

Prior's Court Foundation

Charlotte 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

Charlotte House is an adapted residential building which delivers personal care and support for up to five people who have autism and associated conditions. At the time of inspection the service was supporting five people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People received care and support that was safe. People were protected from avoidable harm and abuse. The provider undertook appropriate recruitment checks on staff prior to their employment. People's medicines were managed in a safe way. There were safe systems in place to help ensure people received their medicines as prescribed. Staff received training on infection control and were provided with personal protective equipment such as disposable aprons and gloves.

People received care and support that was effective and based on detailed assessments and care plans which reflected their physical, mental and social needs. The service worked with other agencies to achieve good outcomes for people. People were supported to access appropriate healthcare services to ensure these needs were met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; however, the systems in the service did not always support this practice. We have made a recommendation that the provider reviews their systems to ensure they are working within the principles of the Mental Capacity Act 2005.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

There were caring relationships between people and staff. Staff were aware of and supported people's emotional needs. Staff respected and promoted people's privacy, dignity and independence, and encouraged people to be as independent as possible.

People received personalised care that was responsive to their needs. People were provided with information in a way they could understand which helped them make decisions about their care. There were effective systems in place to deal appropriately with complaints.

People were at the heart of the service. The registered manager and staff were passionate and continuously strived to achieve good, positive outcomes for people. Systems were operated effectively to maintain the quality and safety of the service.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 March 2019).

At our last inspection we found breaches of the regulations in relation to medicines management and governance. The provider completed an action plan after the last inspection to tell us what they would do and by when to improve.

At this inspection we found the provider had made improvements and was no longer in breach of regulations.

Why we inspected

We carried out this inspection to follow up on action we told the provider to take at the last inspection.

Recommendations

We have made a recommendation in relation to working within the principles of the Mental Capacity Act 2005. We will check if the provider has acted on any recommendations at our next comprehensive inspection.

What happens next?

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

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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Charlotte House

Detailed findings

Background to this inspection

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Charlotte House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

The service had a manager registered with the Care Quality Commission. Registered managers and providers have legal responsibilities for how they run the service and for the quality and safety of the care provided.

Notice of inspection

We gave 48 hours notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant the service could appropriately prepare people for the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. For example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We observed interactions between staff and people to help us understand the experience of people who could not talk with us. We spoke with six members of staff including the registered manager, home manager, three autism practitioners, a senior autism practitioner, quality and compliance manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and associated medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three relatives of people who use the service. We requested feedback from six community professionals and received two responses.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting this regulation.

- There were safe systems in place to help ensure people received their medicines as prescribed.
- People had medicines profiles in place. These detailed people's medicines, reasons for prescription, instruction around administration and possible side effects.
- Medicines were stored appropriately, and systems were in place to ensure sufficient stock levels.
- Where medicines were prescribed to be administered on an 'as required' (PRN) basis, protocols to guide staff were detailed and personalised.
- Staff had been trained to administer medicines safely and this was reassessed annually as part of a formal competency assessment.

Safeguarding people from the risk from abuse

- People were supported to stay safe. There was a homely and relaxed atmosphere at the home. People sought out staff's company and were observed being comfortable in their presence.
- Staff understood their responsibilities to safeguard people from abuse. Staff had received training in safeguarding adults which helped them recognise the signs if people had suffered abuse and what appropriate actions to take to keep people safe.
- A relative told us about their loved one, "He's safe and appears happy."
- The provider had a safeguarding policy in place. The registered manager understood their responsibilities of reporting concerns about people's safety and welfare to the local authority safeguarding teams.

Assessing and managing risks; Ensuring equipment and premises are safe

- The provider assessed risks to people's safety and managed risks to keep people safe. People had individual risk assessments in place. For instance, one person liked to use the garden and do gardening and had a risk assessment in place for this.
- Risk assessments incorporated guidance from professionals, to help ensure risks were managed safely in line with best practice. For example, risks to people going into the community with support from staff were managed safely, whilst promoting their independence.

- Staff were knowledgeable about the risks associated with people's care and could tell us what action was needed to promote people's safety and ensure their needs were met.
- Risks to people associated with their behaviours were managed safely. Some people were at risk from behaviour which may challenge others and potentially self-injurious behaviour. Guidance for staff included what may cause a person to experience such behaviours, how they presented at times of distress and what action staff should take to keep them safe.
- The provider took appropriate steps to make sure the premises and appliances used were maintained in a safe way. There were regular checks on safety equipment, such as fire alarms and emergency lighting. Arrangements were in place to make sure cleaning products which could be dangerous to people were locked away.

