

Priory Education Services Limited

# Priory Radstock Satellite

## Inspection report

42 Redfield Road  
Midsomer Norton  
Radstock  
Avon  
BA3 2JP

Tel: 01761417398  
Website: [www.priorygroup.com](http://www.priorygroup.com)

Date of inspection visit:  
09 September 2017

Date of publication:  
13 October 2017

## 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

Priory Radstock Satellite is a care home registered to accommodate six people with Asperger's Syndrome. There were five people living there at the time of our inspection. There is a main house where four people live and flats where two people can be accommodated who are moving towards independence. The home had three floors; one bedroom, a kitchen and lounge on the ground floor; three bedrooms and two bathrooms on the middle floor and the top floor was used for office space.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good.

The home continued to ensure people were safe. There were enough suitable staff to meet people's needs. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. The registered manager and staff continued to encourage people to remain independent. People received their medicines safely and, where possible, were supported to administer their own medicines. People were protected from abuse because staff understood how to keep them safe, including more senior staff understanding the processes they should follow if an allegation of abuse was made. All staff informed us concerns would be followed up if they were raised.

People continued to receive effective care. People who lacked capacity had decisions made in line with current legislation. Staff received training to ensure they had the skills and knowledge required to effectively support people. People told us, and we saw, their healthcare needs were met. People were supported to cook their own meals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The home continued to provide a caring service to people. People and their relatives told us, and we observed that staff were kind and patient. People's privacy and dignity was respected by staff and their cultural or religious needs were valued. People were involved in decisions about the care and support they received. People's choices were always respected and staff encouraged choice for those who struggled to communicate with them.

The home remained responsive to people's individual needs. Care and support was personalised to each person which ensured they were able to make choices about their day to day lives. People were supported to follow their own activity programmes. These considered people's hobbies and interests and reflected people's preferences. People knew how to complain and there were a range of opportunities for them to raise concerns with the registered manager and designated staff.

The home continued to be well led. People and staff spoke highly about the management. The registered

manager continually monitored the quality of the service and made improvements in accordance with people's changing needs.

The service met all relevant fundamental standards.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Priory Radstock Satellite

## **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 checked 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 comprehensive inspection took place on 9 September 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, we looked at information we held about the provider and home. This included their Provider Information Return (PIR). 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 took this into account during the inspection.

We spoke with three people that lived at the home. We spoke with the registered manager, assistant manager and two staff members. We looked at three people's care records and associated documents and observed interactions between staff and people in communal areas. We looked at three staff files, previous inspection reports, rotas, audits, staff training and supervision records, health and safety paperwork, accident and incident records, statement of purpose, complaints and compliments, minutes from resident and staff meetings and a selection of the provider's policies.

# Is the service safe?

## Our findings

The service continued to be safe

People told us they felt safe and said, "They're very good at listening" and "Staff are really good helping me." Staff told us, and records seen confirmed, that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. Staff said, "We have our own online portal for training and face to face training which is more in-depth" and "We have policies which are clear about how to report as well as posters and a flow chart in the staff room." All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been brought to the registered manager's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

Risks to people were identified using assessments. The assessments we looked at were clear. They provided details of how to reduce risks for people by following guidelines or the person's care plan. Both the care plans and risk assessments we looked at had been reviewed regularly.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Staff said, "We have a core staff team so everyone knows how the shifts are run" and "There are not too many faces in and out." The registered manager used a dependency tool which considered the needs of people. This showed four staff were needed in the mornings and three staff were needed in the afternoons. The rotas showed the required numbers of staff were provided.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. Staff also completed a one page profile which recorded their likes and preferences and how best to support them. This meant staff could be better matched with people they supported where they had similar likes and preferences.

Peoples' medicines were managed and administered safely. People's medicines were administered by staff that had their competency assessed on an annual basis to make sure their practice was safe. One person was able to self-medicate and this was reviewed monthly to ensure the person's safety.

There were suitable secure storage facilities for medicines. The home used a blister pack system with printed medication administration records. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found them to be correct.

Staff had clear guidelines for reporting and recording accidents and incidents. The registered manager had

taken action to reduce the number of incidents. One person told us, "I can phone the assistant manager at home when I'm anxious, so she doesn't worry about me." Staff received training to help them support people who may be anxious. Staff were also involved in debriefs following any incidents and had access to a free counselling service if they wished.

Major incident contingency plans were in place which covered disruptions to the service which included fire, loss of gas, oil, electricity, water or communications. Business continuity plans were also in place for severe weather. Everyone living in the home had a Personal Emergency Evacuation Plan (PEEP), which gave staff the information they needed to support people.

