

Autism Plus Limited

Thorne House

Inspection report

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Thorne
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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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was unannounced and was undertaken over two days. The first visit was on 3 February 2017. We returned to complete the inspection on 6 February 2017. We last inspected the service in June 2015 and rated it as Good.

Thorne House is a care home providing support for up to 18 people living with learning disabilities. The home is set in its own grounds and has accessible garden spaces. The home is divided into 5 apartments. At the time of our visit there were 17 people using the service.

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

The service was outstandingly responsive and celebrated people's achievements in a way that helped people to grow in confidence, maturity and skills. Staff had successfully promoted people's independence, so that some people had become much more independent, and had much richer lives.

People's needs were assessed and care and support was well planned, and delivered in line with their individual support plan. The support plans were person centred and some included photographs and pictures to assist the person to understand their plan.

Relationships and the communication within the home were positive, enabling and therapeutic. People had their own interests and hobbies and took part in many activities and events of their choosing.

People's care and support was planned and delivered in a way that made sure they were safe. The support plans we looked at included risk assessments, which identified any risk associated with people's care. We saw risk assessments helped minimise and monitor the risk.

Staff had a clear understanding of safeguarding adults and what action they would take if they suspected abuse.

There were enough staff with the right skills, knowledge and experience to meet people's needs.

We found the service to be meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good knowledge of this topic and said they would speak to the registered manager for further advice.

People were supported to eat and drink sufficient to maintain a balanced diet. Meals were appropriately spaced throughout the day with snacks in-between. Meals were flexible to meet the needs of the people who used the service.

People were supported to maintain good health, have access to healthcare services and received on going healthcare support. We looked at people's records and found they had received support from healthcare professionals when required.

People who used the service were supported to maintain their family relationships and friendships.

The service had a complaints procedure and people knew how to raise concerns. We noted that there had been more compliments than complaints.

Staff and relatives we spoke with felt the service was well led and the registered manager was approachable and listened to them. There was an open and transparent management of the service, with very comprehensive checks and audits to maintain the quality. The service maintained good and clear records. We noted that there was good partnership working.

Although the apartments were homely, in some places the environment and décor was in need of attention and refurbishment and this was acknowledged by the management team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The service had policies and procedures in place to protect people from abuse and neglect.

People's care and support was planned and delivered in a way that made sure they were safe. We saw support plans included areas of risk.

We found there were enough staff with the right skills, knowledge and experience to meet people's needs. The service had robust arrangements in place for recruiting staff.

Is the service effective?

Good ●

The service was effective.

Staff were well supported and well trained, so people were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge.

We found the service to be meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

People were supported to have a varied, balanced, healthy diet. People were supported to maintain good health, have access to healthcare services and to receive on going healthcare support.

Although the apartments were homely, in some places the environment and décor was in need of attention and refurbishment.

Is the service caring?

Good ●

The service was caring.

The very positive relationships built helped to increase people's confidence.

We saw staff were aware of people's needs and the best ways to

support them, whilst maintaining their independence.

People who used the service were supported to maintain friendships.

Is the service responsive?

Outstanding ☆

The service was particularly responsive.

We saw that the relationships and the communication which people had within the home were positive, enabling and therapeutic.

Staff understood people's needs and promoted people's independence. Some people had become much more independent, and had much richer lives, getting out into their local community.

People's needs were assessed and care and support was well planned. We saw that people had their own interests and hobbies and took part in many diverse activities and events on a weekly basis.

The service had a complaints procedure and people knew how to raise concerns.

Is the service well-led?

Good ●

The service was well led.

Staff we spoke with felt the service was well led and the registered manager was approachable and listened to them.

There were very comprehensive and effective quality assurance systems, and these took account of the views of people who used the service and their relatives.

Thorne House

Detailed findings

Background to this inspection

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

The inspection took place on 3 and 6 February 2017 and was unannounced on the first day. The inspection was undertaken by one adult social care inspector.

Before our inspection, we reviewed all the information we held about the home. We spoke with the local authority to gain further information about the service.

At the inspection we spoke with three people who used the service. We observed care and support in communal areas and looked at the environment. We spoke with six members of staff including the registered manager. We also met and spoke with the head of service and the managing director of Autism Plus Limited, the provider.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's care and support records, including the plans of their care. We looked at the systems used to manage people's medication, including the storage and records kept. We looked at the quality assurance systems to check if they identified and addressed any areas for improvement.

We also spoke with four relatives of people who used the service, who all gave exceptionally positive feedback about the service.

Is the service safe?

