

## Prior's Court Foundation

# 3-4 Priors Court Cottages

### Inspection report

Priors Court Road  
Hermitage  
Thatcham  
Berkshire  
RG18 9JT

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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

.3-4 Prior's Court Cottages is one of three registered locations providing ongoing support to people on the autistic spectrum who exhibit behaviours which may harm themselves or others. It provides a continuing education service to young adults from 19-25. The service provides support for six young adults with 24 hour staff support.

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

The inspection took place on 16 May 2016 and we gave short notice 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.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service provided safe and effective care to people on the autistic spectrum. People's support needs were effectively met and they received appropriate and consistent support to manage their own behaviour.

People's needs were regularly reviewed with the involvement of the person and, where appropriate their relatives. People were encouraged to make day to day decisions and choices about their daily lives.

Relatives were very happy with how the service met people's needs and were appropriately involved in decision-making about people's care. They felt their views were sought, listened to and acted upon.

People's legal rights and freedom were safeguarded by the staff.

The service had a robust recruitment system. This together with regular training and support helped ensure staff were highly skilled and competent to meet people's needs.

People's health, dietary and emotional wellbeing needs were well supported. Care plans and related records were detailed, individualised and regularly reviewed.

Staff and relatives felt their views were listened to and that the service was well managed.

The service was well led and effectively monitored and sought to constantly develop and improve. The views of external accreditation and evaluation organisations had also been sought.

## 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.

Relatives told us staff safeguarded people from harm and the low rate of staff turnover helped with this.

Recruitment processes were robust and staff were employed and deployed in sufficient numbers to keep people safe.

Appropriate risk assessments and health and safety processes also kept people and staff safe.

People's medicines were managed effectively on their behalf as none were able to do this for themselves.

### Is the service effective?

Good 

The service was effective.

Relatives praised the skills and teamwork of staff and felt they met people's needs very well. They were happy with the support people were given at times of transition between services.

Staff worked very effectively with people supporting them with their preferred methods of communication to follow their daily plans.

Staff received an appropriate induction and ongoing training and were encouraged to work towards further qualifications. They were well supported through regular supervision and annual appraisals.

People's rights and freedom were safeguarded and their health and nutritional needs were met. People were given effective support with managing their behaviour.

### Is the service caring?

Good 

The service was caring.

Relatives were very happy with the care provided by staff.

Staff supported people's dignity, respected their privacy and involved them in day-to-day decision making as far as possible. Where appropriate, the views of relatives were also sought.

Staff worked patiently and respectfully with people and encouraged them to do things for themselves.

### Is the service responsive?

Good 

The service was responsive.

Relatives felt the service was very responsive to people's changing needs and praised their individualised approach.

They also felt appropriately consulted and involved in reviews and were kept informed of people's wellbeing in between. Regular contact between people and their relatives was facilitated and encouraged by staff.

The service sought advice appropriately from external health specialists and acted on their recommendations.

People were supported to access a wide range of activities, educational and skills development opportunities, work placements and holidays.

Relatives felt the service listened to their views and addressed any concerns raised, in a timely way.

### Is the service well-led?

Good 

The service was very well led.

The views of relatives had been sought about the service's operation.

A range of effective management monitoring tools and systems were used to monitor the ongoing performance of the service against a detailed development plan.

External accreditation and evaluation of the service had been obtained.

# 3-4 Priors Court Cottages

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 16 May 2016. We gave 48 hours' notice of the inspection due to the need for the service to prepare people for the visit. As they all have needs on the autistic spectrum, a sudden change in their normal routine could have caused people using the service unnecessary anxiety and concern.

This was a comprehensive inspection which was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR) which we received in April 2016. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help us plan the inspection. Prior to the inspection we reviewed the records we held about the service, including the details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

During the inspection we spoke with three staff, the registered manager and a member of the senior management team. The service supports six young adults with autism and moderate to severe learning disabilities. The young adults who use the service were unable to give us verbal feedback about their experience. We were shown parts of the service and had some limited interaction with two of them. We also observed the interactions between people and staff at various times throughout the day and had lunch with two of the young adults to help us understand their experience. We saw how staff supported people with daily tasks such as meal preparation and to remain focused on their individual daily plan. We observed the handover between the early and late shift to observe how information was transferred to maintain continuity of care. Following the inspection we spoke with four relatives to obtain their views about the service. We contacted two representatives of commissioning local authorities and neither raised any concerns with us.

We reviewed the care plans and associated records for three of the people supported, including their risk assessments and reviews, and related this to the care observed. We examined a sample of other records to do with the home's operation including staff records, complaints, surveys and various monitoring and audit tools. We looked at the recruitment records for the most recently appointed staff members.