# Is the service effective?

## Our findings

People continued to receive an effective service.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. People told us, "Some staff are really good" and "Some staff are really helpful." Staff received training to support people's individual needs and had access to information about complex needs such as bipolar disorder, Tourette's Syndrome, psychosis and personality disorder. Staff said, "We are reminded to complete training and encouraged to log on weekly to look at training", "We can do training on shift or can log on at home to do it" and "There's a lot of training but it's relevant to the job role and good for upskilling." Staff told us they could ask for specialist training if they wished and said, "We could ask for training such as how to become a team leader or a counsellor. I think they're quite willing to provide training."

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. Staff were supported to complete the Care Certificate, which is a nationally recognised standard which gives staff the basic skills they need to provide support for people.

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff told us, "We have supervisions regularly and can ask for more one to one time if we want". Staff told us they felt supported by the registered manager, and other staff. Annual appraisals give both managers and staff the opportunity to reflect on what has gone well during the year and areas for improvement or further training required. This helped to make sure staff had the required skills and confidence to effectively support people.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. Staff said, "We assume capacity and always give choices. If people don't have capacity there is a process with paperwork and meetings. Capacity is always decision specific." These comments showed staff worked in accordance with the principles of the MCA to ensure people's legal rights were respected.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had



submitted applications for two people and was awaiting the outcome. There were systems in place to record expiry dates and any conditions attached to the DoLS. Although the external access routes via doors and the garden gate were locked, people who had capacity had been given the codes so they could freely exit the premises.

Families where possible, were involved in person centred planning and "best interest" meetings. A "best interest" meeting is a multidisciplinary meeting where a decision about care and treatment is taken for an individual, who has been assessed as lacking capacity to make the decision for themselves. The registered manager told us, "If capacity is doubted we involve the person's family and social worker in a capacity assessment and hold a best interest meeting."

The registered manager ensured where someone lacked capacity to make a specific decision, a best interest assessment was carried out.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. People told us they did their own food shopping either weekly or daily and most people managed their meals with support from staff. People said, "Staff are quite helpful when it comes to cooking", "I buy and cook my own" and "Staff help me with planning my meals." One person told us, "I only cook when I'm hungry, but I can have a takeaway if I want." The PIR said that people were "supported to eat and drink and maintain a balanced diet based on their needs and preferences" and that people were "supported to cook their meals as independently as possible." Staff said, "People are encouraged to be independent and have improved their life skills such as cooking."

People's care records showed relevant health and social care professionals were involved with people's care. Care plans were in place to meet people's needs in these areas and were regularly reviewed.

## Is the service caring?

### Our findings

The service continued to be caring.

People said they were supported by kind and caring staff. People said, "We love [name]. She phones us every day and comes in once a week", "Staff are lovely" and "Staff are kind and caring." From our observations, we could see that people were relaxed in the presence of staff and appeared to be happy. We saw that staff were attentive and had a kind and caring approach towards people.

People told us they were encouraged to be as independent as possible. One person said, "I get asked a lot of the time what I like" and, "Staff do try their best." Another person told us, "If I want to do something I can, staff don't stop me. Staff will help me if necessary." The home had links to local advocacy services to support people if they required support. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes. People's care plans identified if the person required their advocate to support them. People told us they were involved in decision making and one person said, "I have meetings with my social worker."

People were supported by staff to maintain their personal relationships. This was based on staff understanding what was important to the person, their life history, their cultural background and their sexual orientation.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and view their opinions. Staff said, "We ask for people's consent for everything, and if someone feels uncomfortable with one member of staff a change of face helps" and "We help people whatever they ask us to help with, such as writing a letter or helping with personal care."

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

People told us that staff respected their needs and wishes and they felt that their privacy and dignity were respected. Staff told us how they promoted people's privacy and dignity and explained how they helped people to get their clothes ready before helping them to shower, and ensured curtains and doors were closed.

People's bedrooms were personalised and decorated to their taste. People told us they were happy with their rooms and they enjoyed their personal space.

## Is the service responsive?

### Our findings

The service continued to be responsive.

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. People said, "It's all quite good here", "Everything's fine" and "I like it, I'm happy here." Staff said, "We're really good at putting support in place for people."

People or their relatives were involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person. One plan, for example, noted the person, "Takes time to process information, therefore needs staff to be consistent" and, "Needs support when visiting GP/hospital appointments due to anxiety around questions." Another person's care plan noted, "Does not understand social cues, facial expressions and body language."