Staffing; Recruitment

- During the inspection we observed there were enough staff, with the right skills, to support people safely and according to their needs. We saw staff went about their duties in a calm, professional manner, and were able to spend time with people during the day.
- The registered manager had contingency plans in place to cover shifts across all Priors Court services, should there be absences at short notice or the need for additional staff when people's needs changed. This meant that sometimes staff would be moved between the different homes to cover these shortages.
- Staff reported that on occasion this meant people within Charlotte House were not able to access the local community as they required two staff members, which was not always available. The weekly rotas confirmed this. We discussed this with the registered manager who shared their recruitment initiatives that they were undertaking to ensure these needs were being met going forward. This included having appointed three new staff.
- The provider had a robust recruitment process. This included the necessary checks that staff were suitable to work in the care sector.

Preventing and controlling infection including the cleanliness of premises

- Staff received training on infection control and were provided with personal protective equipment such as disposable aprons and gloves. We saw staff using these appropriately.
- There were designated staff to ensure the home was clean and tidy. Staff also supported to maintain high levels of cleanliness on a day to day basis.
- Arrangements were in place to maintain high standards of food hygiene.

Learning lessons when things go wrong

- The registered manager and home manager documented any incidents that took place. They reviewed these to identify triggers and strategies to avoid reoccurrence. These measures had been effective in learning from incidents to promote people's safety.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support, training, skills and experience

At the last inspection we found that staff were not always up to date with training the provider considered mandatory. We recommended that the provider ensures staff receive the appropriate training to ensure they are supported, skilled and assessed as competent to carry out their roles.

- Staff had completed the training the provider considered mandatory. Any staff who needed to be booked on training were.
- The provider supported staff to obtain the necessary skills and keep them current. Support was given to staff to professionally and personally develop. One staff member told us, "There is lots of opportunity to develop."
- Staff received support in the form of one to one meetings (supervision), team meetings and informal meetings with the home and registered manager.
- Competency assessments of staff's skills and knowledge were completed, to ensure they had were able to meet people's needs.
- Staff told us they felt they received the right training and support to meet people's needs.

Consent to care and treatment

- The service was not consistently meeting the requirements of the Mental Capacity Act 2005 (MCA). The MCA is a law designed to protect people who are unable to make decisions about their own care and support.
- Where people lacked capacity to make certain decisions staff had undertaken a mental capacity assessment and understood how to support people in their best interests. However, we found that these decisions had not always been robustly recorded.

We recommend that the registered provider seeks advice and guidance from a reputable source to ensure they understand and act in accordance with the Mental Capacity Act 2005 and its principles, specifically relating to record keeping.

- The service was providing care that could deprive people of their liberty. They had followed the correct processes to ensure people were only deprived of their liberty when this was in their best interests and authorised under the Deprivation of Liberty Safeguards (DoLS). DoLS provides legal protection for people in hospitals or care homes who are unable to make decisions about their own care and support and who need

to be deprived of their liberty in their best interests.

- Staff sought people's consent. This included looking at their body language and utilising other communication tools to determine if they consented to or refused support.
- We observed staff ask people for consent before supporting them and relatives confirmed that staff included people in decision making where possible.
- Relatives told us that they are appropriately involved in decision making regarding their loved one's care. One relative told us, "[I am] always present at meetings."

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

- The service achieved good outcomes for people by delivering care based on effective assessments and care plans. Care plans were person-centred and identified people's individual needs and preferences. The provider reviewed care plans regularly to make sure care continued to be in line with people's changing needs.
- Care plans supported staff to provide care in accordance with people's needs and personal routines.
- Many people had complex health needs which required close monitoring from staff and ongoing input by healthcare professionals. By meeting these needs, people were able to live full and active lives that were not defined or limited by their medical conditions.
- A health care professional told us, "They [staff] know the residents very well and can give us information to support their care and manage behaviour."

Meeting people's needs and preferences in relation to eating and drinking

- Staff involved people in choices about what they ate. Staff used pictures to help people make choices.
- Staff were knowledgeable about people's specific diets and personal preferences, and ensured suitable options were always available for people.
- Care plans contained appropriate guidance for staff on people's preferences and needs to ensure they maintained a balanced diet.
- We saw that people had access to food and drink in the kitchen and were able to help themselves where they were able.
- Staff regularly asked people whether they wanted food or drink and supported them appropriately. People were also involved in menu planning.

Adapting the design and decoration of the premises to meet people's needs

- The decoration and design of the home met the needs of people living there. The atmosphere was as home-like as possible, with comfortable furnishings, suitable shared areas and private bedrooms. There was an enclosed garden which people could use to spend time together with visitors or to take part in activities.
- People's rooms were personalised to their tastes. People were supported to decorate their rooms, put up pictures and items which showed their interests to help people feel at home.
- Pictorial signage was used in the home to help people find items that they might need. For example, items in kitchen cupboards.