Our findings

People who used the service told us they were happy. We observed staff interacting with people and saw people were comfortable and happy in their company. The relatives we spoke with told us they felt their family member was supported in a safe way.

Staff had received training in safeguarding of vulnerable adults and whistleblowing procedures. Staff told us they would not hesitate to report any safeguarding concerns. Whistleblowing is one way in which a staff member can report suspected wrong doing at work, by telling someone they trust about their concerns. This helped to make sure that people were protected from abuse and harm.

Risks were managed well, so people were protected and their freedom supported. People's care records demonstrated that the provider had risk management systems in place to help to keep people safe. This included clear guidance for staff about managing potential risks to people. Records showed that risks were reviewed regularly and plans updated when necessary. The support plans we looked at included risk assessments, which identified any risk associated with people's needs and lifestyles. They provided guidance for staff about interventions they should use to help minimise and manage risks.

Where people might display challenging behaviour, there was clear guidance to help staff to deal with any incidents effectively. The service had an effective system to manage accidents, incidents and near misses, and to learn from them, so they were less likely to happen again. This helped the service to continually improve and develop, and reduced the risks to people.

There were enough staff on duty to meet people's needs. Staff described how people were supported on a one to one, or two to one basis, as necessary and there were members of staff on duty at night. Records and staff comments showed there was enough staff employed to facilitate this. The staff we spoke with felt there were enough staff around and the service operated in a flexible way.

The registered manager told us a part time post had been provided to increase the numbers of team leaders from two to two and a half. Team leaders led and managed most shifts. In addition to this each apartment had a senior post, of 'programme facilitator'. These staff coordinated work and dealt with daily issues with a core group of support workers for each person, in their apartments. Staff were designated to each team, so that people had a consistent staff team supporting them. Staff told us they sometimes worked in other areas, so they built relationships and knew how to support people, if they were called upon to cover shifts in other apartments.

There was a recruitment and selection procedure, which ensured the necessary pre-employment checks were undertaken. For instance, two references were obtained, one being from the applicant's previous employer, and a satisfactory Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. The staff we spoke with confirmed they had gone through a formal recruitment process that included an interview, pre-employment checks and a criminal records check. New staff had a month's probationary period and

shadowed experienced staff until they were competent and confident in their role.

We looked at the arrangements in place for the administration and management of medicines. All staff who administered medicines had received appropriate training and periodic competency checks. Medicines were stored securely. There were protocols highlighting when to administer 'when required' [PRN] medicines. Medication Administration Records [MAR] were accurately completed and regular audits had been undertaken to check medicines were managed safely.

The home was clean and it was clear that the management and staff teams had worked hard to ensure infection control procedures were effective. The service also involved people in keeping their apartments clean and safe. For instance, people were involved in day to day household tasks, with support, depending on their needs and interests. We saw that one person took the responsibility to complete regular audits of the first aid boxes.

Is the service effective?

Our findings

Staff supported people to access healthcare services. We saw the contact details of external healthcare professionals, such as the GP, dentist and district nurses in people's care records. Staff completed health action plans for everyone who used the service and monitored their healthcare appointments. Staff completed hospital passports for every person who used the service, which outlined their health needs for healthcare professionals to know about when they attended the hospital. We saw that some people had support from a speech and language therapist (SaLT). SaLTs work closely with people who have various levels of speech, language and communication problems, and with those who have swallowing, drinking or eating difficulties.

People we spoke with said they enjoyed the meals and helped with shopping and cooking. We found that people were supported to eat and drink sufficient to maintain a balanced diet. Weekly meetings were held in each apartment to discuss the menu for the following week. People could choose what they wanted, and this was reflected in the pictorial menus we saw in each kitchen. Staff told us they assisted people, according to their abilities and there was an emphasis on preparing food in the healthiest way. For example, grilling rather than frying and eating plenty of fresh fruit, salad and vegetables.

One person had a 'snack board' with a number of treats on printed cards, which included healthier options. The person chose which snack they would have each day and enjoyed posting the card in their post box. This helped them choose something different each time they wanted a snack, including the healthier options.

The staff we spoke with told us they were provided with good quality training in every aspect of their work. They were encouraged to identify any learning needs they had, to help with planning for future training.

The service had a training matrix, which showed the training that staff had completed and when this was due to be refreshed. However, the matrix we saw did not reflect all of the core training staff should undertake. The registered manager assured us that the company's training department issued reminders of the training courses as they were due, and this included names of the staff who needed to attend to keep up to date. This helped to make sure that staff had had all of the core training they required. They told us a new training manager was being appointed, and they would discuss improving the format of the training matrix, so it was clearer in this respect.

