



**Enter and View report**  
**Somerset Court**  
**31 May 2017**

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# 1 Introduction

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## Details of visit:

Service address	Harp Rd, Brent Knoll, Highbridge TA9 4HQ
Service provider	National Autistic Society
Date and time	31 May 2017 10:30 am - 15:00pm
Authorised Representatives	Jonathon Yelland Claire Pennack Claire David Mike Hodson
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# 2 Acknowledgements

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Healthwatch Somerset Enter and View representatives wish to express their gratitude to the customers and staff of Somerset Court, who generously participated in conversations with Healthwatch and helped to facilitate our visit.

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# 3 Purpose of the visit

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Healthwatch Somerset want to find out about the services that support adults who have a learning disability in Somerset. In particular, Healthwatch Somerset want to find out about how much choice and control people who have a learning disability have in their lives. We also want to find out how this affects how



connected customers feel and how this might affect feelings of isolation and loneliness.

## Aims

- We want to find out about what works well so that we can share this with other services.
- We also want to find out what doesn't work so well so that we can tell the people who run the services and the people who set up and pay for services, what need to change to make things better.
- We want to find out about the choices people have about the support they receive and how they feel about this.
- We want to look at how the service meets the needs of its customers and how it works together with other services.

## How this links with Healthwatch strategy

A key priority laid out in the Healthwatch work plan for 2016/17 is to engage with people who have a learning disability. Enter and View provides an ideal tool to hear the views of this group of people.

Full details of the work plan for Healthwatch are available on the website:

[www.healthwatchsomerset.co.uk](http://www.healthwatchsomerset.co.uk)

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# 4 Methodology

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The Enter and View team first spoke with the Quality Compliance and Risk (QCR) manager.

The Enter and View team then received a tour of the service.

The Enter and View team then met with customers and staff and observed service delivery.

Following the visit this report will be shared with the provider who will have the opportunity to respond to the report and the recommendations made. The report will then be published on the Healthwatch Somerset website and shared with the provider, Care Quality Commission and Commissioners of the service.

Over the next two years several visits to different learning disabilities services will take place. A final report summarizing the findings of all visits will then be written and sent to the provider for comment before being published as previously stated above.



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## 5 About the service

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Somerset Court provides residential and support services for people who have autism. The service is located close to the village of Brent Knoll with Burnham-on-Sea being the closest town. There are six purpose-built houses set in 26 acres, which operate as independently registered residential homes for people with Autism. There are many open spaces and a creative studio. Each customer has their own individual room and individual support plan.

The National Autistic Society also run a day service centre at Somerset Court and we were shown a large horticultural unit and wood working facilities.

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## 6 Findings

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### 6.1 Executive summary

The Enter and View team visited Blackdown, Lakeside and Knoll House. We also visited Porlock House but did not enter, as a customer was particularly distressed at the time. We observed that at the time of our visit people were being supported with dignity and respect and that customers were encouraged and supported to make decisions about their environment, activities and support. A number of good practices have been observed and recorded in the 'Things to commend' section of this report and some recommendations have also been made.

Staff had made efforts to help individualize the environment for customers taking into account their wishes and needs.

The Enter and View team did not observe or speak with many customers as they were engaged with activities in the day service. It was thought that a return visit to the day service would be valuable.

### 6.2 Environment

#### Lakeside House

Lakeside house was a purpose-built bungalow with five customers living there. There was also a self-contained adjoining flat housing one customer.

The manager at Lakeside House has only been in post since September 2016. The environment was clean and tidy and had recently been revamped and decorated with the active involvement of the customers. There is more the manager would



like to do in particular to divide the large L-shaped communal room to provide a space for reading/radio away from the general communal business and television. This would be an improvement if it can be done as it will provide more privacy for those that want it.

There is also a plan to upgrade the bathrooms as well as to provide a wet-room for a customer who gains benefit from the sensory use of water. This gentleman was particularly well looked after both night and day. We have been since informed that the bathroom upgrade work was completed in August 2017, that the individuals who live at Lakeside coped well with the work, and early indications are that they are benefiting from the new environments.

The manager explained that at times when all customers are in the communal space it can be difficult for some to find the quieter environment or the privacy that they may sometimes need without returning to their bedrooms. It is recommended that the service consult on the possibilities of partitioning this space. **See recommendation 1.**

Outside there is a level garden area adjoining the grounds. There was an overgrown plot outside the front door that had once been used for planting vegetables and the manager said they are currently looking at this area with the involvement of the customers. A decision had been made to turn it into a barbecue area.