Supporting people to live healthier lives and access healthcare services and support; Working together and with other organisations to provide effective and coordinated care

- Staff worked with other agencies to achieve good outcomes for people, who were supported to access healthcare services and support appropriately. One staff member told us, "We work with psychology departments, SALT (Speech and Language Therapy) team, teachers and Occupational Health."
- Staff worked well together to ensure that people received consistent, timely, coordinated, person-centred care and support.
- People's care and support took into account their day to day health and wellbeing needs. Staff supported

people to take part in exercise, such as cycling, swimming and walks.

- People had access to healthcare services. People had regular health checks, and access to services such as opticians and dentists. Where appropriate people had regular appointments with mental health practitioners. Staff escorted people to attend healthcare appointments. One healthcare professional told us, "Residents are always accompanied by the appropriate number of staff."

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Treating people with kindness, respect and compassion

- People were comfortable and felt secure in staff presence. They sought out staff's company for reassurance and companionship. Many staff had worked at the service for a long time and they had a good understanding of people's needs.
- As part of the provider's assessment process, staff assessed people's needs in relation to equality and diversity to make any adjustments necessary to ensure they suffered no discrimination in relation to their protected characteristics.
- Staff were respectful and encouraging when speaking with people. Staff spoke with people about appropriate topics and monitored their body language and verbal responses to gauge their views. People smiled when interacting with staff and were relaxed.

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

- Where possible people and/or their relatives were involved in making decisions about their care. Various aids to communicate such as pictures were used to support people to express their views and preferences. A relative told us, "They gave me a copy [of the care plan] and said what do you think. They asked from my point of view what does [Name] like and what does he want...I could make changes to the care plan and say that's not right."
- We saw evidence people had been given meaningful opportunities to be involved in care reviews. Staff understood people's abilities and how they could contribute towards making decisions about their care.
- Staff were intuitive and recognised people's different facial and body movements when people were expressing themselves.
- People had a yearly review of their care and support. This included the person, their family, staff who worked closely with them, and representatives. This was a chance to look back on what had gone well in the previous year, and to agree what the person wanted to achieve in the coming year.

Respecting and promoting people's privacy, dignity and independence

- The service focused on helping people to be as independent as possible. People were encouraged to attend the nearby main site where learning took place, which encouraged social interaction. Staff made sure risk management allowed people to be independent safely.
- A relative told us they felt staff supported their loved one to be as independent as possible. They said staff support them in, "Getting food, going shopping and helping him cook his food and they let him pick what he wants. He helps do the shopping. He has his own pocket money and the staff help him pick his treats".

Another relative said about their loved one, "He goes out to restaurants, but they are also teaching him how to cope with different circumstances and different situations. Previously he wouldn't have his feet measured or go to a coffee shop."

- People were supported to undertake specific 'work streams' which helped people to build their independence and prepare them to move onto a more independent setting.
- Respect for people's privacy and dignity was reflected in their day to day care and support. Staff were aware of needs arising from people's learning disability, and of the danger of accidental discrimination. The behaviour and conduct of staff in the home was respectful to people.
- Staff understood about encouraging and promoting independence and were able to give some examples of how people's skills had been developed over time.
- Care files and confidential information about people was stored securely and only accessible by authorised staff when needed. This demonstrated people's confidential information had been stored appropriately.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care

- Staff supported people according to their care plans in ways that met people's needs and reflected their preferences. Care plans were individual with detailed information about people's needs, likes, and dislikes across different areas of care.
- People were involved in any changes to their care and staff communicated this to them in a way they could understand. One staff member said, "When making changes to care plans we will complete social stories to explain to them [those changes]." Social stories are a social learning tool that supports the safe and meaningful exchange of information with people living with autism.
- People's likes, dislikes and what was important to the person were recorded in person centred care plans. Staff were very knowledgeable about people's preferences and could explain how they supported people in line with this information. A relative told us about their loved one, "The staff know what he likes and doesn't like."
- Staff had a rich understanding of how to provide person centred care and all staff we spoke with felt this was achieved at the service.
- We observed people taking part in individualised programmes that promoted creativity, learning, communication and empowerment using puzzles, colours and communication aids. People's creativity was displayed in various areas around the home.
- Staff supported people to take part in specific learning activities such as gardening, baking, and rock climbing.
- The service had processes and practices in place to make sure any protected characteristics under the Equality Act 2010 were respected. Staff considered people's cultural, spiritual and religious needs, and their care and support plans reflected this.