No concerns about the service had been reported to us by local authority care managers since the last inspection in June 2014.

# Is the service safe?

## Our findings

People were unable to tell us for themselves that they were kept safe by the service. However, we saw they were relaxed in the company of each other and the staff and responded warmly to staff. The most recent Prior's Court 'Impact Report' for 2014-15 identified 100% of relatives felt the service as a whole, kept people safe. Relatives we spoke with echoed this view, and felt the service was very good at keeping people safe. Additional comments included, "He is very safe" and, "definitely". One relative found the "...low staff turnover and familiar, stable staff", reassured them.

People were supported by staffing numbers which were sufficient and based on their assessed needs. Where necessary for individuals, additional funding had been sought for one-to-one staffing, for example, when out in the community or at night. Staff had access to on-site management support and advice day and night as well as access to telephone advice via an on-call system.

Staff turnover was low and some staff had worked with or known people for a number of years previously where they had come through the provider's on-site school. Some staff had specifically transferred over when individuals had transitioned into this service to assist a smooth transition, and continued working with them. This meant people benefited from excellent continuity of care. Shortfalls were addressed from within the team or the provider's other services wherever possible and agency staff use was limited. Appropriate evidence of the agency's recruitment checks and the individual's training and experience, were held for any agency staff used in order to ensure they had the necessary skills and had been properly recruited.

The provider was engaged in a review of staff rostering to ensure this was as effective as possible in meeting people's needs as well as providing staff with an appropriate work-life balance. Representatives from the staff team were part of the consultation process, being undertaken by an external company.

The service had a robust system of pre-employment checks to ensure the staff employed were suitable to work with vulnerable people. A full employment history was sought and any gaps explored with the applicant. The recruitment records were comprehensive. Where issues of performance or conduct had emerged the provider had taken appropriate action. An suitable system was in place to periodically update staff criminal records checks.

Appropriate individual and premises risk assessments were in place to safeguard people and staff within the service. A "risk taking" policy identified how risk taking could be managed appropriately whilst providing people with stimulating and challenging experiences.

The 'major incident management' procedure provided staff with information about the steps to take and relevant contact numbers in the event of specific emergencies. This included plans for evacuation within the overall Priors Court site, should this be necessary. Servicing and safety checks were well managed centrally and had taken place as required. For example, regular checks of hot water temperatures and the correct functioning of thermostatic mixing valves. The fire risk assessment had been revised in September 2015 and the identified works completed.

No safeguarding issues had been reported by the service since the last inspection in April 2014.

Staff were familiar with the safeguarding and whistle-blowing procedures and knew how to report any concerns. We saw one excellent example of a staff member having raised questions appropriately with management, when they noticed an unusual response from one of the people being supported which raised a potential concern. The concerns were appropriately followed up and monitored.

Staff demonstrated a good awareness of people's behaviours and positioned themselves appropriately to support people so as to reduce the risk of negative interactions. They also understood when they could safely give people additional space, based on their detailed behaviour plans. Staff were confident that if they raised any safeguarding concerns these would be listened to and appropriate steps would be taken. They were happy incidents were properly investigated and felt that anyone could raise a concern if necessary.

People received appropriate support with their medicines. Staff were trained and had their medicines management competency assessed on ten occasions before being signed off by one of the school nurses. Staff followed appropriate medicines management procedures and kept the necessary records to demonstrate medicines had been administered safely. The current system was for the centralised delivery of medicines to the on site school, with nursing staff then distributing them to the service on a weekly basis. This system was supported by weekly stock checks.

People had detailed medicines profiles which identified their medicines and how they liked to take them. The circumstances when 'as required' medicines should be given, as well as the other strategies to be tried first, were clearly described and we saw these were not over-used. Information sheets were provided for staff on recognising and treating a range of common ailments, for example, skin conditions. Detailed flow-charts were available describing the response process to various medical emergencies. Medicines refusals were appropriately documented and staff took appropriate action in response, through re-offering the medicine and ultimately seeking medical advice when an item was still refused.

There had been four medicines error since the previous inspection, which were appropriately recorded, investigated and followed up. One error had related to the inability of the pharmacy to supply a specific medicine for eight days. In other cases appropriate re-training and competency assessments were carried out and other steps taken, including changes to procedures and recording, to reduce the risk of recurrence.



# Is the service effective?

## Our findings

Relatives were happy that the service was very effective at meeting people's needs. Comments included 'Fantastic service', 'They do a hard job, well' and 'I am grateful to the service and staff'. One relative told us that after a previous poor placement the service had, "...helped restore [name] and progress them". Another said, "They have developed him so much". One relative described admission to the service as, "...like rescuing [them]".

