

# National Autistic Society (The) Porlock House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Porlock House is a large detached bungalow with an adjoining cottage and flat, situated in the extensive grounds of Somerset Court. The home is registered to accommodate ten people.

At the time of the inspection three people were living in the main part of the home; two people were living in the cottage and one person lived in the self-contained flat. People living at Porlock House can access all other facilities on the Somerset Court site which include various day services.

The people we met had complex learning disabilities and were not able to tell us about their experiences of life at the home. We therefore used our observations of care and our discussions with relatives and staff to help form our judgements.

The care service had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. This guidance was implemented in 2017 after the service had registered with us. This was because there were five other registered care homes set in the grounds of Somerset Court in close proximity to Porlock House. In total 37 people with learning disabilities were living at Somerset Court. It would be unlikely that we would register this model of services now when considering applications for services for people with a learning disability and/or autism.

People's experience of using this service:

The values set out in the Registering the Right Support include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. This location may not be ideal for some people who would want to access the local community independently due to the rural area. However, people were given choices and their independence and participation within the local community was encouraged.

Staff knew how to recognise and report abuse and were confident any concerns raised would be responded to by their managers. Risk assessments were in place to ensure people's safety. Medicines were managed and administered safely. Where medicines errors had occurred, learning had been implemented and was proving to be effective at reducing further incidents.

There were a range of checks in place to ensure the safety of the home. Some of these had not been completed consistently in line with the providers policy. There were plans in place to address this.

Accidents and incidents were monitored to identify and address any patterns or themes. Learning from incidents was shared with the staff team and with the other locations on Somerset Court. There were systems in place to manage infection control.

There were sufficient staff available to support people. Relatives commented about the amount of staff changes there had been, including the managers of the home. The provider had recognised this and put plans in place to enable staff and management consistency. Staff said they felt well supported by the deputy manager and the senior managers overseeing the service.

Staff did not always receive supervision in line with the provider's policy, staff however felt supported and able to request a supervision if they needed one. The provider had plans in place to address this.

People had good health care support from professionals. When people were unwell, staff had raised a concern and taken action with health professionals to address people's health care needs. Staff followed guidance provided to support people with their care.

People were supported to make choices and staff supported people in the least restrictive way as possible. This was kept under review. Staff were aware of the legislation to protect people's rights in making decisions.

People were involved in choosing and planning their meals. Staff were aware of people's routines and preferences and they used this information to develop positive relationships and deliver person centred care. Relatives told us core staff knew their family member well.

Staff described how they supported people by treating them with respect and dignity. People participated in chosen activities and staff encouraged people to participate in things of interest to them.

Care plans were detailed and relatives told us they felt involved in their family member's care. Relatives said they were regularly invited to person centred planning meetings and reviews. Relatives felt able to raise concerns with the staff directly.

Staff worked in partnership with health and care professionals. Statutory notifications had been completed to inform us of events and incidents, this helped us to monitor the action the provider had taken.

There were systems in place to monitor and improve the quality of care and support provided. Where there were shortfalls identified in the service the provider had a plan in place to address them, this was kept under regular review.

Rating at last inspection: Good (report published September 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection we found that the quality of service was good.

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

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?

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.

# Porlock House

## Detailed findings

### Background to this 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.

The first day of the inspection was unannounced and carried out by one adult social care inspector and an inspection manager. The second day was announced and carried out by one inspector.

Service and service type: Porlock House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a registered manager. A registered manager is a manager who is 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 service had a manager from one of the providers other homes overseeing the service. There were plans in place to recruit a new manager.

What we did: Prior to the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, tell us what the service does well and the improvements they planned to make. We reviewed other information that we had about the service including safeguarding records and statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

As part of our inspection we were able to meet with five people however they were unable to tell us verbally about their experiences of life at the home. We therefore spoke with three people's relatives. We also spoke with the deputy manager and other senior management staff, and five members of staff. We reviewed the care and support provided to people and viewed two care plans relating to this. We looked at records relating to the management of the home, such as the staffing rota, policies, recruitment records, training

records, meeting minutes and audit reports. We also made observations of the care that people received.