Meeting people's communication needs

- The service was meeting the requirements of the Accessible Information Standard (AIS). The AIS tells organisations what they have to do to help ensure people with a disability or sensory loss get information in a way they can understand it. It also says that people should get the support they need in relation to communication.
- People were provided with information in a way they could understand which helped them make decisions about their care.
- There was information in pictorial forms, such as menus and activities and tasks to support people to communicate their wishes.

Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow

interests and take part in activities that are socially and culturally relevant

- The service supported people to take part in activities that were relevant to their interests and social needs. People could also pursue hobbies, such as playing a musical instrument and baking.
- People were supported by staff to take trips away on holiday. People were given holiday pictures to look through so that they could choose where they would like to go. This supported people's wellbeing and enabled them to engage in activities that they enjoyed.
- Birthdays and special occasions were celebrated within the home and shared with everyone living there.
- People received personalised care that was responsive to their needs. We saw evidence of how the service supported people in a responsive way. For example, the provider arranged a 'Prom' for people to attend. Music and food was arranged that people were able to enjoy at this event.
- A relative told us they are often updated on what their loved one is doing. They said, "He loves the gardening, he loves going to the cinema and restaurants and swimming. I get sent photos of him doing what he enjoys."

Improving the quality of care in response to complaints or concerns

- The provider had a suitable process and policy for dealing with complaints and concerns. There had been two concerns in the year before our inspection. These had been followed up and investigated appropriately.
- Relatives were confident that if they raised concerns these would be addressed, and appropriate action taken as a result. One relative told us, "If we had a problem, they do act on it."

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good.

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

Managing the quality of the service, meeting legal requirements and staff and managers being clear about their responsibilities

At our last inspection the provider had failed to consistently assess, monitor and improve the quality and safety of the services provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting this regulation.

- The registered manager understood the regulatory requirements and reported information appropriately.
- The management structure was clear which ensured everyone understood their roles and responsibilities.
- Accidents and incidents were analysed within the service and across the provider's other services to look for patterns and trends to aid learning and help reduce the risk of them happening again.
- Systems were operated to maintain the quality and safety of the service. Various members of the management team conducted several audits to ensure quality of care and health and safety standards remained high.
- The home manager had introduced a new medicines audit since the last inspection which aided them in identifying any errors and rectifying them accordingly.

Leadership vision, values and culture

- People were empowered to have control of their lives through person-centred care. People were at the heart of the service. The registered manager, home manager and staff were passionate and continuously strived to achieve good, positive outcomes for people.
- The registered manager and home manager knew people well and was a visible presence within the service.
- The atmosphere in the service was warm, friendly and welcoming. It was clear from our observations and discussions that there was an open and supportive culture towards people and staff.
- Staff and people spoke highly of the management team. Staff told us they could speak to them at any time. One staff member said, "[The management] are really supportive."
- A relative told us, "There has never been a time that I have called and someone has not been available". Another relative told us, "I think that management is approachable. [Manager name] is more than willing to have conversations."

Acting with honesty and transparency if something goes wrong

- The service was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong.
- The service had an open and honest approach and told us if things went wrong they would liaise with appropriate health professionals, relatives and other agencies to improve standards of care. Processes were in place to respond appropriately if something goes wrong and meet their legal obligation to let people know.

Engaging and involving people using the service, the public and staff

- The provider encouraged people who used the service to engage with and be involved with the service. People were encouraged on a day to day basis on how they would like things done or any changes that could be made.
- Staff told us they had opportunities to feedback about the service in house meetings and one to one meetings. They told us they felt confident that their feedback was listened to and would be acted upon.
- People, staff and professionals were included in the development of the service. Satisfaction surveys were completed, and action taken to address any issues. A relative told us, "When we have our 6-month meetings they do ask us all the time what our concerns are. The concerns and positives. There has never been a problem."

Continuous learning, innovation and improving the quality of care; Working in partnership with others

- The provider had systems in place to improve the service. These included consultation with relevant professionals after accidents, incidents or near misses. The registered manager had a service improvement plan, which had been developed with participation from staff.
- Meetings were held to ensure staff were kept informed about people's needs and included in any changes.
- Links had been made in the local community. People attended local events and accessed amenities in the surrounding areas.
- A healthcare professional told us, "They work very closely with our service to provide the most appropriate care."
- The registered manager and home manager worked to involve people in all areas of their care and support. Relatives told us they spoke with staff and management when they visited the service and their views were sought. Staff supported people to be involved in decisions about their care and express their views.