all very important to him. I get the clear impression that they [staff] view him [loved one] as "part of the family". They show him love and care and have an excellent professional but caring relationship with him"
- Staff cared for individuals and each other in a way that exceeded expectations and demonstrated a real empathy for the people they cared for. One relative told us, "Nothing is too much for the staff. If [relative] is happy, fulfilled and thriving, it seems to us that they [staff] are happy, fulfilled and thriving too. They go beyond the call of duty. They delight in his small successes and want to put things right if [relative] is having a difficult time."

- One relative told us, "Our [relative's] key worker [named staff] is an exceptional person and goes the extra mile for our [loved one]. For example, there was a time when [relative] wouldn't eat well and lost weight and [named staff] persisted in finding foods [loved one] enjoyed and changed the times when she ate to eat with [relative] to encourage and accommodate them."

- Staff were exceptionally sensitive when people needed caring and compassionate support. They discussed this with them and helped people to explore their feelings.

- For example, when one person experienced a traumatic incident, the bereavement of a close relative and keyworker, staff invested their own time, providing explanations and creating social stories which provided reassurance and had a positive effect on the person's happiness and wellbeing.

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

- The provider was exceptional at helping people to express their views. Involving people in decisions which affected them and choices around their care were explored as part of people's daily routines.

- People had personalised communication plans in place which had been developed by the provider's speech and language therapy team. This enabled people to lead their care and ensured their wishes were at the heart of the support they received.

- We saw information was shared in accessible formats which enabled people to be partners with staff in developing their care and support. People were supported to make choices in ways which were meaningful for them.

- Relatives consistently told us they were fully involved in decisions about all aspects of people's care and support. One relative told us, "They are very good at involving us in all aspects of [relative's] care and are very good at explaining to [relative] and making sure they're happy."

- Staff found innovative and creative ways to communicate with each person using the service. For example, people had created their own talking wall where they could post messages about their feelings, hopes and dreams, including what they would like to do. People were supported to make choices in ways which were meaningful for them.

- During our inspection, we observed people consistently making choices about how they wanted to spend their time.

- Staff consistently used people's preferred method of communication, including their individual communication aids, to encourage them to manage their own behaviour and follow their individual daily plans.

- Staff were calm and patient, which created a relaxed atmosphere in the home.

- Staff used people's individual communication aids, including pictures, objects of reference, electronic devices and social stories to enable people to understand and prepare for forthcoming events and activities, which reduced their anxieties and reassured them.

- Professionals consistently made positive comments, confirming that staff treated people as individuals and respected their choices and decisions.

- Staff positively welcomed the involvement of advocates. We spoke with one person's advocate who praised the way staff worked in partnership with them to promote the person's independence and described the service to be 'intensely supportive.'

- A relative said, "[Relative] is encouraged to develop his self-advocacy at Robin Cottage [3-4 prior's Court Cottages] which is excellent."

Respecting and promoting people's privacy, dignity and independence:

- We observed respect for privacy and dignity was embedded in the culture at 3-4 Prior's Court Cottage.

- Relatives and professionals consistently praised staff for empowering people to maximise their independence, life-skills and choices.

- One person's social worker told us, "Staff provide a genuinely person-centred programme of activities for [person using the service] and are proactive in developing his abilities."

- One relative told us, "The staff have really enabled [relative] to develop better independence skills; he can

now wash appropriately in the shower and knows how long he should clean his teeth for. These little achievements are an indication of the time and effort the staff invest in him." Another relative told us how staff had patiently supported their relative, who was now able to use the toilet independently and no longer required continence aids, which was a "great achievement". Another relative praised the way staff had respected their relative's privacy and dignity whilst supporting them to remain safe. Another relative told us, "He [relative] has made such progress, especially with his self-care and life skills; he is much more independent."

- Staff knew people's interests and preferences and supported them to access community activities of their choice, which enriched the quality of their lives.
- People were effectively supported to pursue employment and education opportunities. For example, people were supported to work in the provider's bakery and to distribute goods to local retail outlets. We reviewed photographs of one person working as a groundsman on a local estate.
- Without exception relatives and professionals told us the service transition planning was outstanding and a great strength.
- Before young people moved from the provider's children's services to 3-4 Prior's Court Cottages, they were supported with daily visits until they were happy to move. When they were happy to move their keyworkers moved with them. This provided the young adult with comfort and reassurance. The keyworkers then became a point of contact to introduce and inform other staff.
- Since our last inspection one person had turned 25 and had moved from the home to alternative care provision and two other people were in the process of transitioning.
- A relative of the person who had moved told us, "[Relative's] transition was unbelievable. They told us the support from the transitions officer and staff was amazing and exceeded their expectations. The transitions officer and home manager accompanied family members to view potential placements to assess their suitability to meet the person's needs.
- The transition process then took over three months, including a week hosting staff from the proposed new service, so they could meet and get to know the person. When the person moved to the new service, the staff who knew them best, including the home manager, went with them and remained until they were happy for them to leave (three days). The home manager had transitioned with this person when they first moved into 3-4 Priors Court Cottages.
- The person's relative told us, "Robin Cottage [3-4 Prior's Court Cottage] has been extraordinary for our son."
- Managers of the service to which the person had moved, praised the dedication and commitment of the transition officer and staff at 3-4 Prior's Court Cottages for collaborating so effectively with them to ensure as smooth a transition as possible.
- Relatives of other people who were currently involved in a transition process told us about the great strides and achievements of their relatives whilst living at 3-4 Prior's Court Cottage, which they attributed to, "the staff's expertise, dedication, training and general commitment to the people they support."
- One relative told us, "Our [relative] will be moving soon. We just hope that the next experience [relative] has will be as good as Prior's Court has been.