# 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 provider had effective safeguarding systems in place. Staff knew how to identify abuse and were aware of how to report it. For example, one staff member said, "I would report anything straight away to senior, or the manager and I am confident they would take the right action. If they didn't I would report it to the police or CQC. I have never seen anything here and would most definitely report it if I did."
- Safeguarding incidents had been reported to the local authority and the CQC appropriately.
- Relatives told us they thought their family members were safe.

Assessing risk, safety monitoring and management

- Risk assessments were in place to reduce risks to people and guidance was regularly reviewed and updated.
- Emergency plans were in place to ensure people were supported in the event of a fire. Some fire doors had not been closing fully during routine fire tests. The provider was taking action to address this.
- There were some gaps in the records relating to water safety and fire safety. The deputy manager put plans in place to address this.

Staffing and recruitment

- Staff responded when people requested their support.
- There were enough staff to provide people with safe care and support. Relatives commented there had been a high turnover of staff. The provider requested regular agency staff to aid with staff consistency. Staff said the staffing in the home had improved. One staff member told us, "Staffing is so much better now, it has definitely improved."
- Staff were safely recruited and appropriate checks were carried out such as checks with the Disclosure and Barring Service (DBS). The DBS check ensures people barred from working with certain groups such as vulnerable adults would be identified.

Using medicines safely

- People received their medicines safely from staff who had received training to carry out the task.
- Medicines were stored securely and administered safely.
- Medicine Administration Records (MAR) had a photograph of the person and their allergies along with information about how they like to take their medicines. Staff checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR's were completed correctly and audited.
- Lessons were learned where medicines errors had occurred. New systems had been put in place to reduce the likelihood of errors, and this had proven to be successful.

#### Preventing and controlling infection

- Staff described how they used appropriate processes and equipment to reduce the likelihood of the spread of infection.
- The provider had learnt lessons and implemented new processes where feedback had been received regarding infection control practices in another one of their services.
- The home was clean, the records relating to the cleaning of the home were being reviewed to clearly state the area that had been cleaned.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed by the manager.
- Learning from incidents and investigations took place and this information was used to update people's care and risk assessments where needed. This information was shared with the staff team.



# 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 feedback confirmed this.

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 (DoLS).

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.

- People's capacity to make specific decisions had been considered and mental capacity assessments had been completed. When people did not have the mental capacity to make a decision, a meeting was held to confirm actions in the person's best interests. This process included professionals and people of importance to the person.
- Staff had received training in the MCA and had an understanding of the Act. One staff member commented, "We always assume they have capacity to make their own decisions until it is proven that they don't. Then we involve advocates, parents and professionals to look at best interest decisions."
- All restrictions that were in place were listed and kept under regular review to ensure they were the least restrictive option.
- We observed staff supporting people to make choices. For example, if they wanted to go out, whether they wanted a drink or a snack.
- We observed staff asked people for consent when providing support.
- DoLS applications had been made as required.

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

- People's needs were assessed before they moved to the home. This helped to make sure the service had the staff and facilities to meet people's needs.
- Each person had a care plan which gave staff information about how to meet people's needs. Care plans included expected outcomes and they were kept up to date to make sure they were reflective of people's current needs and preferences.

- People received effective care because staff knew people well and worked in accordance with care plans.
- People's protected characteristics under the Equalities Act 2010 were identified. This included people's needs in relation to their religion, diet and gender preferences for staff support. This was based on information from staff who knew them well and people's relatives.