The manager told us that they had tried to manage environmental changes gradually so as to build in time for customers to be involved in the changes or have time to process the changes.

The Enter and View team also noted a display of flowers in tubs and pots outside the front door and we were told that customers had been involved in growing and planting these.

### **Porlock House**

Two of the Enter and View team also visited Porlock House, however a customer was clearly very anxious when we arrived so it was decided that our presence could cause additional distress to the customer and we did not view this house.

### **Blackdown House**

The Enter and View team observed that efforts had been made to make the house cheerful and attractive. Although it should be noted that the team didn't see all of the building as most of the customers were out and staff informed us that one customer who was in his room would not have coped with visitors. As customers were not available to talk to the team, we spent most of the visit in the manager's office talking to Katie the deputy manager and Amy, the lead manager for Somerset Court.

It would be useful for the manager of Blackdown House to visit Knoll House which had lots of plants, visual timetables for the customers to see near the door,



gardening opportunities and a very welcoming environment. However the NAS response to this recommendation is referred to under the 'Recommendations' section of this report where it is noted that customers different abilities and needs are catered for in environmental differences such as visual timetables not being suitable for all customers. **See recommendation 2.**

### Knoll House

The environment here was observed to be comfortable, clean, attractive and colourful. Lots of plants were seen which helped to give the house a homely cared for feel. Visual timetables for customers were displayed by the front door which was thought to be good visual aid for customers. This house had a sensory stimulation room which we were informed was beneficial to some customers.

## 6.3 Community integration

The Enter and View team noted the importance of community integration in breaking down barriers, attitudes and fears that can discriminate or disable people. It was felt that there were opportunities for the horticultural and woodworking areas to make, grow and sell products to the local community. This would give customers opportunities to find further meaning to the activities they do as well as provide social opportunities to meet members of the local community. How to spend any profits from sales could be decided by customers thus helping to make activities more meaningful and broadening opportunities to develop new skills. **See recommendation 3.**

The Enter and View team thought there was an opportunity for Somerset Court to help create more awareness about autism in the local community perhaps in a similar way that 'The Archie Project' has created dementia friendly communities in Somerset. It was thought that often it is attitudes and lack of knowledge that disable people and that building those bridges with the local community would enable those that live at Somerset Court to have more freedom and involvement in the local community. It is recommended that Somerset Court contact Reminiscence Learning who coordinate the Archie Project to explore if this can be adapted. Local NAS branches may also be able to help with this.

[http://www.reminiscencelearning.co.uk/archie/?doing\\_wp\\_cron=1496935062.4237649440765380859375](http://www.reminiscencelearning.co.uk/archie/?doing_wp_cron=1496935062.4237649440765380859375). **See recommendation 4.**

## 6.4 Choice and control

Across all the houses visited staff informed us that customers had choice and control in what time they wished to get up and go to bed. Staff said that some customers may need a prompt if they are going to day services or to join a group (e.g. a walking group) but it is their choice as to whether they attend. Staff informed us that customers are encouraged to look after their own personal care



when able but may need help or prompting. We were also informed that customers could choose whether or not they wanted to do timetabled activities.

Staff informed us that accessing the community can be affected by funding issues. For example, some customers need 2:1 support to safely enjoy time in the community and it can sometimes be hard to get enough support time funded by the funding authorities to access the community more frequently. Consequently this can limit the choice and control that customers have.

As most of the customers were engaged in activities the Enter and View team felt they could not comment further about the choice and control customers had and a further visit to the day service at Somerset Court would be planned.

The service uses a Person Centered Planning approach to review each customer's support plan every six months. Goals are set as part of this individual planning process, which involves the customer (if the customer chooses) parents, key workers, managers and representatives from other services and agencies connected with the customer.

At all the houses visited it was noted that customers are planning their own menus. The Enter and View team thought that it was positive that customers were involved but thought that planning individual menus would better help to support independent living skills. **See recommendation 5.**

At Knoll House there was a customer's meeting each weekend (not compulsory). This was thought to be good practice that could be shared across the houses as it gives customers the opportunity to have their say regularly.

We were informed by staff at Knoll House that customers cook quite a lot of their own food and one customer at the house grows vegetables.