## Is the service responsive?

### Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Staff responded quickly to changes in people's needs. The service liaised well with internal and external healthcare professionals. People's support plans clearly reflected an effective multi-disciplinary approach, for example, the staff response to epilepsy management and behavioural support.
- People were as involved in their reviews as they wished to be. Visual aids, video and photos were used to make the process as interactive as possible.
- Support plans clearly reflected things that were important to people as well as their support needs, the impact of autism on them and their preferred communication methods.
- Relatives praised the individualised approach to supporting people and the way staff involved their relatives in decision-making about their care and support. Relatives consistently told us they were happy that people's care was regularly and thoroughly reviewed.
- Staff planned and promoted high-quality, person-centred care to deliver good outcomes for people. For example, people consistently experienced person-centred care, which has significantly reduced the level of anxieties and behaviours that may challenge others and incidence of self-injurious behaviour. This had enabled people to access the community and take part in stimulating activities, which has enriched their life.
- Good consistency and continuity of care provided by a stable staff team had a major impact on people's quality of life. Staff had developed the knowledge and required skills to support people's individual needs. A relative told us, "[Relative's] key worker [named staff] is very calm and patient with relative] which is just what he needs. He also is very consistent and [relative] is very relaxed in his presence. We noticed this most recently when we turned up at the Prior's Court music festival and [relative] happily moved between the staff and ourselves."
- Staff successfully worked with the provider's psychology team, speech and language therapist and occupational therapist to develop effective communication systems to support the people effectively.
- Relatives consistently told us how they used successful strategies developed by staff when their relatives came for home visits. For example, one such strategy had led to a person enjoying a ride on one of their favourite red buses for the first time in almost 20 years.
- Visiting professionals consistently told us that the service was focused on providing person-centred care and support, which achieved desired outcomes for people. One professional told us, "In my experience, Prior's Court manage [named person's] complex needs very well. They provide a genuinely person-centred programme of activities for him and are proactive in developing his abilities."
- People's relatives, representatives and other supporting professionals consistently told us the responsive and inclusive support provided by staff had improved the quality of people's lives. One relative told us, "You wouldn't believe the progress [relative] has made. He can now do so much more now, and you can see he is truly happy."
- People were supported to follow their interests and take part in activities that were socially and culturally

relevant and appropriate to them. These included access to the wider community, and where appropriate, access to education and work opportunities.

- For example, in November 2018 people and staff from the provider's care group, including people from 3-4 prior's Court Cottage, attended Abbey Road recording studios, where they recorded their very own song, "Let Me Shine". Staff consistently used this example to demonstrate the provider's belief that people living with autism can achieve truly extraordinary things. This recording and a short video were created to celebrate the achievements of young people supported by the provider, and to honour the memory of three team members who were tragically lost in an accident in October 2018.
- Relatives praised the level and variety of activities provided and the way people's skills and abilities had been developed to enable them to enjoy a greater variety of activities, especially in the community.
- People had been supported with successful work placements in the community and experienced holidays, short breaks and days out.
- Staff had in depth knowledge about people's individual needs and their personal preferences, which we saw reflected in the delivery of their care and support.
- Staff were proud of the personalised service they provided, including their prompt response to people's changing needs, based on their comprehensive knowledge of the people they supported.
- Staff understood and applied the Accessible Information Standard. This standard requires service providers to ensure those people with a disability, impairment or sensory loss have information provided in a format accessible to them and they are supported with communication.
- People and their representatives were enabled as much as possible to fully understand information about their care and treatment options. Staff told us how they identified and recorded people's communication needs and effectively shared them with others.
- Staff supported people to maintain relationships that matter to them, such as family, community and other social links. For example, staff arranged daily face time contact with relatives. Staff encouraged social contact and supported people to engage in activities which helped protect them from the risk of social isolation and loneliness.