The staff we spoke with told us they received regular one to one supervision sessions with their line managers and found these useful. These meetings gave staff the opportunity to discuss their personal and professional development, as well as any concerns they may have. Staff also received annual appraisals to discuss their development and training needs. They told us the registered manager, team leaders and programme facilitators were very approachable, supportive and helpful.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and

protection in relation to consent or refusal of care or treatment. The service had a policy in place for monitoring and assessing if the service was working within the Act.

At the inspection all of the managers and staff we spoke with had a good awareness of the MCA. Staff told us they had had received good quality training in this area. They were clear that when people had the capacity to make their own decisions, this would be respected. We also saw staff supporting people and saw they offered choices and respected people's decisions.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made DoLS applications appropriately and, both they and the staff had a very good knowledge of DoLS. We saw that where people had a DoLS in place there was clear information about it in their file, which included when it expired.

We saw evidence of good practice in the way people had been supported to make decisions about how their flats were decorated and equipped, and people's bedrooms also reflected their choices and personalities.

Although the apartments were homely, in some places the environment and décor was in need of attention and refurbishment. We were told that there were plans for major redesign and refurbishment the service, to provide more individualised accommodation for people. This required major investment and the process was taking more time than had been expected. The registered manager provided us with the organisation's interim plan for the upkeep of the existing building, until progress was made with the redesign project.

Is the service caring?

Our findings

The people we spoke with said they were happy living at Thorne House. They said the staff were very caring. One person's relative said, "My (family member) is happy. Staff like (family member) and (family member) likes them. They understand and know (family member). They have a true understanding of Autism and a true understanding of (family member). One staff member told me that they loved (family member) so much, they wanted to take my (family member) home with them."

We observed support workers interacting with people. We saw that staff were aware of people's needs and of the best way to support them, whilst maintaining their independence. People's individual plans were very personalised and included their likes and dislikes and what mattered to them. People were supported to maintain family relationships and friendships. People's support plans included information about those who were important to them and records we saw showed that people's relatives were involved in the home and invited to join special events and parties, at people's request.

The service worked very positively with people and celebrated their achievements, often by making attractive photographic records of them, with large print accounts of their stories, which they could look at and talk about afterwards. We saw three people had individual pictorial records of their achievements when taking part in 'Friday night pizza making'. They showed that people put on their cook's aprons and washed their hands. People put tomato sauce or barbeque sauce on their pizza base, and then sprinkled cheese on top. One person chose mushrooms, ham and anchovies, another chose ham, while the third person put chorizo and pepperoni on their pizza before putting it in the oven.

Another example showed one person doing several things independently, for the very first time. This included putting on their shirt, shoes and coat, picking up their laundry and taking it downstairs, washing up their dishes and putting butter and jam on their toast. The person's relatives wrote a letter of thanks, which was included in the Autism Plus newsletter. One passage read, 'The improvement in (family member) since that first week has been nothing short of amazing and (family member) has surpassed everyone's expectations in the way that (family member) has adapted to their new life. As parents, we are thrilled at how (family member) first three months have gone and are extremely grateful to everyone at Autism Plus for what they've achieved with our son.'

The service supported people to express their views and be actively involved in making decisions about their lives. People were involved in their support plans, which included their views and choices. Each person had a key worker who worked with them closely, and had a role in making sure the person received appropriate care and support. They also supported the person with values such as privacy, dignity, independence and choice. From speaking with staff, it was clear they were keen for people to make their own choices, and they respected people's decisions.

The staff we saw supporting people were supportive, caring and compassionate. Staff responded to people in line with the information and choices they had expressed in their individual support plans. Staff were

patient and offered choice, waited for a response and then preceded with the option expressed. Staff showed patience and the atmosphere was very relaxed and calm and it was clear that people who used the service and the staff got on well together.

Staff we spoke with explained how they maintained people's privacy and dignity, whilst helping people to have a choice and to be independent.

Is the service responsive?

Our findings

The four relatives we spoke with were very complimentary about the service. They all said the service had provided exceptionally positive outcomes for their family members, when other services had failed. For instance, one person's relative said, "I would give them 100 per cent. They are amazing they have changed my (family member's) life. My (family member) has achieved so much, because they (the staff) have put in so much. It was a year since (family member) moved in and they had a really big cake for (family member), to celebrate."

Staff carried out a pre-admission assessment of each person to see if the service was suitable to meet their assessed needs. Where appropriate staff involved relatives in this assessment. Staff used this information as a basis for developing tailored care plans to meet each person's needs.