#### Staff support: induction, training, skills and experience

- Not all staff had received regular supervision. Regular supervision enables staff to maintain their skills, knowledge and on-going development. Staff told us they felt supported and able to request a supervision if required. The provider had a plan in place to address the shortfalls.
- New staff received an induction when they began working at the service. This included orientation to the service and shadowing a more experienced staff member. Staff told us this prepared them for the role.
- Staff were provided with training and support to ensure they could provide people with the care they required. Additional training had been provided to meet people's specific needs including supporting people with health conditions and when they became anxious. Where there were gaps in staff training records, there were plans in place for staff to attend the required training.
- Staff had received training in how to support people living with autism and they used this effectively when communicating with people.

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

- People were supported to receive meals which met their choice and dietary requirements. Some people did not like healthy meal choices and staff encouraged them to try new healthy foods which they might prefer.
- People required assistance with food preparation. Staff were aware of people's needs in relation to risks associated with eating and drinking and followed guidance from healthcare professionals in relation to these.
- People were encouraged to be independent. For example, we observed staff encouraging a person to choose and make a drink for themselves. Staff described how they encouraged people to be involved in aspects of their meal preparation.

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

- Each person had a care and support plan which was personalised to them. These plans set out people's needs and how they would be met. They also showed how risks would be minimised.
- People's healthcare needs were monitored by staff. Staff supported people to attend healthcare appointments. Staff knowledge about people was good and professional advice provided was followed.
- Each person had a hospital and health passport which indicated their needs so they could be communicated to other health care professionals.
- Although there had been changes in the staff team, people were supported by a core team of staff who understood their needs. This meant people could build meaningful relationships with staff they knew and trusted.

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

- Each person had their own bedroom which reflected their personal preferences and interest. People had chosen to personalise their rooms and flats with photographs, personal items and items relating to their personal hobbies.
- The provider had plans to adapt and improve the environment to better suit the needs of the people living in the home. For example, they were considering redesigning an area of the house for one person living there to suit their needs.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Relatives told us staff were kind and caring. Comments included, "Yes in the main staff are nice, they have some excellent staff who know [name of relative] well" and "I've never seen anything but kind and caring staff, it's never given me any cause for concern."
- Staff had developed positive relationships with people. People were relaxed in the company of staff. We observed positive interactions between people and staff. We saw one person visibly expressed their happiness when their staff member arrived on shift. A relative commented, "[Name of person] is always happy to go back to Porlock House, I go on their response and from that, I don't have any worries."
- Staff described how they treated people as individuals and respected their wishes. One staff member told us, "I treat [name of person] how I would want my family member to be treated and they respond well."

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

- People were supported by staff to make day to day decisions about their care and support. Staff described how they offered people choices using pictures and objects. Staff involved people to make choices using pictures and the person had signed the document to indicate their agreement or non-agreement.
- Staff described how people made decisions in the 'here and now' and that they responded to these choices.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected. For example, staff were discreet when assisting personal care and knocked on people's doors before entering. One staff member described how they supported people with personal care, encouraging them to do as much as they could for themselves and giving them privacy.
- People were supported to maintain and develop relationships with those close to them. Relatives told us they were welcome to visit anytime and always felt welcome.
- People were supported in promoting their independence. One relative said, "I am happy they support [name of person] with their independence." Staff understood the importance of supporting people to do as much as they could for themselves.

# Is the service responsive?

## Our findings

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

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

- People received personalised care that was responsive to their needs. Care plans were personalised, detailed and relevant to the person. Relatives were involved in reviewing people's care. One relative said, "I am involved in care plan and receive a monthly schedule of what [name of person] is doing."
- People's individual communication needs were assessed and recorded in line with the Accessible Information Standard (AIS). The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with a disability, impairment or sensory loss. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared with others including professionals. Staff knew people well and responded to their individual communication needs.
- Relatives felt the staff were responsive. One said, "[Name of person's] keyworker knows them really well, they really get the best out of them. It appears to be going well. They are doing their absolute best." Another commented, "There are a lot of positives about the place and my main thing is that [name of person] is happy."
- People engaged in activities of their choosing. Each person had their own activities schedule. People took part in activities such as swimming, horse riding, visiting car boot sales, walks, going to the gym, going out for meals and regular trips out to the coast and surrounding area. People had been supported to visit places further afield such as London.