The service's own impact report identifies very positive feedback across the board from relatives about the impact the service has on people's lives. It highlights how people gain in confidence and the positives of young adults having opportunities for supported work both on-site within the provider service and in the community.

The service had introduced 'Daily living assessments' to provide a baseline measurement of individual's skills and abilities with key living tasks, in order to be able to set effective targets and better measure people's progress towards them. People also had individual visual records of their achievement and progress with their ongoing education and skills at the learning centre. This was part of the Award Scheme Development and Accreditation Network (ASDAN), which provides an accreditation of the learning centre's skills programme.

Relatives were very happy with the teamwork, skills and training of the staff and praised the way communication was maintained with them. Relatives said they, "...could not fault the staff". One said "...they delight in his achievements (as a parent would), we are very happy", and another told us "I would completely sing their praises". They gave lots of examples of how staff had worked over and above what could be expected. For example, where, a person had been taken to hospital and staff had stayed with them beyond their shift to support them there.

They praised how people's transitions between services were carefully planned to make them as smooth as possible. An example was how staff had begun to plan for when one person moves on to another service. Staff introduced them to the facility which they will attend in the future for a particular activity, while other aspects of their lives remained consistent and familiar.

The service had an ethos of continuing education and each person had individual learning plans focusing on developing and enhancing existing and new skills. People spent planned time in the provider's on-site learning centre focusing on this as well as developing day-to-day living skills with the service. Two people had regular supported work placements at a local hotel.

New staff were completing the national Care Certificate induction. The providers training and development programme, the 'Prior Approach', was being revised to enable existing staff to be assessed against the care certificate standards. Staff also completed a ten-day induction to the provider organisation and core aspects of training.

Most staff training was up to date although three staff who recently returned from maternity leave were due to update some of their training. Staff were happy that they received sufficient training which was regularly updated. A new programme of team keyworker training was being introduced to further develop this role and a dignity action training presentation had been given to all staff. Staff were encouraged to further their personal development through additional care qualifications. All but five of the 32 staff had either attained NVQ level 3 or the Diploma in Health and Social Care or were working towards this.

Staff were supported through attending regular supervision meetings and had annual performance appraisals to review their training and development. A system was also in place to monitor the reasons for any missed supervisions to ensure these were appropriately addressed and staff continued to receive the support they needed. The provider's stated minimum target was for three supervisions and an appraisal each year but this was often exceeded and staff confirmed they could request additional support or discuss any concerns with senior staff between supervision meetings. Staff were happy with the level of support they received and felt confident in their role.

People were supported by staff using a range of appropriate systems to support and enhance people's non-verbal communication skills. The methods used included Makaton signing, the Picture Exchange Communication System (PECS), social stories and touch-screen tablet computers with communication programmes. Individuals were encouraged and supported to communicate via their preferred methods and staff were clearly skilled at this and aware of how each person conveyed their feelings, wishes and any anxiety. The service had sought support from the speech and language therapy team to help develop individual's communication. People were prepared for upcoming inspections using a photo of the inspector which was incorporated into people's daily plans and schedules where necessary to try to minimise any negative impacts of our visit. This enabled us to observe more of the direct care in the service, than we had been able to do previously, including having lunch with two people.

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. All of the people had capacity for day-to-day decision-making with staff support. People were consulted and their consent was sought prior to the provision of day to day care or support. Where people were unable to give consent for more complex issues their relatives were involved in 'best interests' discussions. For example we saw records of best interests decisions on dental surgery, exploratory medical tests and medicines, each accompanied by capacity assessments.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made on behalf of all six young adults due to the restrictions and staff supervision necessary to maintain their welfare. The applications had yet to be assessed by the relevant local authority.

A behaviour monitoring system was in place to record instances where identified behaviours had occurred, based on individual behaviour support plans. The in-house psychology team were involved in developing these as well as analysing the records of behavioural incidents, in order to review support plans. The recording and monitoring system had recently been changed to improve its effectiveness. The service used a nationally recognised system for managing physical interventions, called Team-Teach, in which all staff received accredited training. The detailed incident records enabled senior management and the psychology team to monitor that only appropriate interventions were used. Suitable interventions were defined

individually based on people's needs and reflected use of physical intervention only when other strategies had failed.

None of the people had been assessed to be at risk regarding hydration or nutrition. Monitoring of food intake was, therefore, based more around healthy diet considerations and any identified links to behaviour. A dietitian had recently been consulted for one person. We saw staff supported people to decide what they wished to eat, using the visual communication aids available in the kitchen, and where possible involved them in meal preparation.