One customer had her own 'cottage' (a nice large shed painted like a cottage). We were informed that they were very distressed when both their parents died and as she used to visit them in a cottage staff erected this to help her maintain familiarity with her past. Another customer has a 'beach hut' in the garden behind the house. The Enter and View team noted these as clear good practice examples helping customers to have control over their environment.

## 6.5 Staffing

All the staff that we observed or spoke to seemed to treat customers with respect and dignity. The manager explained that a staff team of 15 worked shifts to support the customers of Lakeside House and adjoining flat. Since starting in post in September 2016 the manager has been creating a culture change within the service as part of a wider service development plan. The manager noted that some staff had been quicker than others to buy into the changes in philosophies, values and attitudes as they changed from '*Caring for*' to '*Supporting with*'.





Safe staffing ratios had been at times a challenge to meet and the service has meant that agency staff are sometimes used. A rota coordinator has been employed to support the whole Somerset Court site. It is their priority to build a relief team so that more familiar faces are used when needed as opposed to agency staff. Once this has been achieved the QCR manager informed us that Somerset Court has been under increased scrutiny over the last year; it should be noted that the staff and managers that we spoke with felt that the increase in work load due to these quality monitoring processes and CQC improvement requirements had meant that there had been less time for developmental work. This may include continued professional development and the opportunity for liaison between the houses.

At Knoll House the team observed a staff member who appeared to know the customers very well and said one of the customers would be able to communicate better if she was occupied - in this case unloading a dishwasher. Another vulnerable customer was made a drink and the temperature carefully tested, the staff member was careful to stand in front of this customer and speak very clearly to him. She showed the customers a lot of respect and told us how much she loved her job.

### 6.6 Activities for customers

Although we met with one customer from Lakeside House who was helping in the horticulture unit, we did not observe many activities during the visit which was due to the timings of our visit and that many activities take place away from the home. It was therefore agreed that a smaller team would arrange to come back another time to specifically observe the day service activities. We were later informed that a consultant was coming to start work looking at the day service.

We were informed that activities are sometimes individual and happened off site such as shopping.

The manager told us that all customers are encouraged and supported to take part in daily living activities such as cooking and cleaning.

There were bicycles and scooters to be used in the grounds and various open spaces for recreational activities. There appeared to be a definite intention by the staff we spoke with to produce activities that customers want. There are trips out to local amenities and leisure facilities.

In Blackdown House there seemed to be a good choice of activities e.g. one customer had their own juke box. There are craft activities, messy play, bead work etc. that are always available. We were also informed that there is a possibility for walks and a tandem bike ride. The Enter and View team were not sure if this was part of a persons' support plan or how this would help an individual to meet their goals. It may be that there is some therapeutic value identified on support plans for these activities or it may be an individual's choice as a leisure

activity. It would be of concern if these were passive time passing activities that were timetabled but we noted no evidence as to whether this was or was not the case.

*NAS Response: We believe that the opportunity to freely walk or bike ride in the grounds of Somerset Court is of great benefit to many of the people living here because physical exercise and movement is a recognized means of relieving tension and anxiety and regulating mood, which in turn can mean that individuals can then engage with targeted meaningful activity with more ease. Many individuals here are able to enjoy a level of independence out and about in the grounds that simply cannot be safely achieved in the community without support. The side-by-side-tandem bike is a specialist piece of equipment that enables individuals with impaired motor skills, balance or coordination (as features of their autism) to enjoy bike riding with support or companionship for motivation and improve those physical skills overtime.*

Knoll House sometimes had theme nights that it was thought would help customers socialize and be aware of certain occasions.

## 6.7 Other health and social care factors

### GP surgeries

The QCR manager informed us that they have good relationships with three GP practices. It was discussed that experiences with individual GPs at the different practices can vary, for example one GP did not understand the needs of the clients and had talked to the staff supporting them rather than to the patient.

A customer's GP prescribed medicine (paracetamol based) for a customer with contraindications. It was very fortunate this was picked up by staff at Blackdown house.

### Annual support reviews by Social services

We were informed that service managers often feel that customer's annual reviews are cost led, taking into account the basic service costs and hours/minutes of support that customers received. It not been worked out on an outcome basis. This was thought to be important in terms of moving towards reviewing systems that monitor real outcomes and improvements that individual make towards their goals. Reviewing support based on cost can limits the choice and control over the support that an individual has.