We saw that staff had visited one person at their previous placement for a period of six months, and on a weekly basis, before the person moved to Thorne House. This helped with learning as much as possible about the person, and so that the person got to know the staff well, before they moved in.

People's person centred plans were written in an easy read format which included pictures to help people understand their content. People were encouraged to be involved in their plan and agreeing to its contents. The plans were very person centred. They focussed on people's strengths and interests and it was clear that people were involved in their care planning in the way that they chose to be. Their plans were evaluated on a regular basis, and each person had an annual review.

Further assessments and plans in each person's files gave a good level of detailed guidance to inform staff of how to deliver person specific care. Information included a one page profile which highlighted important parts of the person's life. This included people's goals and aspirations. There was also information about what a good day and bad day looked like for the person, preferred routines and preferences, risk assessments, communication information, life histories, positive behavioural support guidelines, and goals and aspirations. People's religious preferences had been highlighted and people were supported to practice their religion if they wished.

Some people also had sensory-related assessments, undertaken by the occupational therapist. These helped staff to understand if people had any issues with the processing of sensory messages from their body and environment, or if this could cause unexpected behaviour. People had health action plans with specific information about their health needs and appointments they had attended. This meant staff had clear guidance to follow to support people with their individual needs in a personalised way. Staff completed daily reports about each person, so information about the person's day could be handed over to other staff.

One relative told us a long list of things their family member now did, which wasn't the case before moving to Thorne House. This included, sleeping through the night, choosing their own activities and walking independently. They explained that because of very high risk behaviour, their family member had previously been subject to very high levels of staff intervention. They told us that since moving to Thorne House the

person's behaviour had improved so markedly that, "Now, (family member) does not need to have their hands held." They told us that as a consequence their family member's quality of life had improved substantially. With the decrease in the person's high risk behaviour came many opportunities for them to get out and about, do things for themselves and learn new skills. It also meant a great deal to the person's relative that they could visit and spend 'quality time' with their family member, without such high levels of staff intervention.

Another person's relative said, because of their family member's previous behaviour, "I never thought we would ever see (family member) choose shopping and put it in a trolley in the supermarket, or go to a carvery and get things put on their plate, but this is happening."

People were supported to choose what hobbies, interests and activities they wanted to be involved in, in a very person-centred way. We saw written and photographic evidence of people's community involvement. We saw that people had very full lives, were supported with their own particular interests and hobbies and took part in lots of varied activities and events each week. These initiatives were reviewed, and grew and changed as each individual developed.

There was an emphasis placed on enabling people to develop and maintain their skills and we were told that some people enjoyed going on holiday and out for day trips. We saw lots of evidence that people were involved in deciding where to go and in planning the events in their lives.

One person's schedule included a sensory day, Green Gym (with the Forestry Commission), walking groups and outings. Other people's records showed they had recently been to the seaside, the cinema, to theme parks and zoos, parties, swimming, pubs, restaurants and shopping. One person told us they attended a photographic club in the evening, with support from Thorne House support staff. The person told us that when they wanted to go the pub with the other club members afterwards, their support staff had volunteered to work later in the evening, to facilitate this.

The service had a large garden. One person enjoyed gardening and was employed on a part time basis, to maintain the gardens.

The registered manager and staff explained that for some people, new experiences needed to be introduced slowly and gradually, so people were accepting of the change and were therefore more likely to enjoy and embrace it. One person's relatives told us about the work staff were doing with their family member to help them overcome their reluctance to go to the doctors, and their anxiety about injections. It included several elements, one of which was facilitating the person to visit the doctor's surgery to simply have a cup of tea. From the records we saw this was a six week project and that staff had worked with the occupational therapist employed by Autism Plus and a specialist health professional to put it together.

There were individual strategies in place to support people to make positive choices and to communicate, and particularly to deal with and communicate their feelings. One person had a 'coping booklet'. This was a booklet which had been created to support the person when they felt upset or sad. It was full of pictures and photos of what the person liked and was used to help the person to focus on positive things in their life, to help them to feel positive and happy.

Another person had a 'mood board' which was used so the person could explain how they were feeling. Staff explained that this was really important to the person, and assisted staff in finding out the person's feelings. The board had pictures of faces, displaying different emotions and the person selected the one which suited how they were feeling at the time. Staff told us this was an important part of the person's support, to help

understand the person's emotions prior to offering care and support.

The service had a complaints procedure and people who used the service knew how to raise concerns. The procedure was available and displayed in the reception area of the home. People we spoke with told us they would talk to staff if they had a worry, and felt they would sort it out. We spoke with the registered manager about concerns received and saw the log of complaints, which had been addressed in an effective manner. The registered manager also told us that lessons learnt from concerns were used to develop the service.