Improving care quality in response to complaints or concerns

- Most people living at the home were unable to raise a verbal complaint and relied on staff to support them with this. Staff described how they knew if people were not happy by how they expressed themselves, they described how they responded to this at the time to try and resolve the issue. These instances were not recorded.
- Relatives felt able to raise concerns and were confident they would be listened to. One relative said, "I would say if there is something I'm not happy with. They do listen and put things right." Another commented, "I know who to speak to if I have any concerns."
- The complaints file showed that one complaint had been made in the last year. This complaint had been investigated and issues addressed in line with the organisations policy and procedure.

End of life care and support

- Care plans included information relating to end of life care. However, most people using the service did not have the mental capacity to understand this. Therefore, the service had sought the views of their relatives to be included in care plans.

# 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

Although there had been changes in the management of the service, senior manager had put plans in place to address this. The service was 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 home had a 'service development plan' which focused on areas for development and positive outcomes for people and the staff team.
- Staff commented positively about working for the provider and about the team culture at Porlock House. One staff member told us, "The company is really good and proactive at sharing good practice. The best outcomes for people are our main focus." Staff said they worked well together as a team. One staff member said "The team work well and pulls together. Our objectives, aims and goals are shared with the team. We all share the common goal that we are here for the guys. We all have the individuals best interest at heart."
- Staff told us they felt listened to and that their managers were approachable. One staff member said "I get along well with the managers here and feel supported. "The manager, deputy manager and senior managers are all approachable."
- The managers understood their responsibility to let others know if something went wrong in response to their duty of candour.

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

- There had been a period of instability with regards to the management of the service. There had been three managers overseeing the service in the past seven months and the service had been without a registered manager during this period. The provider was taking action to recruit a manager and identified the lack of consistent management could be a risk to the service. They had arranged for management cover during this period.
- Relatives commented about the amount of manager changes that had occurred in the service. However, they knew the current covering manager, lead manager and deputy manager and felt able to approach them with any concerns.
- There was a clear staffing structure in place and staff were aware of their roles and responsibilities.
- There were effective systems were in place to monitor the standard of care provided at the home. A range of audits were carried out by the manager and the provider.
- Where there were risks identified in the service the provider had responded and put actions in place to address these. This included immediate priorities and a medium term action plan. The action plans were regularly reviewed and updated.
- Statutory Notifications had been made as required. Statutory notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have

been handled.

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

- Relatives told us annual surveys were in place to collect their views. People's views were sought on a day to day and more informal basis. The manager gave examples of how they responded to people's views and put plans in place to support them with this.
- The provider had recently introduced a 'parent's forum'. This involved parents meeting and sharing information, ideas and any concerns. The purpose of the meeting was to improve the support for people and their parents. A relative told us they thought the meetings were a "Good idea."
- Staff surveys were also carried out and staff confirmed they attend regular staff meetings. One staff member said, "We go around the table and ask if staff want to add anything, we now have them every two weeks, so all staff can come."

Continuous learning and improving care; working in partnership with others

- There were systems in place to monitor care provided and drive improvement. This included the use of observations. The providers quality team had been involved in completing observations of staff practice and offering staff direct feedback as a result of this. They also completed a recommendation report where they felt practices needed to be improved.
- Staff interacted appropriately with people throughout our inspection visit.
- The provider had also introduced the role of a 'deputy mentor'. This involved a nominated staff member supporting the deputy managers working for the organisation. The deputy managers we spoke to told us they found this role an "Amazing support." They went on to say they felt the provider gave staff a lot of tools to enable them to do their jobs.
- There was a focus from the provider on improving the care and support the people living at Porlock House. This involved working in partnership with a range of internal and external professionals such as the providers speech and language therapist, nutritionist and behavioural specialist as well as people's GPs, a range of health professionals, advocates and social workers.