We were informed that it can be very difficult to get social worker involvement as the customers come from all over the country.

### Secondary care

Staff informed us that an urgent referral to the Somerset Partnership psychiatric department made in September last year took five months before someone visited



the customer. Urgent referrals should take four weeks. This matter had been raised by the NAS at a quality improvement meeting and noted by SOMPAR.

### Safeguarding

Staff informed us that a safeguarding issue took two months to be resolved which was deemed to leave a customer at risk for far too long.

**Other Health and social care service issues were noted as:**

- Long waiting list for speech and language therapy.
- Difficult to get epilepsy review.

## 6.8 Sharing good practice across houses

It was noted that there was little opportunity at present for staff and customers from the different houses to come together to share ideas, skills and best practice examples. The manager at Lakeside and the QCR manager thought that it had been difficult to offer safe staffing levels, and this combined with quality monitoring processes that came from the CQC and subsequent additional quality monitoring reviews both in-house and with Somerset County Council, further hampered the space and time for coming together and sharing ideas and good practice. The Enter and View team felt that planning for future sharing opportunities between houses would bring benefits to all houses. **See recommendation 6.**

Each of the six houses is managed individually and autonomously. Best practice is not routinely migrated between houses. It is accepted that each house has different requirements for the customers but some ideas will be common for all and should be shared. The management should find a way to overcome this.

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## 7 Things to commend

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- Considering the sensory needs of a client in environmental upgrading work in that a customer who benefits from sensory activities with water would have his bathroom converted to a wet room so as they could continue to access this activity in a warm room in the winter months.
- Involvement of customer in changing an old vegetable plot to a barbecue area.
- Individual risk management to enable customers who are able, to freely explore the grounds.
- Robust medication practices and inductions.



- Staff had made efforts to help individualize the environment for customers taking into account their wishes and needs. One customer had been built a shed made like a cottage to help her overcome the death of her parents who used to live in a cottage that she visited regularly. Another customer had a shed done up like a beach hut.
- Customer weekend meetings.
- Customer involvement in planning menus.
- Visual timetables displayed.
- Staff conversed in communication methods and able to employ them with dignity and respect.

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## 8 Conclusion

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At the time of our visit staff were observed to be dedicated, caring and well aware of their responsibilities. The environment and grounds of the service were well kept met and appeared to meet the needs of customers.

It was not clear from our visit if activities were individual and tailored to individual goals, but we hope to engage with more customers and observe activities in the day service another time.

It was thought that there were opportunities for sharing good practices and skills across the houses although it was recognized that staffing pressures have hampered this, it was thought that a creative solution could be sought.

A number of wider health and social care issues were identified that will help inform Healthwatch Somerset's engagement and work with other agencies. We also identified a number of good practices we wish to highlight and have made other recommendations that it is hoped will aid the service in making further improvements.

We look forward from hearing from Somerset Court and receiving their comments and replies to the recommendations made.

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## 9 Recommendations

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It is recommended that:

1. Plans to partition the large communal space at Lakeside House are considered.



NAS response: *This forms part of the Service Development Plan for Lakeside House for 2017/18.*

- 2. It would be useful for the manager of Blackdown House to visit Knoll House which had lots of plants, visual timetables for the customers to see near the door, gardening opportunities and a very welcoming environment.**

NAS response: *Whilst there are certainly elements of Knoll House homely environment that Blackdown aspires to create and is actively working towards, it is helpful to note that the needs of the two client groups in the two different services are significantly different and that this has a legitimate effect on the house environment and its perceived homeliness. For example, the presence of visual timetables in the communal area in Blackdown would cause difficulties for some individuals who (as a feature of their autism) do not cope well with transitions, scheduling and routines.*

- 3. To explore opportunities for the horticultural and woodworking areas to make, grow and sell products to the local community.**

NAS response: *Products and produce are offered in the local community but currently on a small scale and ad hoc. This recommendation has fed into the wider service review of the day service and current remodeling of the service to provide a more dynamic and relevant programme of activities for our customers.*

- 4. Somerset Court contact 'Reminiscence Learning' who coordinate the Archie project to explore if this can be adapted. Local NAS branches may also be able to help with this.**

[http://www.reminiscencelearning.co.uk/archie/?doing\\_wp\\_cron=1496935062.4237649440765380859375](http://www.reminiscencelearning.co.uk/archie/?doing_wp_cron=1496935062.4237649440765380859375)