We noted that more compliments had been recorded than complaints. For instance, one social worker had given very positive feedback about the service provided to people and there were compliments and 'thank yous' from people's relatives.

Is the service well-led?

Our findings

The service had a registered manager in post. The feedback we received from the local authority commissioners was very positive about the way the service was managed. This was particularly in relation to how person centred people's care plans were and the way any challenging behaviour was managed.

A positive, person-centred culture was promoted by Autism Plus as a provider. This was evident when talking to members of the management team and the support staff. It was demonstrated in the individual approaches taken to supporting each person, and the very individualised plans each person had.

Good management and leadership were demonstrated. For instance, one person's relative told us, "It starts with management. They (the managers) are amazing. They give the staff so much support. They are on the ball all the time, so staff are on the ball all the time. We have discussed one or two things, not complaints, more concerns, and they have listened to us, addressed things and reassured us. They (staff and managers) keep us up to date all the time with how my (family member) is and (family member's) achievements." They told us these achievements were many and varied.

We saw that the leadership was transparent, informed and open and that staff did not have any hesitation in talking with the registered manager or the team leaders. There was a feeling of a team approach between the staff group and the managers. The registered manager and the staff demonstrated to us that the care and safety of the people at Thorne House was their prime concern. A relative told us, "I have already recommended (Thorne House) to somebody else. I can't recommend Autism Plus enough, because they've changed my (family member's) life."

It was clear from people's records of achievements and day to day records that the service worked well in partnership with other professionals and agencies. We saw an e-mail to the service from a social worker reporting one families' feedback and congratulating the service on their success with their approach to one person's support. One passage read, 'massive congratulations to everyone involved. It was so nice for me to hear such positive comments and to hear all the brilliant things (the person) is doing.'

The registered manager spoke positively about providing a high standard of service for people. Records showed the turnover of staff to be relatively low, with a good percentage of the team having worked at the home for some years. The staff team were co-operative during the inspection. We found everyone to be very positive in their approach, and enthusiastic and committed to their work.

The regional director and the regional service manager made a visit during the course of the day and were keen to speak with us about the development of the quality assurance systems within the organisation and at Thorne House. The company had introduced unannounced inspections, based on the most current Care Quality Commission guidance and these were undertaken by senior managers. Their findings had been formally recorded, with action plans developed to make improvements in response to the issues identified. This showed the service had good auditing systems and identified areas that required attention or improvement.

Monitoring of the service was very thorough, with a range of health and safety and quality audits conducted by members of the home's management team, as well as an external organisation. Checks were conducted regularly in areas such as fire safety, falls, accidents, nutrition, care planning and complaints. Any areas identified as needing improvement during the audit process were then analysed and incorporated into an action plan, which was effectively monitored. This helped the provider to focus on continuous improvement by regular assessment and monitoring of the quality of service provided.

Additionally, the registered manager completed weekly and monthly updates about the general, day to day running of the service for the senior management team. This included any significant events, concerns, accidents and incidents. We also saw evidence in people's care records that risk assessments and support plans had been updated in response to any incidents which had involved them. Accident records had been completed appropriately and were retained in line with data protection guidelines. This helped to ensure the personal details of people were kept in a confidential manner.

There were opportunities for people to provide feedback about the quality of the service. Meetings were held with people who used the service and their relatives. This allowed people to talk about things they felt were important in an open forum. People told us that communication was good and took place on a daily basis, as there were always senior staff around to speak with.

We saw the records of a 'Relative's Question Time' session. It was clear that people's relatives were kept informed, involved, and asked their opinions of the quality of the service, and there was an emphasis on continually improving the service.

Surveys were also used to gain feedback about the quality of service from people who used the service and their relatives. We saw recent feedback from eight relative's, which indicated a good level of satisfaction with the service. We saw at the time of the inspection that people's feedback was actively sought by staff on a day to day basis.

We saw minutes of team meetings, which had been held at regular intervals. This enabled staff to meet in order to discuss various topics of interest and any relevant information could be disseminated amongst the workforce. Agenda items included, the wellbeing and support of people who used the service, staff training and health and safety.

Staff we spoke with told us they felt well supported by members of the management team on a day to day basis, and also through regular supervision meetings and annual appraisals. They told us they were very happy to be working in the service.

The staff we spoke with felt the service was well led and that the registered manager was approachable, they felt confident to raise any concerns and they were listened to. They felt people who used the service were involved in the service and that their opinions counted.