The service responded in a timely way where any healthcare concern was identified. For example, where one young adult had experienced a series of instances of vomiting, steps were promptly taken to consult with healthcare professionals to look into the cause. People's mental health was also supported through access to in-house and external mental health specialists. For example, one person had received support around behavioural issues with a potential impact on their health. Consultation had also taken place with a dermatologist with regard to a skin condition. Where people had been diagnosed with epilepsy, appropriate plans were in place to manage and monitor this where necessary. A detailed epilepsy monitoring system was used to provide the information needed by the specialist to plan the most effective support regime. Staff were working with one person on a desensitisation programme to enable them to tolerate a medical appointment and intervention.

# Is the service caring?

## Our findings

Relatives were very happy with the approach of staff and gave various examples to demonstrate they were caring. Relatives said that people were "...well looked after", "...well cared for", and staff created a "...joyful and positive atmosphere". They felt staff encouraged people to maintain their dignity. One parent added that "...[name] loves the staff", another told us staff had a "...great rapport" with people. Relatives praised the continuity of care provided by staff transferring across from the school when people moved into the service.

Relatives also felt consulted by staff and felt they kept them informed of events and progress. One was pleased staff didn't just contact them when something had gone wrong, but also told them about positive outcomes, for example, where a particular outing had gone well.

Staff had all attended a one day 'Dignity in action' presentation by the provider to help ensure a common understanding of supporting the young adults to maintain their dignity. We saw that staff supported people to maintain their dignity through encouraging them to be appropriately clothed and ensuring that any care support took place in private. They spoke actively to people and did not talk about them in their presence. Staff also respected the privacy of people's bedrooms.

People were encouraged and supported to make decisions and choices and were asked how they wanted to spend their free time. They were encouraged to engage in appropriate activities including lots of outdoor opportunities.

We saw that people related positively to staff and their facial expressions suggested they trusted staff and enjoyed the company and interaction with them. Staff greeted people by name and spoke to them as adults. It was evident that staff knew individuals needs very well and responded appropriately to them. Staff were also proactive in recognising signs of anxiety and intervening to reassure and help people remain focused on positive activity.

We saw staff worked quietly and effectively with people using their preferred method of communication, to encourage them to manage their own behaviour and follow their individual daily plans. The readily available communication aids enabled staff to refer people to these when necessary and some people sought these out for themselves, unprompted. Staff were calm and patient and this helped create a relaxed and purposeful atmosphere in the service.

Staff used agreed approaches for each individual as per their care plans. Staff responded flexibly where necessary and tried a range of strategies when their initial approach was not working effectively. People were given enough time to process information and respond. They were encouraged to refer to their individual planner to help them stay on task and understand what event was to be next.

One aspect of current practice was potentially out of step with the overall ethos. People's medicines were stored and administered in the service's office, rather than being stored and administered within people's

own bedroom, which might better address dignity issues, subject to risk assessment.

## Is the service responsive?

### Our findings

Relatives told us the service responded well to changes in people's needs. They praised the individualised approach to supporting people and the way the service involved them appropriately in decision-making. Relatives were happy that people's care was regularly and thoroughly reviewed.

Relatives were very happy with the level of consultation and involvement and praised the way people were supported to keep in touch regularly. They described regular internet calls and other multi-media contact, which staff helped people maintain. Parents said staff also kept them well informed about people's progress through regular calls. One parent described the review process as "very open" and said they were always involved.

The service liaised well with healthcare professionals in response to people's individual needs and acted on their advice. People's support plans clearly reflected this input, for example around epilepsy management and behavioural support. All support was regularly reviewed and amended where necessary in response to changes in people's needs. 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. Staff also commented that reviews were very much focused on the person and their wishes. Support plans clearly reflected things that were of importance to people as well as their support needs, the impact of autism on them and their preferred communication methods.

The service was particularly good at planning effective transitions between the provider's school and the after school provision, responding to people's need for minimal disruption to consistency and continuity of care. Staff told us how they had transferred across from the school with individuals to help manage their transition and described how this had helped to lower people's anxieties. A group of relatives were working with the local authority to create a new service for some of the people when they move on from this one at age 25. Priors Court had been involved in the planning process in a consultancy capacity, to try to ensure ongoing consistency.

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. Their general comments about the activities included "...activities are great", "...lots of activities" and one described them as "...rewarding". One relative was pleased that the service had "...improved [name's] computer skills" and another told us about regular outings to the seaside. Two people had successful long-standing work placements at a local hotel. People were supported to have holidays, short breaks or days out according to what they were able to cope with, in terms of changes to their usual routine. Staff supported people to extend the period of such stays wherever possible.