From our discussions with staff, it was clear they were knowledgeable about the people they were supporting and told us about the particular behaviour that may mean someone was upset. The person's care plan confirmed the support the person needed if they became anxious. Staff told us, "If we deal with challenging behaviours staff can take some time out and have a debrief. We also have a debrief with the person concerned, so we look to support everyone." The care records seen had been reviewed on a regular basis. This ensured the care planned was appropriate to meet people's needs as they changed. One member of staff said, "There's nothing to say we can't review the care plans daily if necessary."

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been two complaints since our last inspection. One was on-going at the time of our inspection and the other had been investigated thoroughly and resolved. Staff said, "Everyone can complain if they want, it's open" and "People can complain any way they want to, such as email or by phone." There had also been two compliments from healthcare professionals. One healthcare professional had written, "At the first visit within two weeks I was pleasantly surprised to find the level of paperwork in place" and they noted, "The enthusiasm and knowledge of the team in wanting to progress and formulate a comprehensive care plan in order to make the placement successful."

People were able to take part in a range of activities according to their interests. One person told us, "I enjoy the activities I do. Staff would arrange something new if I asked." Another person said, "I've got my TV and I like music." Another person told us, "I like going to a garden centre where I look at the fish and go to the café." The service offered internal and external activities such as pottery, college, gym and local clubs; these were reviewed at key worker and house meetings. People's care plans recorded the hobbies and interests people enjoyed and staff we spoke with knew about these. People had activity planners where they were involved in setting goals for themselves, such as completing a college course.

The PIR said, "Monthly keyworker meetings are encouraged to enable people to review their past month and evaluate how things have been, and then plan their next month. Short and long term goals are established

which are then reviewed at the following meeting." One person said, "The key worker listens to our ideas and helps us plan what we need." Another person said, "My keyworker is as good as gold. They're really understanding and take me as I am." Minutes of house meetings showed people had been able to discuss menus, the garden, activities, how to make a complaint and any changes or news. One person told us, "We can talk about anything at resident's meetings, anything we've got trouble with or issues with." People were able to take part in 'Your Voice' meetings where they were able to give feedback to the provider.

Staff were able to attend monthly meetings where they were encouraged to share what was working or not working. The agenda covered topics such as health and safety, the individuals living in the home, infection control, incident reporting and any other topics as necessary. This meant staff were able to keep abreast of any changes.

# Is the service well-led?

## Our findings

The service continued to be well led.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. A variety of monthly, quarterly, six-monthly and annual checks took place including medicines and safeguarding audits. We saw that where shortfalls in the service had been identified action had usually been taken to improve practice and standards of care for people.

The housekeepers cleaning records had not been completed since March 2017, and this area had not been audited since June 2017. However, the home was very clean throughout. The PIR said, "Each quarter the manager completed a self-assessment checklist to ensure all company requirements at the service were being met. The assessment generated an action plan for improvement and these were then verified and completed actions are confirmed by the Regional Manager during their visits." An audit of the environment recommended a new kitchen; this was being fitted at the time of our inspection.

People were involved in decisions and changes regarding the running of the home. The provider had effective systems in place to monitor the quality of care and support that people received. People were able to take part in annual surveys where they were asked what they would like to change. The home had been decorated and new furniture put in from feedback from the last survey. One person told us, "I've had all new bedroom furniture. I choose the paint and furniture how I want it."

Staff were reminded of the vision and values of the organisation, which included 'inclusion and empowerment', during training sessions. Staff told us the vision and values of the organisation were about developing people's life skills and independence and said, "We look to put the emphasis on people we support, they do a lot for themselves building towards independence." This vision was put into practice, as people were supported to move towards independent living.

The provider responded to feedback to make sure continual improvements were made to the care and support people and staff received. Results of the staff survey completed in May 2017 showed the provider had looked at areas the staff had scored less favourably and the supervision process had changed as a result. Staff had positively rated comments such as, "The manager communicates clearly what is expected." An action plan had been generated from the survey results and these were discussed at staff meetings. Staff were also able to provide feedback during staff meetings and a staff representative attended 'Your Say' meetings. Feedback from these meetings was shared with staff.

The regional manager reviewed accidents and incidents; this meant any emerging trends could be spotted and actions taken to ensure people received safe support.

The registered manager regularly worked alongside staff which gave them an insight into people's changing needs. Staff told us they felt the service was well-led and said, "The service has come on in leaps and bounds."

People had been supported to maintain links with the local community through attending various clubs, social activities and college courses.

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The home is managed by the registered manager who is supported by the management team consisting of an assistant manager, deputy manager and four team leaders who work together to lead the staff team. 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.