NAS response: *We are grateful for this recommendation and are exploring the possibilities of a similar project.*

- 5. That individual menus are considered to further support the development of independent living skills.**

NAS response: *In all services the customers are involved in choosing and planning the menus. The way in which this is done varies for each service and often for each customer within each service. This type of involvement and skill-building is something that we work to maximize and develop at every opportunity. Some customers choose, plan, shop for and prepare their own individual meals with appropriate support and others will contribute to the process as part of a group. We take on board this recommendation and will remain focused on these aspects and finding new ways to enable greater choice, control and independence.*

- 6. Planning for future sharing opportunities between houses would bring benefits to all houses.**

NAS response: *We make particular note of this recommendation and recognize the need to refocus on proactive developmental work after an extended period of*



*heavily reactive work. The existing staff forum and senior management team forum have been asked to propose mechanisms for best practice sharing and liaison. In August the senior support workers from across the services commenced an enhanced programme of learning through our Autism Academy as a peer group. This programme runs for a number of weeks and will provide a crucial opportunity for rapport between the services to grow and for best practice and reflective practice to be shared. This programme will expand to all support workers in the new year, with each group being made up of mixed peer groups from the different services.*

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## 10 Disclaimer

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- This report relates only to a specific visit (a point in time).
- This report is not representative of all service users, staff and visitors (only those who contributed within the restricted time available).



## 11. Appendix: What is Enter and View?

Local Healthwatch are corporate bodies and within the contractual arrangements made with their local authority must carry out particular activities. A lot of the legislative requirements are based on these activities which include<sup>1</sup>:

- promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services;
- enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved;
- obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known to providers;
- making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England;
- providing advice and information about access to local care services so choices can be made about local care services;
- formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England;
- making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues;
- providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

Each Local Healthwatch has an additional power to Enter and View providers<sup>2</sup> so matters relating to health and social care services can be observed. These powers do not extend to Enter and View of services relating to local authorities' social services functions for people under the age of 18.

In order to enable a local Healthwatch to gather the information it needs about services, there are times when it is appropriate for Healthwatch staff and volunteers to see and hear for themselves how those services are provided.

That is why there are duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised Healthwatch representatives to enter premises that service providers own or control to observe

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<sup>1</sup> Section 221(2) of The Local Government and Public Involvement in Health Act 2007

<sup>2</sup> The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013)

<sup>3</sup> The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013)



the nature and quality of those services. Healthwatch Enter and View visits are not part of a formal inspection process neither are they any form of audit. Rather, they are a way for local Healthwatch to gain a better understanding of local health and social care services by seeing them in operation.

Organisations must allow an authorised representative to Enter and View and observe activities on premises controlled by the provider as long as this does not affect the provision of care or the privacy and dignity of people using services.<sup>4 5</sup> Providers do not have to allow entry to parts of a care home which are not communal areas or allow entry to premises if their work on the premises relates to children's social services.

Each local Healthwatch will publish a list of individuals who are authorised representatives; and provided each authorised representative with written evidence of their authorisation.

Healthwatch Enter and View representatives are not required to have any prior in-depth knowledge about a service before they visit it. Their role is to observe the service, talk to service users, visitors and staff (if appropriate), and make comments and recommendations based on their subjective observations and impressions in the form of a report. The Enter and View report aims to outline what volunteers saw and make suitable suggestions for improvement to the service concerned. The report may also make recommendations for commissioners, regulators or for Healthwatch to explore particular issues in more detail.

Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies. Any serious issues that are identified during a Healthwatch Enter and View visit are referred to the service provider and appropriate regulatory agencies for their rectification.

The Enter and View visits are triggered exclusively by feedback from the public unless stated otherwise.

In the context of the duty to allow entry, the organisations or persons concerned are:

- NHS Trusts, NHS Foundation Trusts
- Primary Care providers
- Local Authorities
- a person providing primary medical services (e.g. GPs)
- a person providing primary dental services (i.e. dentists)
- a person providing primary ophthalmic services (i.e. opticians)
- a person providing pharmaceutical services (e.g. community pharmacists)
- a person who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Bodies or institutions which are contracted by Local Authorities or Clinical Commissioning Groups to provide care services.

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<sup>4</sup> The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013)

<sup>5</sup> The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013)