Improving care quality in response to complaints or concerns:

- People and their relatives were given the opportunity to give their feedback on the service during care reviews, meetings and surveys. This feedback was consistently positive, with many complimentary comments about the support provided.
- People and their representatives were provided with a copy of the complaint's procedure, which was available in an easy read format and displayed in communal areas.
- People's relatives and representatives were aware of the provider's complaints process and knew how to use it.
- The registered manager demonstrated how they used investigations into concerns and complaints to improve the service, for example; supporting a person to access the community more often to promote their independence.
- One formal complaint had been received since our last inspection, which had been dealt with in accordance with the provider's complaints policy. We spoke with the complainant, who praised the transparency of the registered manager and the swift resolution of the problem.
- Relatives consistently told us that staff were honest when things went wrong and took prompt action to put things right. For example, one relative who raised concerns about the negative impact of some staff behaviour on their relative, told us, "Instead of being defensive the managers took our concerns seriously, observed the staff and agreed with our view. They quickly took action and undertook training with staff and the situation quickly resolved. We were extremely pleased with this response and it is one of the reasons we hold Prior's Court with such high regard, as they don't hide issues under the carpet or become defensive about their practice, rather they want to improve. The managers lead by example".
- People and relatives consistently told us the registered manager worked hard to make improvements to

improve the quality of people's lives.

End of life care and support:

- At the time of inspection, the service was not supporting anyone with end of life care.
- The registered manager was in the process of consulting with people, their relatives, advocates, and supporting professionals to arrange best interest meetings to discuss and develop end of life care plans for people.

# 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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered manager, home manager and staff consistently placed people at the heart of the service and clearly demonstrated the caring values and ethos of the provider.
- People and relatives described the service as well managed and very organised. One relative told us, "The manager in Robin Cottage [3-4 prior's Court Cottage] is excellent, very caring and professional and leads the team well. She is a good communicator." Another relative told us, "The care manager [home manager] leads the care team very effectively. She is always keen to keep us informed of [relative's] successes and any challenging moments too. She also involves the multi-disciplinary team whenever necessary." Another relative told us, "Staff, including [home manager] have spent very long hours into the night at the hospital with [relative] when taken as an emergency, even after their shift should have ended. This is true dedication to the people they support."
- The registered manager and home manager had cultivated an open, inclusive and empowering culture, where people and staff felt valued.
- Staff consistently told us they were inspired and motivated by the registered and home managers, to provide the best person-centred care possible to people.
- People, relatives and health and social care professionals described the registered manager and home manager as being totally dedicated to the people living in their home and excellent role models, who led by example.
- People experienced high quality personalised care from a stable staff team who were committed to ensuring they received care which was individual to them.
- Staff understood people's needs and preferences, recognised the importance of knowing people well and could share details about people with us.
- The management team understood their Duty of Candour, to be open and honest when things went wrong. For example, when relatives raised concerns the registered manager and home manager listened to the concerns, apologised where necessary and took swift action to address the concern.
- Without exception, relatives praised the managers for being open and honest whenever they had raised concerns.

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

- There was a clearly defined management structure within the service.
- Rotas demonstrated there was always a designated manager available out of hours.

- The registered manager, home manager and staff understood their individual roles and responsibilities, and the importance working together to achieve the best outcomes for people.
- The home manager often worked alongside staff and monitored the quality of their care in practice.
- Staff communicated effectively with each other in relation to people's changing needs and moods, to ensure they always received appropriate care and support.
- Health and social care professionals were consistently impressed by the person-centred approach of the management team and had confidence in the staff's capability to meet people's complex needs.
- 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.

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

- We observed the management team were highly visible within the service and readily approachable. The home manager particularly spent meaningful time with people, relatives and staff. This enabled them to seek feedback on a regular basis and involve them in decisions about any changes. People's and relative's views were listened to and acted upon.
- The provider recognised good work by individuals in supervisions and team meetings. Staff consistently told us that the registered and home manager encouraged them to share their ideas to improve the quality of care people received. We observed the management team were responsive to suggestions and ideas.
- Quality assurance surveys were used to obtain the views of people, their relatives and staff about the standard of care. These surveys were consistently positive. Service improvement plans were developed to ensure action was taken to drive improvements.
- The provider had suitable arrangements to support the registered manager, for example through regular meetings with the provider's nominated individual, which also formed part of their quality assurance process.

Continuous learning and improving care:

Staff recorded accidents and incidents, which were reviewed daily by the management team and provider. This ensured the registered manager and provider fulfilled their responsibility and accountability to identify trends and took required action to keep people and staff safe. For example, by identifying risks and implementing preventative measures.

- The registered and home manager effectively assessed and monitored action plans, to ensure identified improvements to people's care were implemented. For example, positive behaviour management plans and support with personal care.
- Staff received constructive feedback from the registered manager and home manager, which motivated them to improve, enabled them to develop and understand what action they need to take.

Working in partnership with others:

- Health and social care professionals consistently told us the provider and registered manager actively engaged in effective partnership working with multi-disciplinary teams.
- This ensured people were integrated into their local community and had their health and social care needs met.
- People's relatives, advocates, care managers and supporting professionals consistently praised the registered manager, for often being the catalyst and driving force to deliver effective joined up partnership working across different organisations.

Working in partnership with others:

- The registered manager worked effectively in partnership with health care professionals from multi-disciplinary teams.
- This ensured people were integrated into their local community and had their health and social care needs met.
- People's relatives, care managers and supporting professionals consistently praised the registered manager for coordinating partnership working across different organisations.
- We saw evidence of effective, collaborative working with a broad cross section of health and social care professionals throughout the inspection, which consistently achieved good outcomes for people.