The service supported regular off-site 'Meet Monday' groups where people who wished to pursue their spiritual needs could attend. Work was also being done to support one person to attend church services.

The service had purchased an interactive robot which research had shown to be effective at encouraging

communication by people with learning disabilities and autism. Research had shown young people reacted favourably to the robot's non-threatening and predictable responses. They were in the early stages of developing its use in the service.

Relatives told us staff were very competent at encouraging and developing people's communication skills using a variety of visual tools, including tablet computers, sign language and pictorial aids. They said staff supported people to make choices throughout their day using these tools. Relatives who visited regularly had seen for themselves, staff working with people and were confident in their abilities.

Relatives were positive about the openness of the service and staff to suggestions and in response to any minor issues raised, which had been addressed in a timely way. All felt the management would listen and act on any concerns. Records showed that where issues had been raised, effective action had been taken to address the matter. For example a system was set up to monitor that one person's electronic communication aids were always available and charged up. There had been two minor concerns and 26 compliments made since the last inspection in April 2014. The compliments included lots of praise about the way the service responded to people's needs, for example their response to one person's complex health needs.

## Is the service well-led?

### Our findings

Relatives felt the service was well led and said the management were accessible and listened to what they had to say. One relative described the managers as providing "...positive leadership". Another said the service was "well led by the house manager".

Observation and staff feedback indicated there was a good team spirit and staff understood and agreed with the provider's ethos of care. Staff were positive about the service, the quality and openness of management and the teamwork. One said there was "...a good team spirit". Another commented that the team had "...really gelled now,... team-working was positive... [and] you could challenge practice".

Staff told us the provider set clear goals and expectations for the service and staff were involved and consulted about future developments and changes, for example the project to look at a new staff rostering system. They felt the level of consultation from the top had improved and anyone could raise anything they were unsure of, even to senior management. One staff member said "The direction of development is very clear", and praised the openness and communication by the new chief executive officer who had worked alongside staff to understand the issues they faced.

The service has a clearly stated mission and values as describe in its statement of purpose. "Prior's Court is dedicated to bringing the highest level of expertise to support and improve life chances for people with autism". Their values include having high expectations of people and staff, celebrating their achievements and working in partnership with parents.

Staff were supported through weekly team meetings as well as effective supervision and appraisal systems. Meeting minutes showed a thorough discussion of people's needs, reminders about practice and planning for upcoming appointments.

The service was very well monitored through effective systems within the house, as well as via senior management and trustee visits. The most recent trustee visit took place in December 2015. This visit was focused mainly on discussion with a member of the management team about how student's progress was monitored and reviewed, and the minutes reported positively on this.

Incidents were well-monitored and analysed for patterns and to inform changes to peoples support plans. The provider's latest impact report, based on feedback from relatives, also reflected a high degree of satisfaction with the support provided and the outcomes achieved with people. Investors In people had also reported on the provider's service as a whole and concluded it continued to meet the standard for accreditation.

The provider's overall service had also been evaluated by an external company "Inclusion Quality Mark (UK) Limited", who interviewed a range of staff and parents as well as observing practice. They found no significant areas which required development and the service had continued to improve since the previous assessment in 2012. In-house management carried out monitoring visits to the service and provided



quarterly reports against key regulations, to the registered manager and trustees. Reports included action plans and follow up to ensure actions were addressed. There was also a system of monthly in service audits on different aspects of the service in rotation. The report on health and safety from February 2016 identified a number of action points which were addressed.

An overall development plan for the young adult service was in place for the period 2013-17. It identified and assigned actions and included the criteria for measuring success. The plan was kept up to date and included evaluation of the progress made against each action. The plan showed good progress on the action points.

The service was working with the provider's in house speech and language team to try to find ways to obtain feedback from people about their experiences. Trials using 'like and don't like' cards were taking place, initially based around concrete items such as foods to test the reliability and consistency of the feedback. The plan was to try and extend the method to other areas of people's experience within the service.

Feedback was sought annually from relatives via surveys as well as through care reviews, family days and ongoing day-to-day contact. Relatives had also been asked their views about the way the transition from school to the service had been managed. Their responses indicated this had been done well and parents felt appropriately involved in decision making. This was also reflected in the number of positive feedback comments received by the service. The family days were linked to activities and crafts so relatives could see staff interacting and supporting people focused on activities.

The views of staff had also been sought via survey. Responses had been positive and many staff had identified themselves and been open to further exploration of their views, which reflected the openness of the service and staff feeling safe to do this. A range of constructive suggestions for improvement were made by staff which would be considered. One theme which emerged was staff feeling they wanted more information about different types of possible future placements for people.